

Statistics on Pregnancies, Deliveries and Newborn Infants 2018

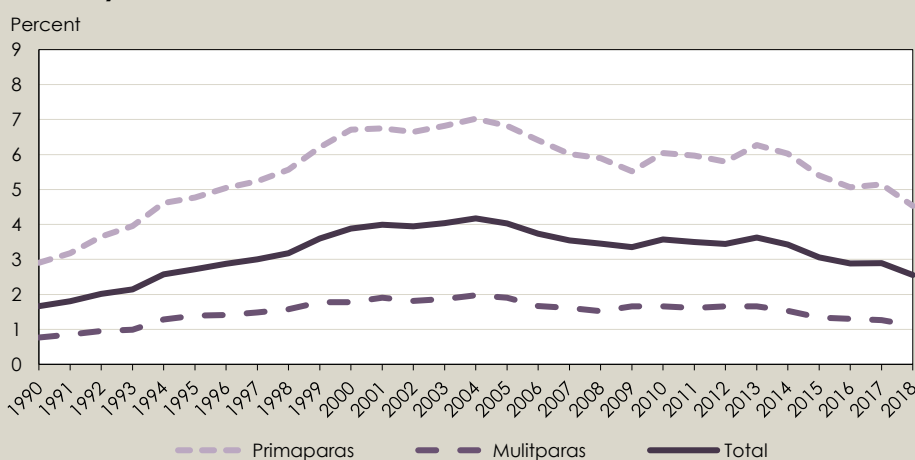
In 2018, about 117,600 infants were born in Sweden, which is approximately the same compared to the previous year. The proportion of women who suffered severe perineal laceration during vaginal delivery has decreased, both among primiparas and among multiparas.

In 2018, approximately 116,100 deliveries occurred in Sweden and in 42.9 percent of the cases it was the mother's first delivery. About 1.3 percent of the deliveries were twin, triplets or quadruple deliveries, which is the lowest proportion since the early 1990s. The number of born children was approximately 117,600, which is the same level compared to the previous year. For 5.4 percent of the infants, the delivery occurred before 37 full weeks of pregnancy (preterm) and 6.7 percent of the infants were born after 42 full weeks of pregnancy (post-term). The proportion of labour inductions has continued to increase. Out of all full-term single-birth deliveries (from 37 full weeks of pregnancy), 20.3 percent were induced in 2018, compared to 13.2 percent ten years earlier.

Decrease of severe perineal laceration

The proportion of women who suffered severe perineal laceration (3rd or 4th degree) during vaginal delivery is decreasing. After a high level in 2004, when 7.0 percent of the primiparas and 2.0 percent of the multiparas were affected, and a lower peak in 2013, the severe perineal lacerations continued to decline. In 2018, 4.5 percent of the primiparas and 1.1 percent of multiparas suffered severe perineal laceration during vaginal delivery.

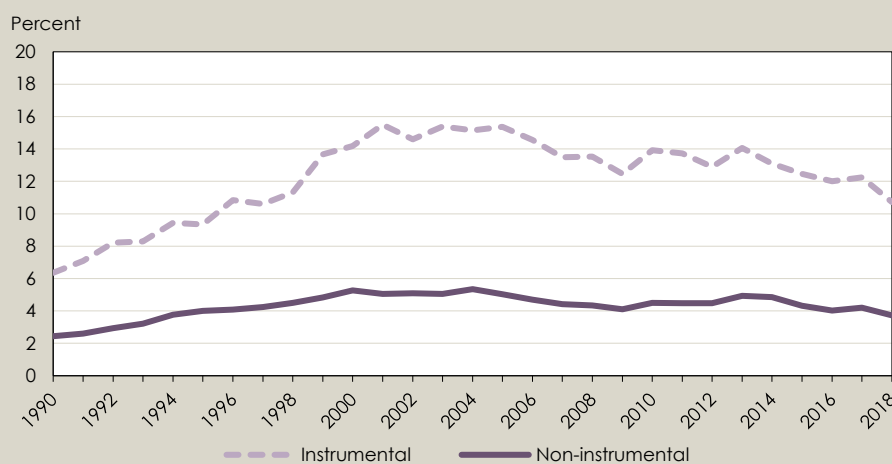
Diagram 1. 3rd and 4th degree perineal laceration during vaginal delivery, 1990–2018



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. The proportion of women affected has decreased both for instrumental- and non-instrumental deliveries. In 2018, 10.7 percent of primiparas suffered severe perineal laceration during instrumental delivery, compared to 12.2 percent in 2017. For non-instrumental deliveries, the corresponding figures were 3.7 percent in 2018 and 4.2 percent in 2017.

