

Statistics on Pregnancies, Deliveries and Newborn Infants 2015

In 2015, the total number of newborn babies reported to the Medical Birth Register was 116,667. The statistics for the year show that the frequency of caesarean sections remains stable at 17 percent but that the number of 3rd or 4th degree pelvic floor tears reduced somewhat. There are, however, significant regional deviations.

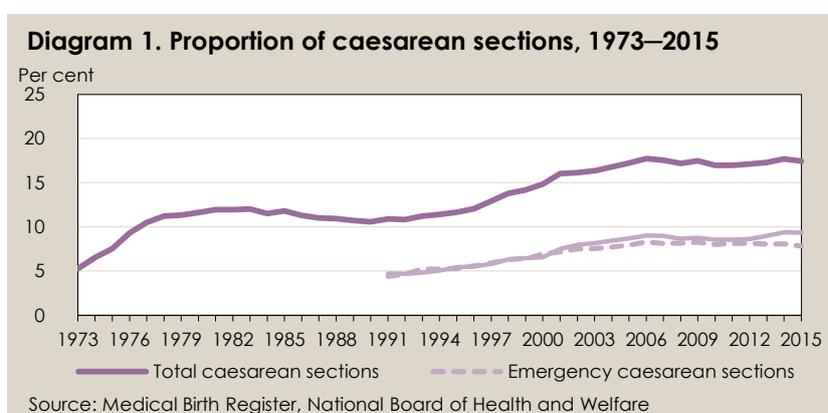
1.4 percent of all deliveries were multiple births

In 2015, 114,981 women gave birth in Sweden. Forty-four percent were primiparas. A total of 1,651 mothers gave birth to twins, triplets or quadruplets, which means that 1.4 percent of all deliveries were so-called multiple births. The majority of babies were born within two weeks of (before or after) their estimated date of delivery. Six percent of babies were born before week 37 and were, therefore, classified as preterm. Seven percent gave birth from 42+0 weeks, meaning that the pregnancies were postterm.

Seventy-five percent of mothers had a non-instrumental vaginal delivery, which means that no ventouse or forceps were used.

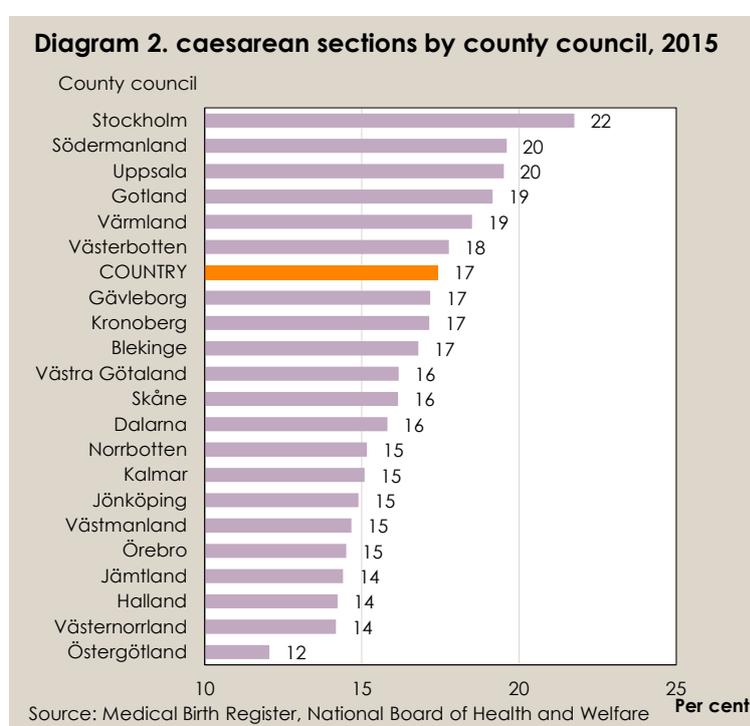
Frequency of caesarean sections is unchanged

During the 1970s, the nationwide number of caesarean sections was 5 percent, which compares to 17 percent in 2015. Despite the changes that have subsequently been made to care procedures and guidelines, the increase during recent years is attributed to the fact that mothers are both older and have a higher BMI, and that the majority of deliveries with multiple births and where the baby is in breech position are also now made using caesarean section [1].



Even if the majority of caesarean sections take place for medical reasons, a significant role is also played by the hospital's catchment area, the procedures for planned caesarean sections, and the distribution of mothers with a high or low risk of experiencing complications.

The county council in Östergötland had the lowest proportion of caesarean sections with 12 percent, whilst the proportion was highest in Stockholm's county council with 22 percent. On a hospital level, the differences are even greater with Linköping University Hospital and Sollefteå Hospital having the lowest frequency of caesarean sections (8 percent) and Karolinska University Hospital in Solna (27 percent) and Danderyd Hospital (25 percent) having the most.

