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# Statistics on Pregnancies, Deliveries and Newborn Infants 2022

**In 2022, approximately 105 670 children were born in Sweden, which is a decrease of just over 8 per cent compared to the previous year. The average age of mothers continues to increase over time, as does the proportion pregnant women who are overweight or obese. The proportion of caesarean sections has increased slightly over the past three years, while the proportion of stillbirths has decreased over the past four years.**

## Significant reduction in the number of births

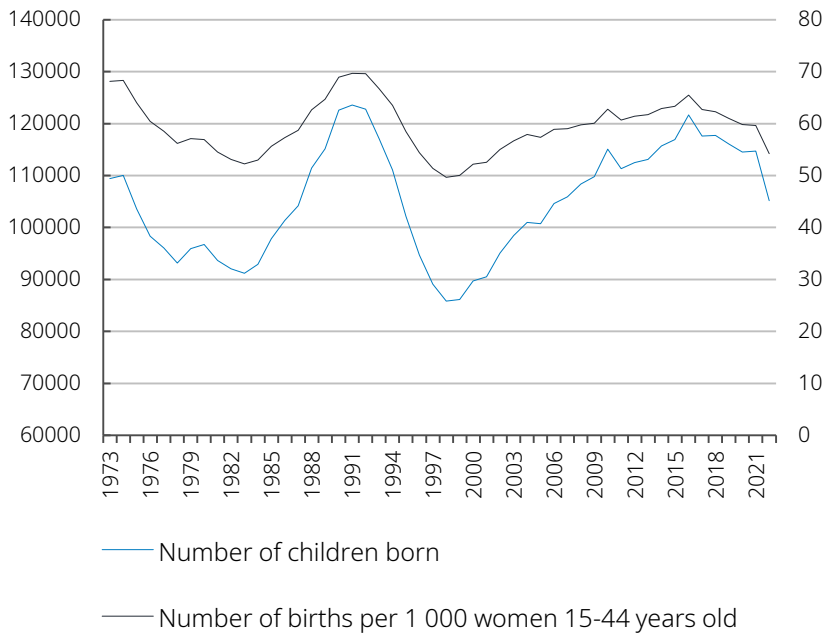
In 2022, around 104 340<sup>1</sup> births took place. Approximately 1.3 per cent of births were multi-birth deliveries and about 105 670<sup>1</sup> infants were born in total. In 43 per cent of the births, the woman was a first-time mother.

Since 1973, when data began to be collected to the medical birth register, total births have fluctuated over 10 to 15-year periods (see Figure 1). After a downward trend in the 1970s, there was a turnaround after 1983. Thereafter, the total births increased sharply again, reaching its highest peak in 1990-1992, when more than 120 000 children were born. The number of newborns was at its lowest in the late 1990s, when fewer than 86 000 children were born. Thereafter, the number of births increased again until 2016 (with the exception of 2011). The year 2016 was the highest peak, with 121 700 newborns. Since then, the number of births has decreased every year. However, the reduction in 2022 was larger than before. Compared to the previous year, around 9 700 fewer babies were born, representing a decrease of 8.4 per cent. Not since 2006 have so few children been born in Sweden. The number of births per 1000 women aged 15-49 was 54, the lowest figure since 2001.

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<sup>1</sup> For 2022, information on around 400 births in the county council of Gävleborg and 100 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 2022 these births are not included.

