

Statistics on Pregnancies, Deliveries and Newborn Infants 2019

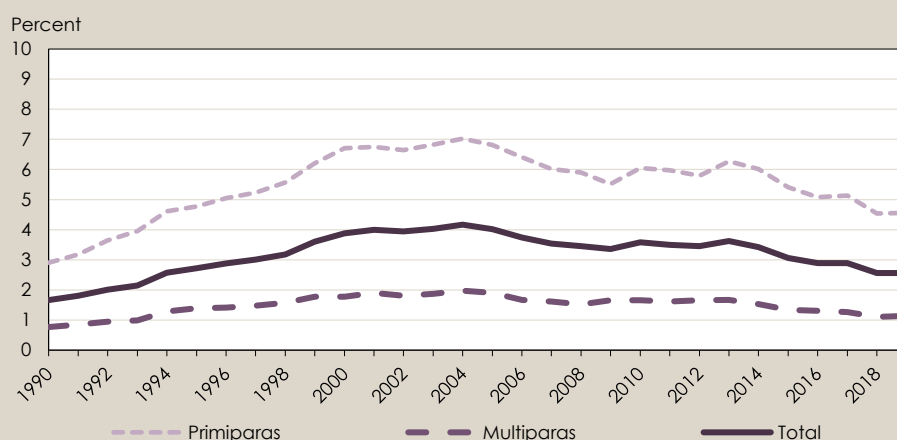
In 2019, about 116 100 infants were born in Sweden, which is approximately 1 700 fewer than the previous year. The proportion of women who suffered severe perineal laceration in vaginal delivery was largely unchanged. The frequency of caesarean section was somewhat higher than the previous year and labour inductions have continued to increase.

In 2019, about 114 600 deliveries occurred in Sweden and in 42.7 percent of the cases it was the mother's first delivery. About 1.3 percent of the deliveries were multiple births. About 116 100 infants were born, which is fewer than the previous year. The mean maternal age has increased over time, and was in 2019 for the first time over 29 years for primiparas (29.1 years). The mean age for multiparas was 31.9 years. The proportion of infants born prematurely (before 37 full weeks of pregnancy) was 5.6 percent, and the proportion born postterm (from 42 full weeks of pregnancy) was 6.0 percent.

Severe perineal lacerations at unchanged level

The proportion of women who suffered severe perineal laceration (third or fourth degree) in vaginal delivery has decreased from the highest registered level in 2004, when 7.0 percent of the primiparas and 2.0 percent of the multiparas were affected. In 2019, 4.6 percent of the primiparas and 1.1 percent of multiparas suffered severe perineal laceration in vaginal delivery, which is about the same level as the previous year.

Diagram 1. Third- and fourth-degree perineal laceration in vaginal delivery, 1990–2019



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

Severe perineal laceration is more common in instrumental vaginal delivery (with vacuum extraction or forceps) than in non-instrumental vaginal delivery. In 2019, 11.0 percent of primiparas who had an instrumental vaginal delivery suffered severe perineal laceration, while the corresponding proportion in non-instrumental delivery was 3.7 percent. Severe perineal laceration in instrumental vaginal delivery has however decreased over time, from the highest level in the early 2000s when over 15 percent of primiparas were affected. There has been a decrease also among multiparas, from over 10 percent to 5.1 percent in 2019.

Other factors that may increase the risk of having a severe laceration is high birth weight, breech presentation at delivery and genital mutilation of the mother [1].