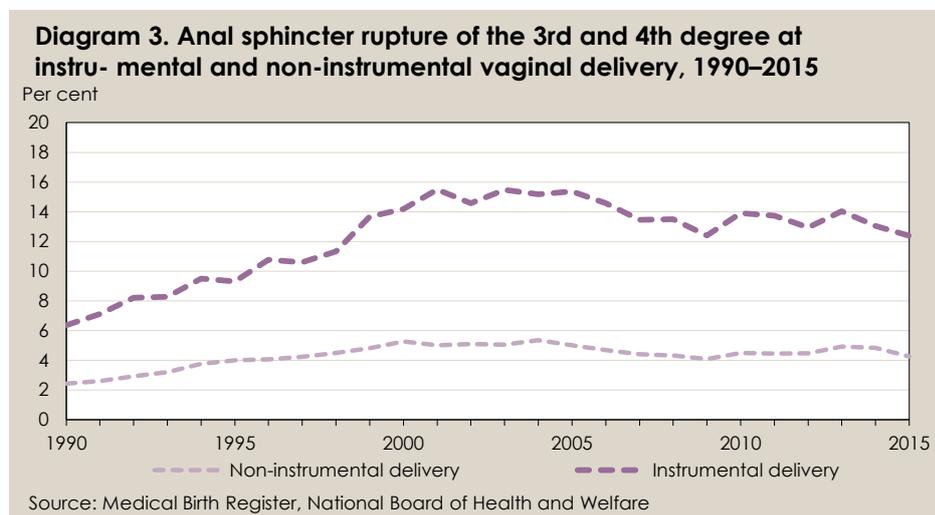


Anal sphincter rupture at vaginal delivery somewhat lower

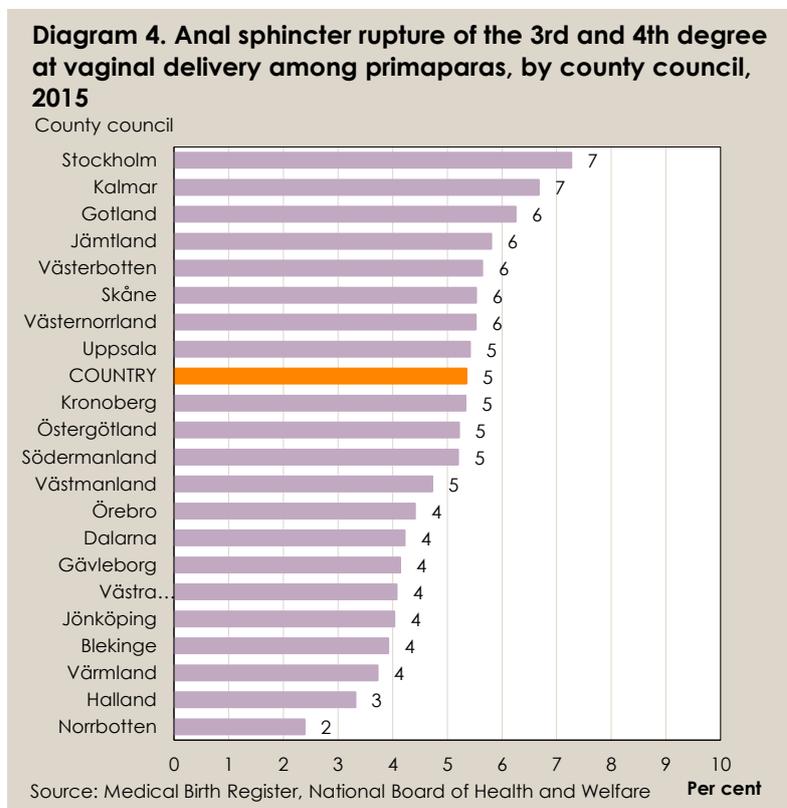
On a national level, the proportion of mothers who experienced 3rd or 4th degree pelvic floor tears during vaginal delivery had remained largely unchanged during the previous five years: approximately 6 percent of primiparas. In 2015, slightly fewer mothers were affected: 5 percent of primiparas and 1 percent of multiparas.

The risk of this type of rupture is considerably higher in cases of instrumental vaginal delivery (12 percent) than with non-instrumental vaginal delivery (4 percent). The birth weight of the child is also of significance; for babies that weighed 4.500 grams or more, the proportion of serious ruptures was 6 percent,

compared with 3 percent where the birth weight was less than 4.500 grams. Other risk-factors for this type of serious rupture include deviations in the presentation of the foetus's head and being circumcised [2].



There are relatively large regional deviations concerning the occurrence of 3rd and 4th degree ruptures during vaginal delivery, and this also applies to how the distribution has changed with time. This could, however, be partially attributable to variations in the tendency to report.



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).

Comprehensive delivery statistics since 1973

The Medical Birth Register contains information about all pregnancies that resulted in delivery in Sweden and is frequently used for quality work and for research. The register contains detailed information about mothers and newborns. For more information about the register, please see <http://www.socialstyrelsen.se/register/halsodataregister/medicinskafodelseregistret/inenglish>.

The National Board of Health and Welfare has recently reported on a government commission with a detailed analysis of maternity care on the basis of socio-economic factors and ethnicity based on the Medical Birth Register and other registers [3].

References

1. Caesarean sections in Sweden 1990-2001. Research report. The Centre for Epidemiology (EpC), National Board of Health and Welfare; 2005.
2. Injuries to anal sphincter during delivery. A systematic overview and evaluation of medical, health-economic, social and ethical aspects. SBU, Report 249; 2016.
3. Socio-economic factors on women's and children's health after delivery. National Board of Health and Welfare; 2016.

More information

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

www.socialstyrelsen.se/publikationer2017/2017-3-4

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

www.socialstyrelsen.se/statistik/statistikdatabas/graviditeter-forlossningarochnyfodda

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