

# Statistics on Pregnancies, Deliveries and Newborn Infants 2017

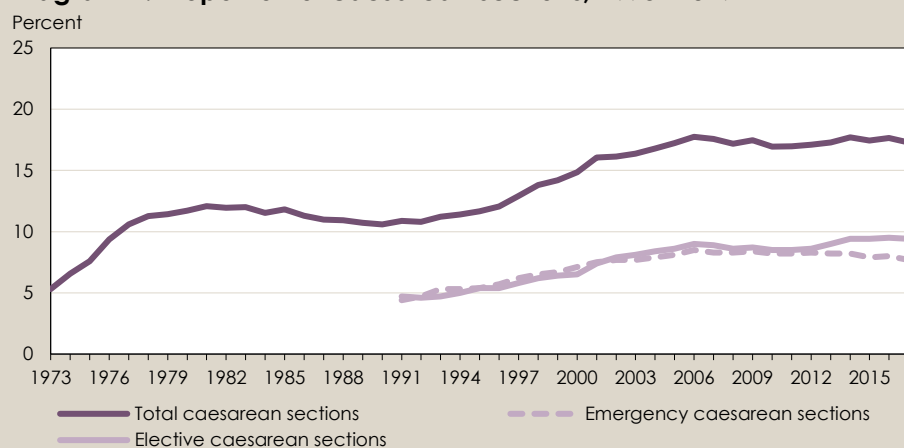
**In 2017, about 117,600 infants were born in Sweden, which is approximately 4,200 less compared to the previous year. The frequency of caesarean sections was largely unchanged, as was the proportion who experienced 3rd or 4th degree pelvic floor tears in vaginal deliveries. The proportion of women with overweight or obesity at registration to antenatal care has increased over the last years. There are however large regional variations.**

## About 17 percent of the deliveries are caesarean sections

In 2017, about 115,900 women gave birth in Sweden, among which 42.6 percent were primiparas. About 1.4 percent of the deliveries were multiple births. The proportion of infants born prematurely (before 37 full weeks of pregnancy) was 5.5 percent. Infants born from 42 full weeks (postterm pregnancy) accounted for 6.8 percent.

The caesarean section frequency was 17.3 percent, which is similar to the previous year. The distribution between elective and emergency caesarean sections has shifted somewhat towards more elective procedures over the last years. In 2017, the proportion of elective caesarean section deliveries was 9.4 percent, while the proportion of emergency caesarean sections was 7.7 percent.

**Diagram 1. Proportion of caesarean sections, 1973–2017**



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

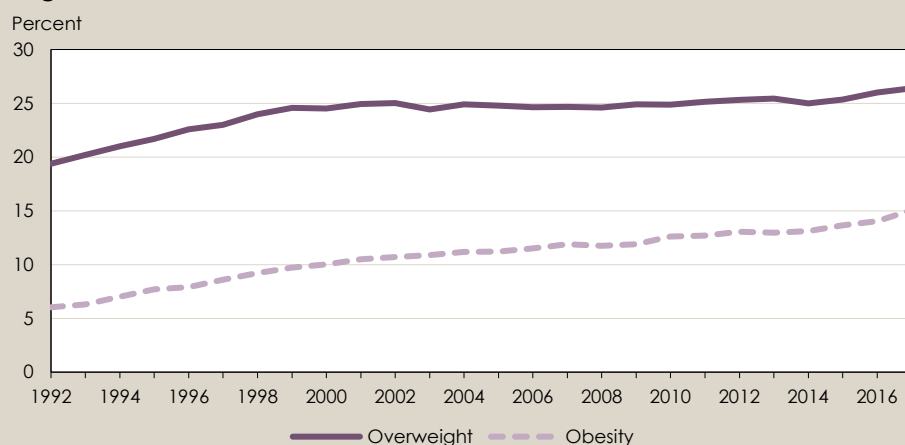
Caesarean sections occur more often in childbirths where the mothers are older, overweight or obese [1]. In 2017, 53.6 percent of multiple births and 89.9 percent of breech births were carried out with caesarean sections. The frequency of

caesarean sections varies across hospitals in Sweden, and is affected by the hospital's catchment area, the distribution of mothers with low and high risk of complications, and the procedures for elective caesarean sections. For several years, the county council of Östergötland has had the lowest proportion of caesarean sections in the country. In 2017, the proportion was 11.6 percent, compared to Gotland with the highest proportion of 22.1 percent.

## Overweight and obesity has increased

Since the 1990s, there has been a gradual increase in body weight in relation to body height at registration to antenatal care, measured as Body Mass Index (BMI). Over the last three years, the increase has accelerated, and an increasing number of women exceed what is classified as normal weight (BMI 18.5–24.9 kg/m<sup>2</sup>). The proportion of pregnant women with overweight (BMI 25–29.9 kg/m<sup>2</sup>) was 26.4 percent, and the proportion with obesity (BMI of at least 30 kg/m<sup>2</sup>) was 15.1 percent in 2017.