Diagram 2. 3rd and 4th degree perineal laceration during vaginal delivery, 1990–2018



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

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

About 3rd and 4th degree perineal laceration during vaginal delivery

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

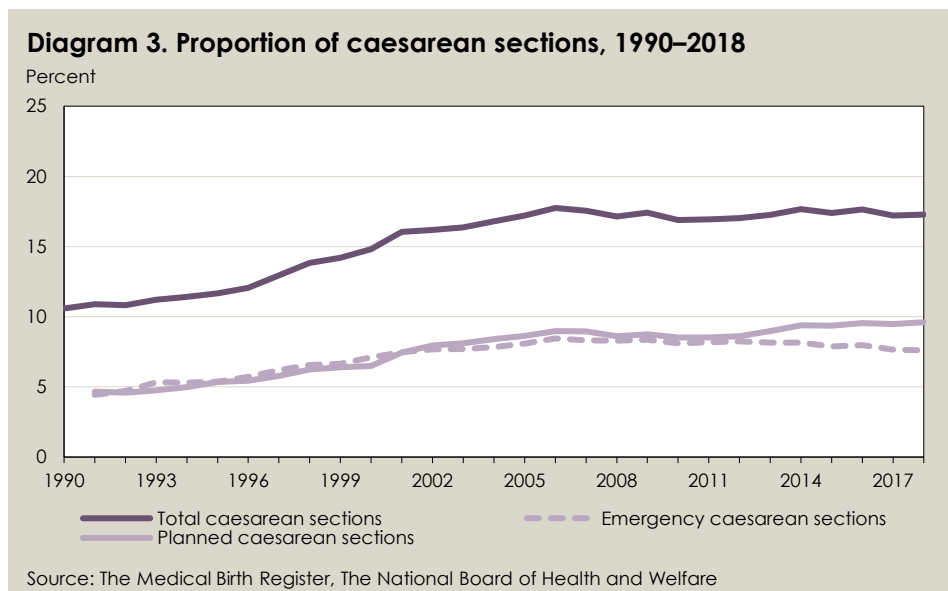
4th degree: A tear extending to the anal canal or rectum (anal sphincter).

Information about 1st and 2nd degree perineal laceration is not considered to be of sufficient quality to be presented in the statistics.

Fewer emergency caesarean sections

After a long period with increasing numbers of caesarean sections the proportion of deliveries by caesarean sections, has been stable around 17.5 percent. In 2018, 17.3 percent of the deliveries were carried out by caesarean section. Previously, the proportion of planned and emergency procedures has been approximately the same. However, in recent years the proportion of emergency caesarean sections have decreased somewhat while planned procedures have increased. In 2018, the

proportion of planned caesarean section deliveries was 9.6 percent, while the proportion of emergency caesarean sections was 7.6 percent.

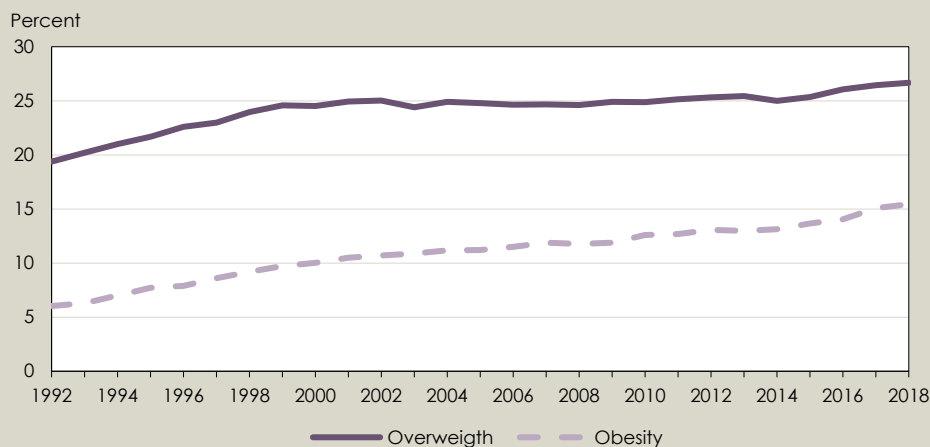


Caesarean section is more common in multiple births and breech birth. It is also more common among older mothers, overweight or obese mothers [2], and among mothers who have undergone caesarean section at a previous delivery. The proportion of caesarean section varies between different parts of Sweden. The region with the highest proportion of caesarean section in 2018 was Gotland where 21.9 percent of the deliveries was carried out with caesarean section, followed by Stockholm with 20.8 percent. Halland had the lowest proportion of caesarean sections, 14.9 percent.

Overweight and obesity continue to increase

The proportion of pregnant women who exceed normal weight, measured as Body Mass Index (BMI), at the registration to antenatal care continues to increase.

Diagram 4. Proportion of women with overweight or obesity at registration to antenatal care, 1992–2018



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

In 2018, the proportion with overweight (BMI 25–29.9 kg/m²) was 26.7 percent and the proportion with obesity (BMI of at least 30/kg/ m²) was 15.4 percent. This means that the proportion with obesity in 2018 was 31 percent higher than in 2008, while the proportion with overweight increased by 8 percent during the same period. 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 maternal overweight and obesity and the risk of the baby being born large for gestational age. A high BMI is also associated with preterm birth and caesarean section [3].

References

1. Analfinkterskador 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 (choose *visa bilagor*): www.socialstyrelsen.se/statistik-och-data/statistik/statistikamnen/graviditeter-forlossningar-och-nyfodda/ (in Swedish, but with English list of terms).

If you want to use our statistical database (in Swedish): https://sdb.socialstyrelsen.se/if_mfr_004/val.aspx

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