**Figure 1. Number of births, number of births per 1,000 women aged 15-44, 1973-2022**



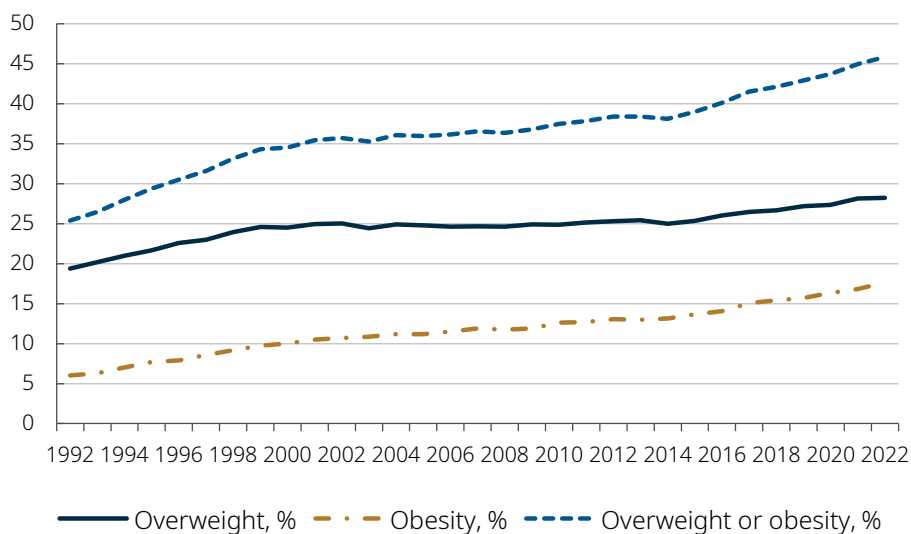
Source: The Medical Birth Register, National Board of Health and Welfare

## Maternal age and BMI increase

Women who give birth at an advanced age are more likely to suffer pregnancy and labour complications than younger women. Since the start of the register in 1973, mothers have been getting older. In 2022, the average age of first-time mothers was 29.8 years and of experienced mothers 32.4 years. Last year, for the first time, the 30-34 age group overtook the 25-29 age group as the largest age group among first-time mothers. The share of teenage mothers has declined since the 1970s and in 2022 accounted for only 1.2 per cent of all first-time mothers. In total, 4.8 per cent of first-time mothers were aged 40 or over.

An important preventable risk factor for adverse birth outcomes is overweight and obesity. The proportion of women who are overweight or obese (BMI 25 or higher) when admitted to antenatal care has increased over time, from 25 per cent in 1992 to 46 per cent in 2022 (see Figure 2). Over the last ten years, the proportion of women with obesity (BMI 30 or higher) has increased slightly more than the proportion of women with overweight. The proportion of obese mothers have increased from 13 per cent in 2012 to almost 18 per cent 2022, while the proportion of overweight mothers have increased from 25 to 28 per cent during the same period.

**Figure 2. Proportion of pregnant women with overweight (BMI 25.0-29.9) and obesity (BMI 30.0 or more) at enrolment in antenatal care, 1992-2022**



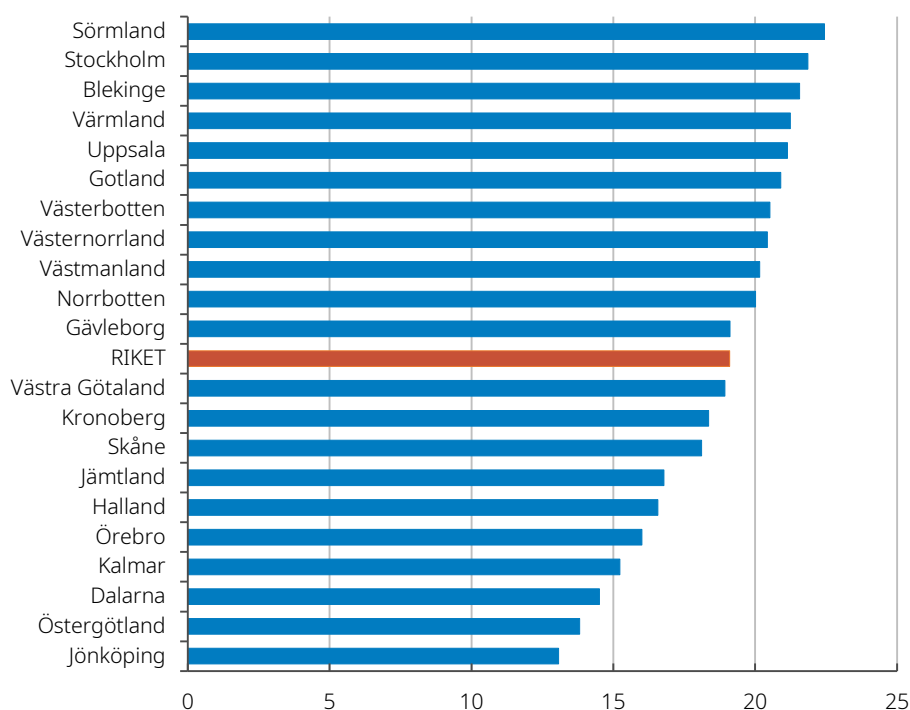
Source: The Medical Birth Register, National Board of Health and Welfare

