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# Statistics on Pregnancies, Deliveries and Newborn Infants 2023

**In 2023, around 100 000 children were born in Sweden, a decrease of 5 per cent compared with the previous year. The average age of both the primiparous and multiparous women has continued to increase. About half of all women were of normal weight when enrolled in antenatal care. The proportion of expectant mothers who are overweight or obese remains high, with a wide spread across the country. The proportion of births started by induction has continued to increase slightly, while the proportion of caesarean sections in induced deliveries has remained relatively stable since 2017. At the same time, the proportion of stillbirths has continued to decrease, which is mainly explained by a decrease in stillbirths among full-term pregnancies.**

## Continued marked decline in the total number of births

In 2023, around 99 600<sup>1</sup> births took place, of which around 1.3 per cent were multiple births. In total, around 100 650<sup>1</sup> babies were born. First-time mothers made up 44 per cent of women giving birth.

Since 1973, when data began to be collected for the Medical Birth Register, birth rates have fluctuated in cycles of 10 to 15 years (see Figure 1). After a downward trend in the 1970s, there was a turnaround in 1983, followed by a sharp increase that peaked in the period 1990-1992, when more than 120 000 children were born. The number of births peaked in the late 1990s, with fewer than 86 000 births. After that, the number of births increased until 2016, with the exception of 2011. Year 2016 marked the last peak, when 121 700 children were born.

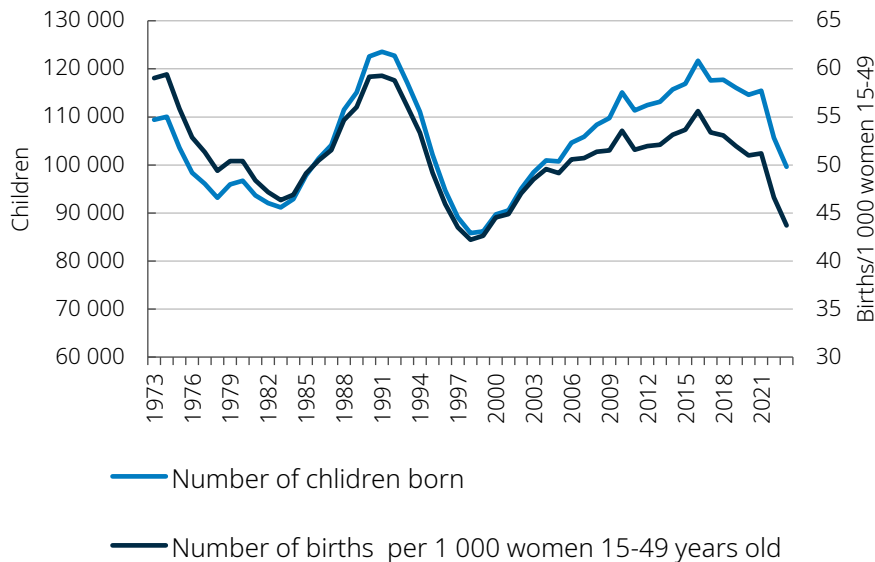
After 2016, the number of births has decreased every year, with a particularly large decrease in 2022 and 2023. Compared with the previous year, around 4 700 fewer babies were born in 2023. Not since 2005 have so

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<sup>1</sup> There are missing data for about 1300 births in 2023, representing about 1.3 per cent of the total number of births. In 2022, data are missing for about 160 births, corresponding to about 0.15 per cent of the total number of births. The data on the number of children born and the number of births for the country are here supplemented with estimated figures from the register of the total population at Statistics Sweden. In other statistics for 2023, these births are missing.

few babies been born in Sweden. The number of births per 1000 women aged 15-49 was 44, the lowest since 1999.

**Figure 1: Number of births, number of births per 1,000 women aged 15-49, 1973-2023**



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

## Half of all women were normal weight at enrolment in antenatal care

A major risk factor for adverse pregnancy and labour outcomes is overweight and obesity. When enrolled in antenatal care in 2023, about half of all expectant mothers were not of normal weight (BMI of 18.5-24.9). The proportion of expectant mothers who are overweight or obese (BMI of 25 or more) varies across the country and has almost doubled from 25 per cent in 1992 to 46 per cent in 2023. Among the regions, Stockholm had the lowest proportion of women who were overweight or obese (39 per cent), while Sörmland had the highest (55 per cent). The proportion also differs depending on factors such as education level. In 2023, 28 per cent of women with pre-secondary education were obese at enrolment, compared to 14 per cent of women with post-secondary education.

The proportion of expectant mothers who were underweight (BMI below 18.5), on the other hand, has decreased slightly over the same period and was 2.1 per cent in 2023. Underweight also varied between regions, from 1.2 per cent in Västernorrland to 2.7 per cent in Stockholm.

