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.

Primaparas account for 43 percent

In 2016, 119,794 women gave birth in Sweden, and 43 percent were primaparas. 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.


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

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


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-forlossningarochmyfodda

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