The proportion of overweight and obesity varied across the country in 2022, ranging from 38 per cent (Stockholm) to 54 per cent (Gävleborg, Västernorrland, Norrbotten and Södermanland). High BMI is associated with an increased risk of complications such as gestational diabetes, high blood pressure, pre-eclampsia and venous blood clots. It is also linked to difficulties in getting pregnant and higher risk of premature birth, miscarriage and certain types of foetal malformations.

## Increasing caesarean section rate

Over the past three years, the proportion of births by caesarean section has increased from 17.9 per cent in 2020 to 19.1 per cent in 2022. The proportion of emergency caesarean sections has increased from 9.7 per cent to 10.7 per cent over the past three years, while planned caesarean sections have increased from 7.6 per cent to 7.9 per cent over the same period. In 2022, almost 54 per cent of multiple births were delivered by caesarean section.

**Figure 3. Total caesarean section rate, by region, 2022**



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

Among cases where the baby was in the breech position, 92.4 per cent of deliveries were by caesarean section. Caesarean sections are most common among older mothers, and among mothers who are overweight or obese.

The proportion of caesarean sections varies between different regions, with Östergötland and Jönköping having the lowest caesarean section rate in the country for several years. In 2022, the proportion was 13.8 and 13.1 per cent respectively in these two counties. Sörmland had the highest proportion of caesarean sections with 22.4 per cent, followed by Stockholm with 21.9 per cent (See Figure 3).

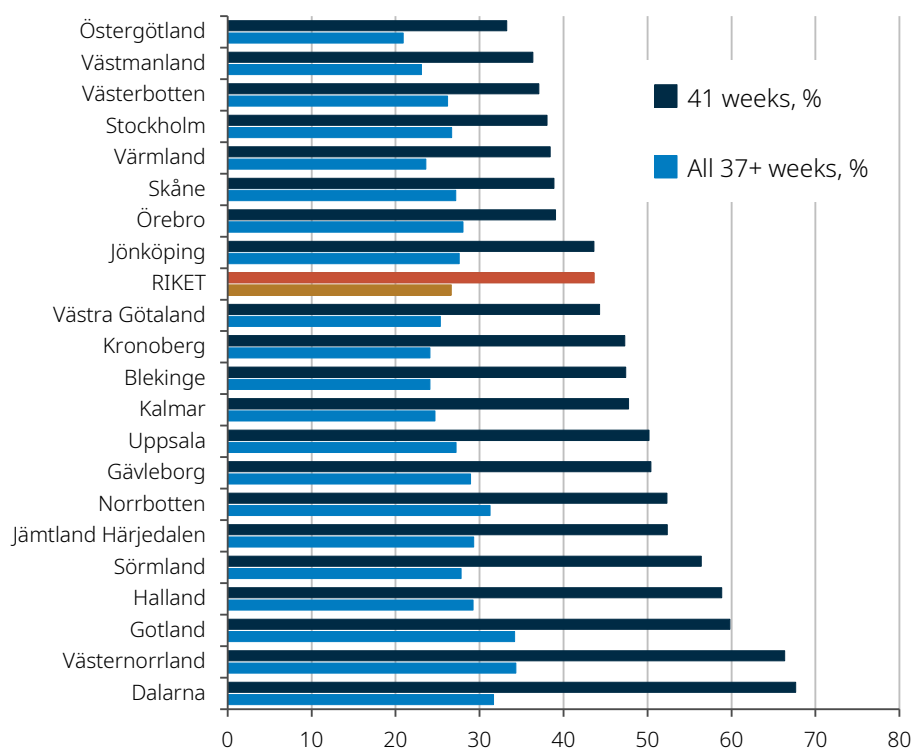
## Large regional differences for inductions

Sometimes it may be necessary to induce labour manually. Reasons why labour needs to be induced include a pregnancy length of 41 weeks or longer, multiple pregnancies, unexplained bleeding during pregnancy, slowing fetal growth or illness in the mother such as pre-eclampsia or diabetes.

