

Statistics on Pregnancies, Deliveries and Newborn Infants 2016

In 2016, the total number of newborn infants reported to the Medical Birth Register was 121,511, which is an increase of almost 5,000 compared to the previous year. The frequency of caesarean sections is basically unchanged, compared to 2015. The proportion of 3rd or 4th degree pelvic floor tears, in vaginal deliveries, reduced somewhat. There are, however, significant regional variations.

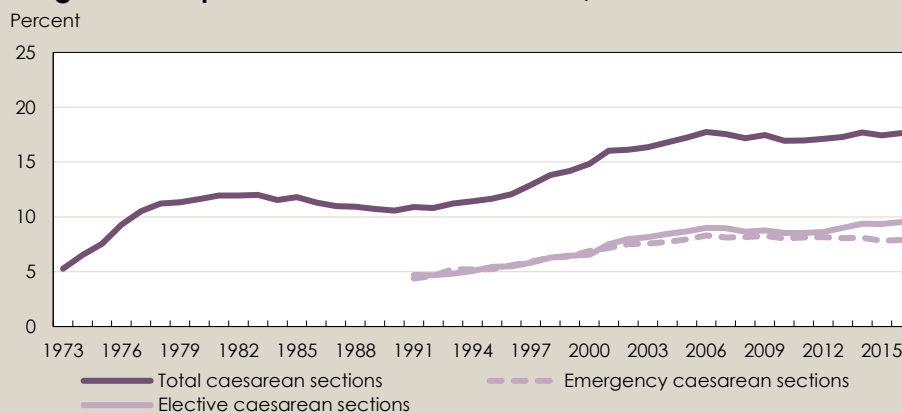
Primiparas account for 43 percent

In 2016, 119,794 women gave birth in Sweden, and 43 percent were primiparas. Multiple births account for 1.4 percent of the deliveries, which means that 1,691 mothers received twins, triplets or quadruplets. In 2016, 5.6 percent of the babies were born before week 37 and were classified as preterm births, while 7.2 percent of the babies were born from week 42 + 0, which means that the pregnancy was postterm. Almost 5,000 (4 percent) women were not registered in Sweden at the time of delivery and therefore lacked a valid social security number. This proportion is larger than in previous years, which may in part be due to the fact that many women arrived in Sweden during the increased migration in autumn 2015 and had not yet been registered in the country.

Proportion of caesarean section basically unchanged

Since 2001, the proportion of deliveries carried out with caesarean sections varied between 16 and just above 17 percent. In 2016, the proportion was 17.6 percent.

Diagram 1. Proportion of caesarean sections, 1973–2016

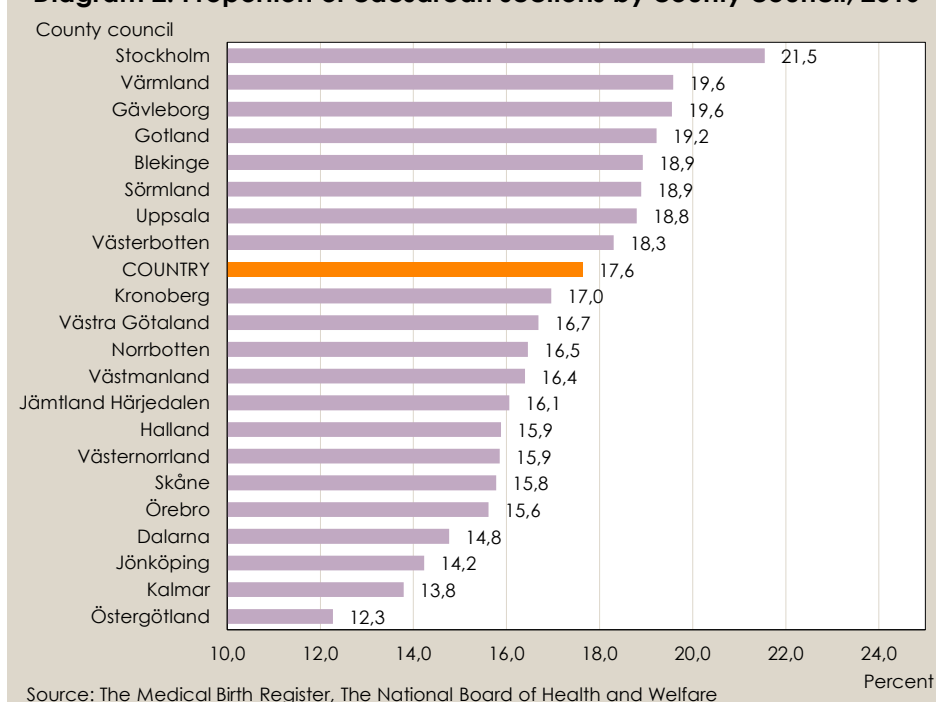


Note: Data on type of caesarean section is available since 1991
Source: The Medical Birth Register, The National Board of Health and Welfare

Caesarean section occurs more often in childbirths where the mothers are older, overweight or obese. The majority of multiple births and births in which the child is in a breech position occurs with caesarean section [1]. Although the majority of caesarean sections are performed for medical reasons, the hospital's catchment area, the procedures for planned caesarean sections and the distribution of mothers with low and high risk of complications also play an important role.