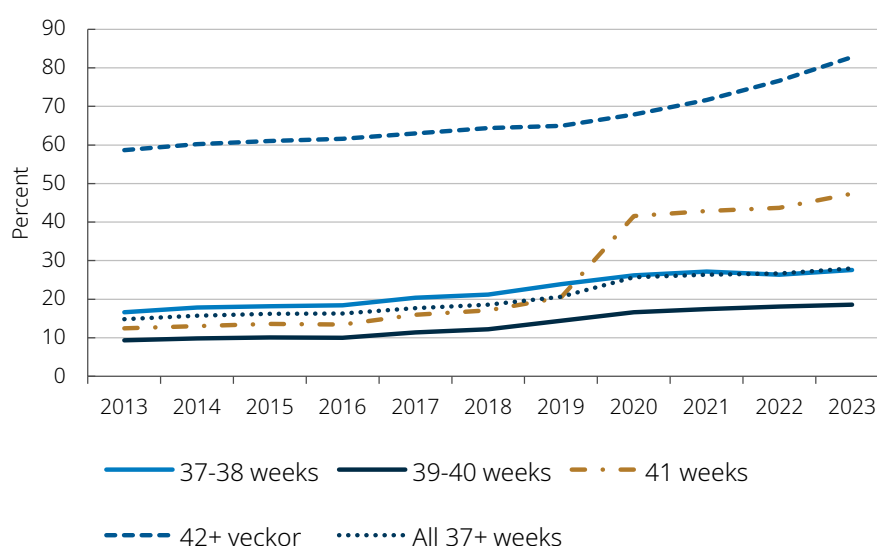
Both overweight and underweight are linked to an increased risk of complications during pregnancy and labour. High BMI is associated with increased risk of infertility, certain foetal malformations, gestational

diabetes, hypertension, pre-eclampsia, venous thromboembolism, premature delivery and caesarean section. Underweight can be a consequence of eating disorders, which include an increased risk of infertility, anaemia during pregnancy, severe morning sickness, vaginal bleeding during pregnancy, premature birth and having a baby that is too small for its time.

## Induction is becoming more common

Certain conditions increase the risk of complications during pregnancy and childbirth, and then it may sometimes be appropriate to initiate a birth by artificial means, a so-called induction. Examples of conditions that increase the risk include late-term pregnancy (gestational age of 41 weeks + 0 days to 41 weeks + 6 days) and postterm (gestational age of 42 weeks or more), multiple pregnancies, unexplained bleeding during pregnancy, slowing of foetal growth, or maternal illness such as pre-eclampsia or diabetes.

**Figure 2: Proportion of inductions at full term (37+ weeks) and single births, by gestational age, 2013-2023**



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

Since the early 1990s, the proportion of births started by induction has increased. In 1993, 8 per cent of singleton full-term births (over 37 completed weeks of pregnancy) were started by induction. By 2023, this proportion had risen to 28 per cent. The increase in inductions has taken place in all gestational weeks, but the most significant increase has occurred in gestational week 41. Here, the share of births starting with induction has more than doubled, from 17 per cent in 2018 to 47 per cent in 2023.

The large increase among women in week 41 of pregnancy can be explained by a new approach that has started to spread among the regions. Instead of waiting for induction until after 42 completed weeks, assessments are made

from 41 completed weeks with the aim of the woman being in active labour or having given birth by 42 completed weeks of pregnancy.

## Caesarean section rates are increasing

Since 2020, the proportion of deliveries by caesarean section has increased from 17.9 per cent to 19.5 per cent in 2023. Over the same period, the proportion of emergency caesarean sections has increased from 9.7 per cent to 10.8 per cent and planned caesarean sections from 7.6 per cent to 8.2 per cent. In 2023, almost 55 per cent of multiple gestation births were delivered by caesarean section.

Caesarean sections are more common among women who are induced compared to women with spontaneous labour. However, there has been no increase in the proportion of caesarean sections in the group where induction has increased the most, i.e. pregnant women at week 41, but rather a decrease compared to the levels before year 2018.

Caesarean sections are most common among older mothers, and among overweight or obese mothers.

The proportion of caesarean sections varies between regions. For several years, Jönköping and Östergötland have had the lowest caesarean section rates in the country, with rates of 13.7 and 14.6 per cent respectively. Värmland had the highest rate of caesarean sections, with 22.8 per cent of births by caesarean section, followed by Sörmland with 22.4 per cent.

## The number of postterm births and stillbirths has fallen

Postterm babies (born after 42 weeks of pregnancy) have an increased risk of complications during labour and morbidity in the neonatal period. Since 2008, the National Board of Health and Welfare has defined stillbirth as the death of a foetus in the womb during pregnancy or childbirth from the 22nd week of pregnancy onwards, after which the proportion of stillbirths has long been between 3.6 and 4 per cent. Over the last 5 years, this rate has fallen and for 2023 the figure was 2.9 per cent. These levels are very low by international standards.

Since the new approach concerning inductions mentioned above started to spread among the regions, the proportion of postterm births has more than halved from >6 per cent before 2019 to 1.7 per cent in 2023. The lower number of deliveries also means that the number of postterm stillbirths has fallen and in 2023 no postterm stillbirths were reported.

**More information**

You can find more tables, graphs and information here (select Tillhörande dokument och bilagor): [www.socialstyrelsen.se/statistik-och-data/statistik/alla-statistikamnen/graviditeter-forlossningar-och-nyfodda](http://www.socialstyrelsen.se/statistik-och-data/statistik/alla-statistikamnen/graviditeter-forlossningar-och-nyfodda)

If you want to use our statistical database:

[www.socialstyrelsen.se/statistik-och-data/statistik/statistikdatabasen](http://www.socialstyrelsen.se/statistik-och-data/statistik/statistikdatabasen)

**Contact information:**

Eileen Liu (questions regarding statistics)

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

E-mail: [eileen.liu@socialstyrelsen.se](mailto:eileen.liu@socialstyrelsen.se)

Ängla Mantel (questions regarding subject)

E-mail: [angla.mantel@ki.se](mailto:angla.mantel@ki.se)