About third- and fourth-degree perineal laceration in vaginal delivery

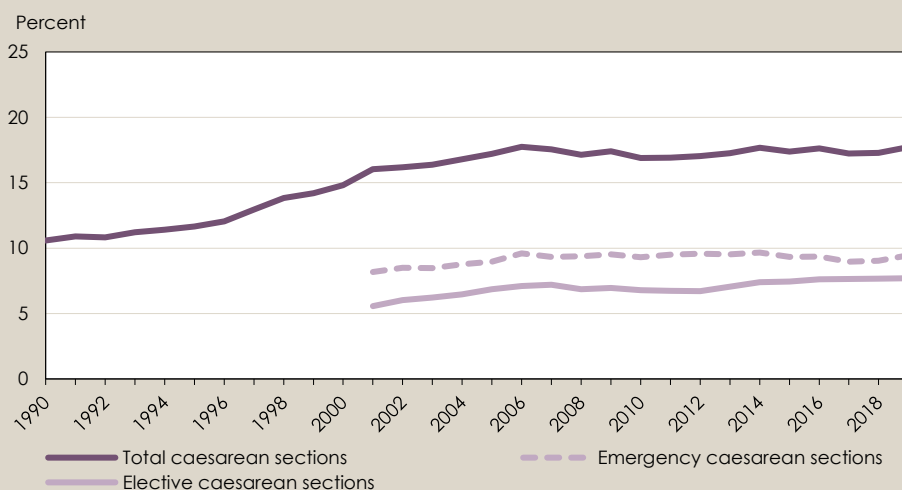
Third-degree: A tear or laceration through the perineal muscles and the muscle layer that surrounds the anal canal.

Fourth-degree: A tear or laceration through the perineal muscles extending to the anal canal or rectum (anal sphincter).

Caesarean sections have increased

Since 2004, the proportion of deliveries by caesarean sections has been relatively stable around 17 to 17.5 percent. In 2019, 17.7 percent of the deliveries were carried out by caesarean section, which is a small increase compared to the previous year when the proportion was 17.3 percent.

Diagram 2. Proportion of caesarean sections, 1990–2019



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

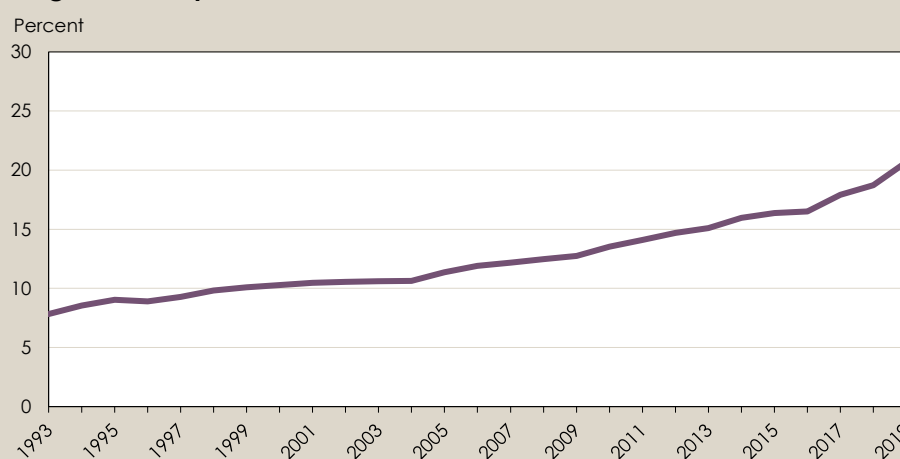
Caesarean section is more common in multiple births and breech births. It is also more common among older mothers, overweight or obese mothers [2], and among mothers who have had a caesarean section at a previous delivery.

The frequency of caesarean section also varies between hospitals, and is affected by the distribution of mothers with low and high risk of complications, and the procedures for referrals and for elective caesarean sections. The county council with the highest proportion of caesarean section deliveries in 2019 was Värmland with 20.6 percent, followed by Stockholm with 20.4 percent. The county councils with the lowest proportion of caesarean sections were Jönköping with 12.3 percent, and Östergötland with 12.5 percent.

Labour induction increasingly common

It has become increasingly common to initiate labour by artificial induction of uterine contractions. Over one-fifth, 20.7 percent, of the deliveries in 2019 were induced. Deliveries that start with induction more often end with a caesarean section compared to deliveries that start spontaneously. Among singleton deliveries in 2019, 16.3 percent of those that started with induction ended with a caesarean section, compared to 6.5 percent of those that started spontaneously.

