

Statistics on Pregnancies, Deliveries and Newborn Infants 2021

In 2021, about 115 400 infants were born in Sweden. The proportion of still-born babies has been lower the last three years, whereas the proportion of overweight and obese women continued to increase. There are relatively large differences when concerning induced deliveries, especially during week 41.

In 2021, about 113 700¹ births occurred in Sweden. About 1.3 per cent of births were multiple births, and about 115 400¹ infants were born in total. 42.2 per cent of infants were born to primiparas. The mean maternal age has increased over time, and in 2021 was just over 29.6 years for primiparas and 32.2 years for multiparas. The proportion of births that ended with a caesarean section was 18.6 per cent.

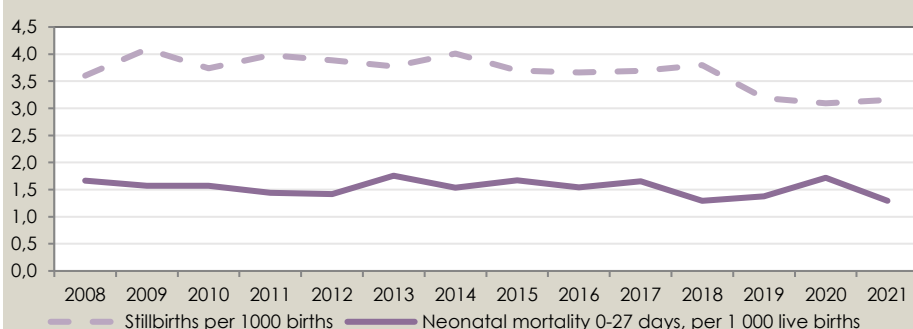
The proportion of stillborn is down

The National Board of Health and Welfare has defined stillbirth as a fetus dying in the uterus during pregnancy or during delivery after week 22 of pregnancy. The proportion of stillborn babies has since 2008 been between 3.5 and 4 per mille. The last three years the proportion has gone down a little bit and been under 3.2 per mille. These are levels which are very low by international standards.

Stillbirths can be caused by fetal chromosome abnormalities, coagulation abnormalities in the mother or medical complication in the mother such as diabetes. Fetuses with fetal growth restriction are overrepresented among stillborn. The risk for still birth varies with several factors. Women with higher BMI and women who smoke runs a higher risk of having a stillborn child. Concerning age younger and older mothers are more at risk than those between ages 25 and 34 years. Women giving birth to their second or third child similarly have a lower risk of stillbirth. Concerning country of birth mothers born in Sweden have the lowest risk.

Neonatal mortality, i.e. when the child dies within 27 days after delivery, has gone down in a historical context, but has stabilised between 1.3 and 1.8 per mille since 2005. Prematurity is the largest risk factor for neonatal mortality. At the same time more and more extremely premature children survive thanks to developments within obstetrics and neonatal care.

¹ For 2021, information on 686 births in the county council of Skåne is missing. Information on the number of children born and number of deliveries have been completed with information from the Total Population Register at Statistics Sweden. In all other statistics for 2021 these births are not included.

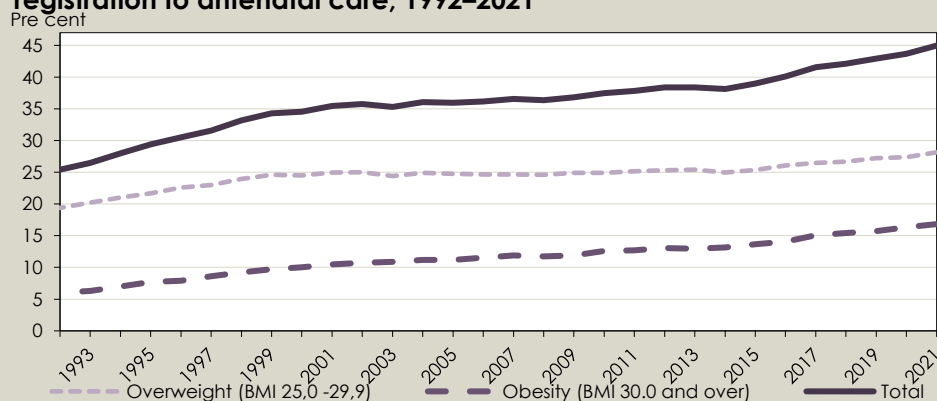
Figure 1. Stillbirth and neonatal mortality within 0–27 days, 2008–2021

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

Overweight and obesity increase

An important and preventable risk factor for adverse birth outcomes is overweight and obesity. The proportion of overweight or obese women at the time of registration to antenatal care (BMI of 25 or more) has increased year on year, from 25 per cent in 1992 to 45 per cent in 2021. The last ten years the proportion of obese women has increased slightly more than the proportion of overweight women, to almost 17 per cent.

The proportion of obese or overweight women varied between 38 per cent in Stockholm and 53 per cent in Gälveborg. The proportion also varies between women with different levels of education. Among women with pre-secondary education, 27 per cent were obese at the time of registration to antenatal care in 2021. The corresponding proportion for women with post-secondary education was 12 per cent. A high BMI is associated with an increased risk of gestational diabetes, hypertension, pre-eclampsia and venous blood clots. There is a strong link between overweight and obese mothers and the risk of the infant being large for gestational age. A high BMI is also associated with difficulties in becoming pregnant, premature delivery and caesarean section. A high BMI also increases the risk of miscarriage and certain types of birth defects. [1,2].