Since the early 1990s, the proportion of births starting with induction has increased. In 1993, 8 per cent of single births were induced at full term (at least 37 completed weeks of pregnancy). In 2022, the corresponding figure was 27 per cent. Over the past 3 years, however, the proportion of induced births has increased significantly more than in previous years. The largest

increase has taken place primarily among women in week 41 of pregnancy, where the proportion of births that started with induction more than doubled, from 21 per cent in 2019 to 44 per cent in 2022. The large increase among women in week 41 can be explained by the changes in practice for induction in week 41 or more of pregnancy that have taken place in recent years. Instead of inducing labour after 42 completed weeks as in the past, this is now largely done as early as week 41. One result of this change can be seen in the proportion of overweight newborns (born after 42 completed weeks of pregnancy), which in 2022 amounted to 2.4 per cent, a figure that had previously been 6-8 per cent since the mid-1980s.

**Figure 4. Proportion of births at full term pregnancy and during week 41 with induced onset of labour, singletons, by county council, 2022**



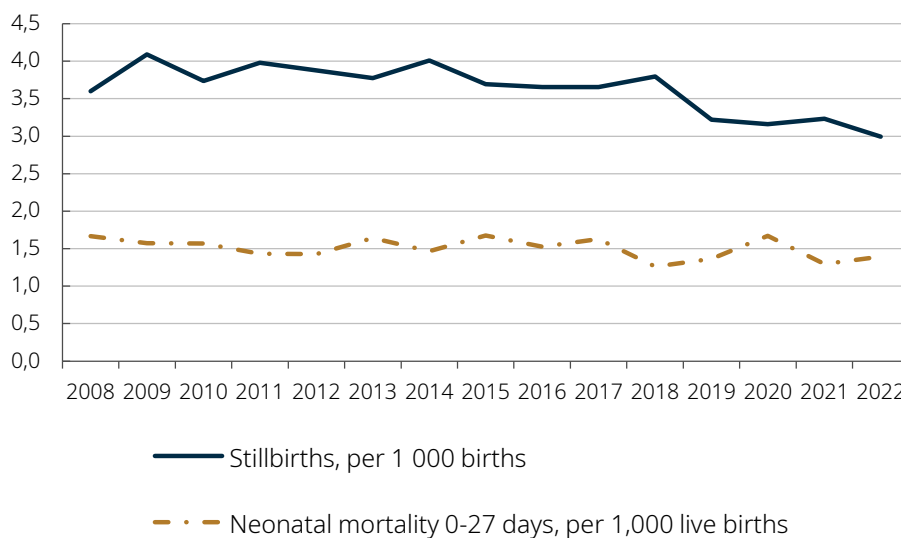
Source: The Medical Birth Register, National Board of Health and Welfare

However, the proportion of deliveries induced in week 41 varied greatly between the country's regions, from 33 per cent (Östergötland) to 68 per cent (Dalarna) (see Figure 4). Regional differences also exist in terms of induction of labour at full term (37+ weeks): in Västernorrland and Gotland, more than 34 per cent of deliveries were induced at full term, while the corresponding figure for Östergötland was 21 per cent. However, the regional differences for deliveries from week 41 that started with induction have decreased slightly compared to 2021.

## The proportion of stillbirths has dropped

Since 2008, the National Board of Health and Welfare has defined stillbirth as the death of a foetus in the womb during pregnancy or during childbirth from 22 weeks of pregnancy onwards. Since then, the proportion of stillbirths has been between approximately 3.5 and 4 per thousand. In 2019-2021, the rate dropped slightly to around 3.2 per thousand, while in 2022 the stillbirth rate was 3.0 per thousand. These levels are very low by international standards. In stillbirths, chromosomal disorders and growth retardation are more common compared to live births.

**Figure 5. Stillbirth and neonatal mortality within 0-27 days, 2008-2022**



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

Neonatal mortality, i.e. when the child dies within 27 days of birth, has historically been declining and has now stabilised at a level of between 1.3 and 1.7 per thousand. Prematurity (gestational age less than 37 full weeks) is the main risk factor for neonatal mortality.

### More information

You find more tables, diagrams and information here

<https://www.socialstyrelsen.se/en/statistics-and-data/statistics/>

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

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

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