During 2016, the county council of Östergötland had the lowest proportion of caesarean sections with 12,3 percent, whilst the proportion was highest in Stockholm's county council with 21,5 percent.

Diagram 2. Proportion of caesarean sections by county council, 2016



Decrease of severe ruptures

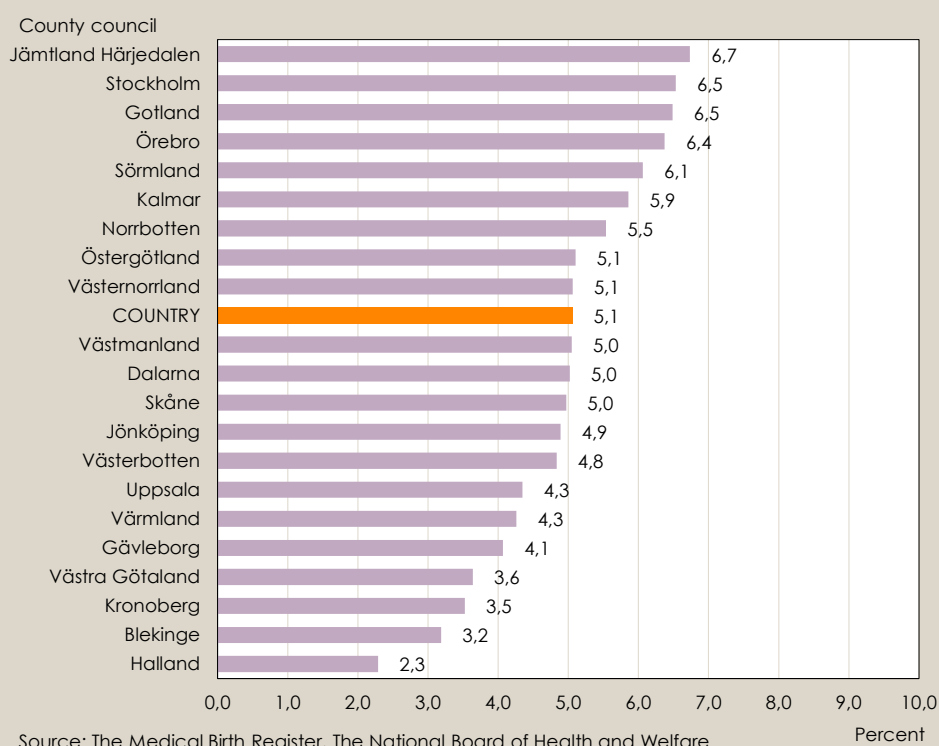
The proportion of primiparas who experienced 3rd or 4th degree pelvic floor tears during vaginal delivery has been around 6 percent since 2010. The last three years a minor, gradual decrease has been observed; and during 2016 5,1 percent of the primiparas and 1,3 percent of the multiparas experienced severe ruptures. The risk of these types of ruptures is significantly greater in instrumental vaginal delivery (12,1 percent) compared to non-instrumental vaginal delivery (4 percent). The child's birth weight is also of some significance. Among mothers whose children weighed 4,500 grams or more, the proportion of serious ruptures was 6,3 percent, compared with 2,8 percent among mothers whose children weighed less than 4,500 grams. Other risk factors for this type of serious rupture include deviations in the presentation of the fetal head and being circumcised [2].

Diagram 3. 3rd and 4th degree pelvic floor tears during instrumental and non-instrumental vaginal delivery, 1990–2016



The regional differences of the incidence of 3rd and 4th degree ruptures during vaginal delivery are still relatively large. However, this may in part be due to differences in diagnostics and the tendency to report.

Diagram 4. 3rd and 4th degree pelvic floor tears during vaginal delivery among primiparas, by county council, 2016



About 3rd and 4th degree ruptures to the pelvic floor during vaginal delivery

3rd degree rupture: A tear or laceration through the perineal muscles and the muscle layer that surrounds the anal canal.

4th degree rupture: A tear extending to the anal canal or rectum (anal sphincter).

Comprehensive statistics on deliveries since 1973

The Medical Birth Register contains information about all pregnancies resulting in delivery in Sweden and is frequently used for quality work and for research. The register contains detailed information about mothers and newborns. For more information about the register, please see <http://www.socialstyrelsen.se/register/halsodataregister/medicinskafoodelseregistret/inenglish>.

The National Board of Health and Welfare has, in 2016, reported on a government commission with a detailed analysis of maternity care on the basis of socio-economic factors and ethnicity based on the Medical Birth Register and other registers [3].

References

1. Kejsarsnitt i Sverige 1990–2001. Forskningsrapport. Epidemiologiskt Centrum (EpC), Socialstyrelsen; 2005.
2. Analsfinkterskador vid förlossning. En systematisk översikt och utvärdering av medicinska, hälsoekonomiska, sociala och etiska aspekter. SBU, Rapport 249; 2016.
3. Socioekonomiska faktorer påverkan på kvinnors och barns hälsa efter förlossning. Socialstyrelsen; 2016.

More information

More tables, graphs and information can be found in the following Excel file (in Swedish, but with English list of terms)

www.socialstyrelsen.se/publikationer2018/2018-1-7

If you want to use our statistical database (in Swedish):

<http://www.socialstyrelsen.se/statistik/statistikdatabas/graviditeter-forlossningarochnyfodda>

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