Figure 2. Proportion of pregnant women with overweight and obesity at registration to antenatal care, 1992–2021

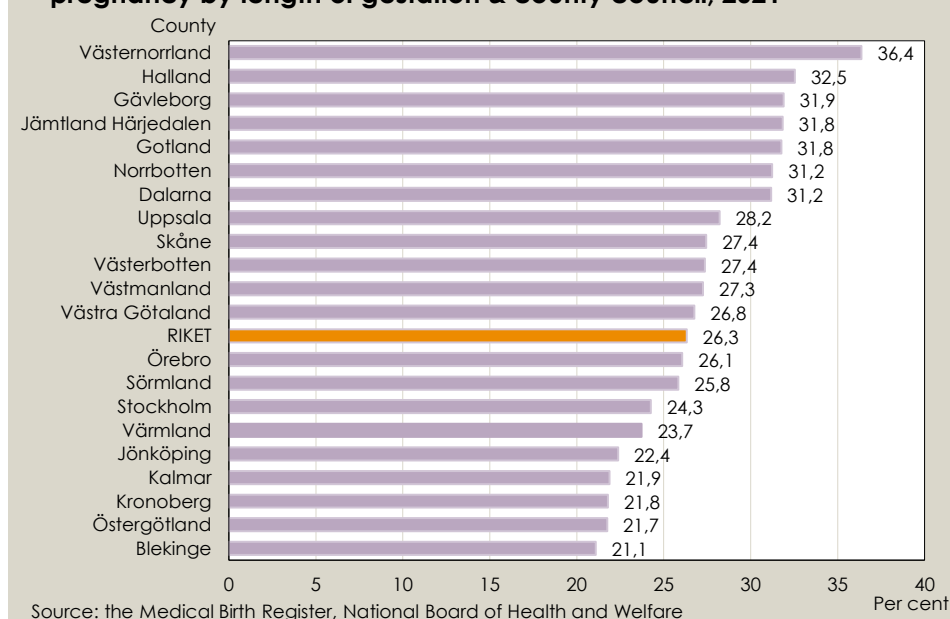
Source: the Medical Birth Register, National Board of Health and Welfare

Large regional differences when it comes to induced deliveries

There has been a steady increase in the proportion of induced births, i.e. artificially induced births (usually with drug treatment), since records began in 1993 (see Figure 3). The increase was particularly large in 2020 when many county councils changed their practices and started inducing labour in week 41 of pregnancy instead of week 42. Slightly more than a quarter, 26 per cent, of singletons at full-term 2021 were induced. The proportion of inductions were the lowest in Blekinge (21 per cent) and the highest in Västernorrland (36 per cent). The regional differences are most pronounced when it comes to inductions late in the pregnancy. During week 41 of gestation the proportion were the lowest in Stockholm, Jönköping and Kalmar at roughly 30 per cent in 2021 and the highest in Dalarna and Västernorrland where the proportion were roughly 70 per cent.

Causes of induced labour may include post-term pregnancy, multiple pregnancy, unexplained bleeding during pregnancy, fetal growth restriction, and maternal conditions such as pre-eclampsia or diabetes.

Figure 3. Induced onset of labour, singleton deliveries at full-term pregnancy by length of gestation & county council, 2021

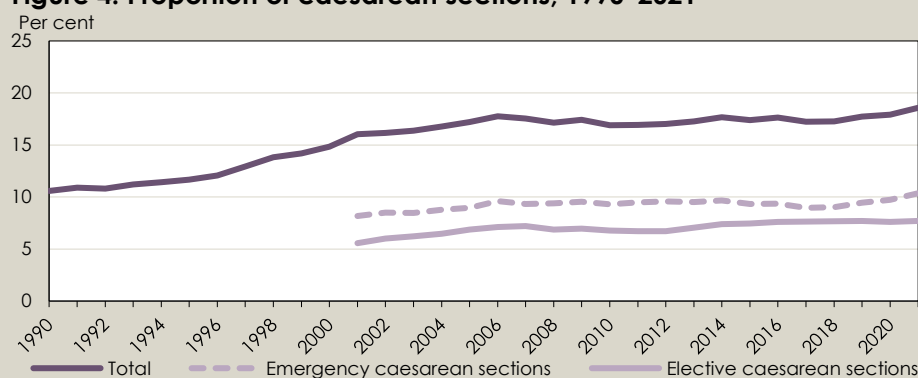


More emergency caesarean sections

The last five years the proportion of caesarean sections has increased a little every year. 18.6 per cent of the deliveries were conducted with caesarean sections in 2021 compared to 17.2 per cent in 2017. Whereas the proportion of elective caesarean section has remained stable during this period, the proportion of emergency caesarean sections has increased from 9 per cent 2017 to 10.4 per cent 2021.

Caesarean sections are more common if the mother is older or is overweight or obese. Most multiple pregnancies and deliveries at breech presentation are delivered with caesarean section [3]. In 2021 Östergötland, Dalarna and Jönköping had the lowest proportion of caesarean sections with about 13.5 per cent and Stockholm and Värmland the highest with roughly 21 per cent.

Figure 4. Proportion of caesarean sections, 1990–2021



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

References

1. European Perinatal Health Report. Core indicators of the health and care of pregnant women and babies in Europe in 2015 Euro-Peristat Project; 2018.
2. Poston et al. Preconceptional and maternal obesity: epidemiology and health consequences. *Lancet Diabetes Endocrinol* 2016; 4: 1025–36
3. Kejsarsnitt i Sverige 2008–2017. Kriterier som styr beslut om förlossnings-sätt, samt kartläggning av komplikationer. Socialstyrelsen; 2019.

Further information

You can find more tables, graphs and information here:

www.socialstyrelsen.se/statistik-och-data/statistik/statistikammen/graviditeter-for-lossningar-och-nyfodda/

If you want to use our statistical database:

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

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