Diagram 3. Proportion of induced deliveries, 1993–2019

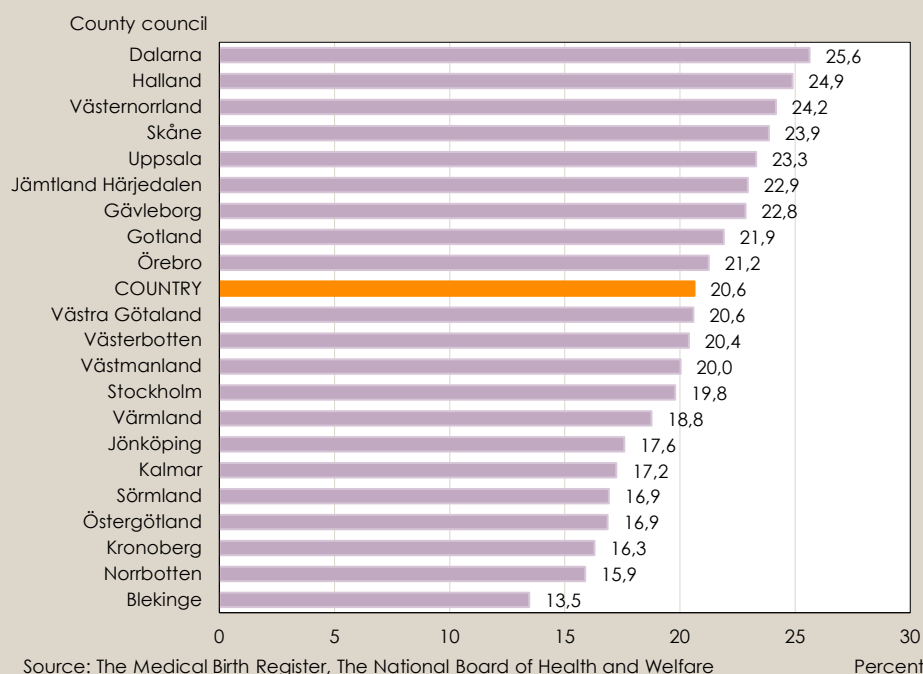


Source: The Medical Birth Register, The National Board of Health and Welfare

The most common method of labour induction is drug treatment, while membrane sweep, amniotomy (where an instrument is used to rupture the membranes) and use of balloon catheter are other methods. Reasons for inducing labour include postterm pregnancy, multiple pregnancy, unexplained bleeding during pregnancy, fetal growth restriction, and maternal conditions such as preeclampsia or diabetes.

There were relatively large regional differences in the proportion of deliveries that were induced in 2019. Among singleton deliveries at full-term pregnancy (37+ weeks), Blekinge had the lowest proportion of labour inductions (13.5 percent), and Dalarna the highest (25.6 percent). The difference between county councils was most pronounced in week 41. This can be explained by the fact that in some parts of the country the practice for induction was changed during 2019, to inducing labour at 41 weeks instead of at 42 weeks.

Diagram 4. Proportion of induced deliveries, singletons at full-time pregnancy (37+ weeks), by county council, 2019



References

1. Analsfinkterskador vid förlossning. En systematisk översikt och utvärdering av medicinska, hälsoekonomiska, sociala och etiska aspekter. SBU, Rapport 249; 2016.
2. Kejsarsnitt i Sverige 2008–2017. Kriterier som styr beslut om förlossningssätt, samt kartläggning av komplikationer. Socialstyrelsen; 2019.
3. European Perinatal Health Report. Core indicators of the health and care of pregnant women and babies in Europe in 2015 Euro-Peristat Project; 2018.

More information

You can find more tables, graphs and information here (select *Tillhörande dokument och bilagor*): www.socialstyrelsen.se/statistik-och-data/statistik/statistikammen/graviditeter-forlossningar-och-nyfodda/ (in Swedish, but with English list of terms).

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

www.socialstyrelsen.se/statistik-och-data/statistik/statistikdatabasen/

Contact information:

Alice Wallin (questions regarding statistics)

E-mail: alice.wallin@socialstyrelsen.se

Phone: +46 (0)75-247 30 00

Anna Sandström (M.D, medical questions)

E-mail: anna.sandstrom@ki.se