**Diagram 2. Proportion of women with overweight and obesity at registration to antenatal care, 1992–2017**



Source: The Medical Birth Register, The National Board of Health and Welfare

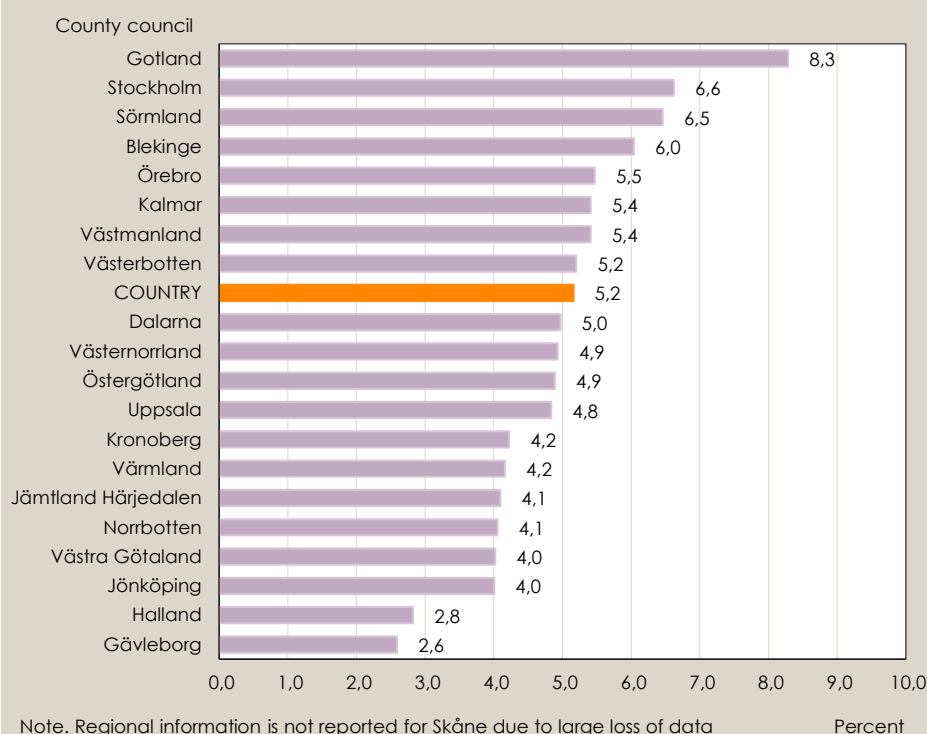
A high BMI is associated with a higher risk of pregnancy complications such as gestational diabetes, high blood pressure, and pre-eclampsia. It also increases the risk of birth defects, spontaneous abortion, and fetal death during pregnancy. There is a strong association between overweight and obesity in the mother and the risk of the baby being born large for gestational age. A high BMI is also associated with preterm birth and caesarean section [2].

The proportion of women with overweight and obesity at registration to antenatal care varies across counties. Among women who gave birth in 2017, the proportion was highest in Dalarna and Södermanland, where about 50 percent of women had overweight or obesity in total. Stockholm County has the lowest proportion with 23.7 percent overweight and 10.9 percent obesity. Data on county level for 2017 is however missing for Skåne.

## Severe ruptures affect 5 percent of primiparas

The proportion of primiparas who experienced 3rd or 4th degree pelvic floor tears during vaginal delivery has been around 6 percent since 2006. Over the last three years, there has been a slight gradual decrease to a proportion of about 5 percent. In 2017, 5.2 percent of primiparas and 1.3 percent of multiparas experienced this type of severe ruptures, which are the same levels as the previous year. The regional differences are still large, which in part may be due to differences in diagnostics and tendency to report ruptures.

**Diagram 3. 3rd and 4th degree pelvic floor tears during vaginal delivery among primiparas, by county council, 2017**



### 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).

The risk of severe rupture is higher in instrumental vaginal delivery (with vacuum extraction or forceps) than in non-instrumental vaginal delivery. In 2017, 12.5 percent of primiparas who underwent an instrumental vaginal delivery experienced a severe rupture, while the corresponding proportion in non-instrumental vaginal deliveries was 4.2 percent. The infant's birth weight is also of some importance for the risk of severe rupture. Other risk factors include deviations in the presentation of the fetal head and that the mother has undergone circumcision [3].

## References

1. Kejsarsnitt i Sverige 1990–2001. Forskningsrapport. Epidemiologiskt Centrum (EpC), Socialstyrelsen; 2005.
2. European Perinatal Health Report. Core indicators of the health and care of pregnant women and babies in Europe in 2015 Euro-Peristat Project; 2018.
3. Analsfinkterskador vid förlossning. En systematisk översikt och utvärdering av medicinska, hälsoekonomiska, sociala och etiska aspekter. SBU, Rapport 249; 2016.

### More information

For 2017, information about approximately 3,000 births in the county council of Skåne is missing in the Medical Birth Register. Statistics on number of children born, number of deliveries, and proportion of multiple births have been completed with information from the Total Population Register at Statistics Sweden. In all other statistics for 2017, the 3,000 births are missing, and no regional data for Skåne can be presented. Values for the whole country are based on existing data.

You can find more tables, graphs and information in the Excel file (in Swedish, but with English list of terms):

<http://www.socialstyrelsen.se/publikationer2019/2019-5-3>

If you want to use our statistical database (in Swedish): <http://www.socialstyrelsen.se/statistik/statistikdatabas/graviditeter-forlossningarochnyfodda>

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