

Perinatal statistics - parturients, delivers and newborns 2022

One in five deliveries resulted in a caesarean section

MAIN FINDINGS

- The number of newborns decreased again in 2022.
- The average age of parturients was 31.7 years, 30.1 years for those who gave birth for the first time.
- The proportion of parturients who smoked during pregnancy continued to decrease.
- 27.7 percent of those who gave birth were overweight (BMI 25.0–29.0) and 19.5 percent were obese.
- The proportion of caesarean sections was 19.6 percent.
- The proportion of induced deliveries was bigger than ever before (35%).

In 2022, 45 186 children were born in Finland, which is 9 percent less than in 2021. The number of children born decreased continuously from 2011 to 2019. After a slight increase in birth rate in 2020–2021 the decline continued in 2022.

The average age of parturients has increased gradually. In 2022, the mean age of all those who gave birth was 31.7 years, and the average age of first-time mothers was 30.1 years.

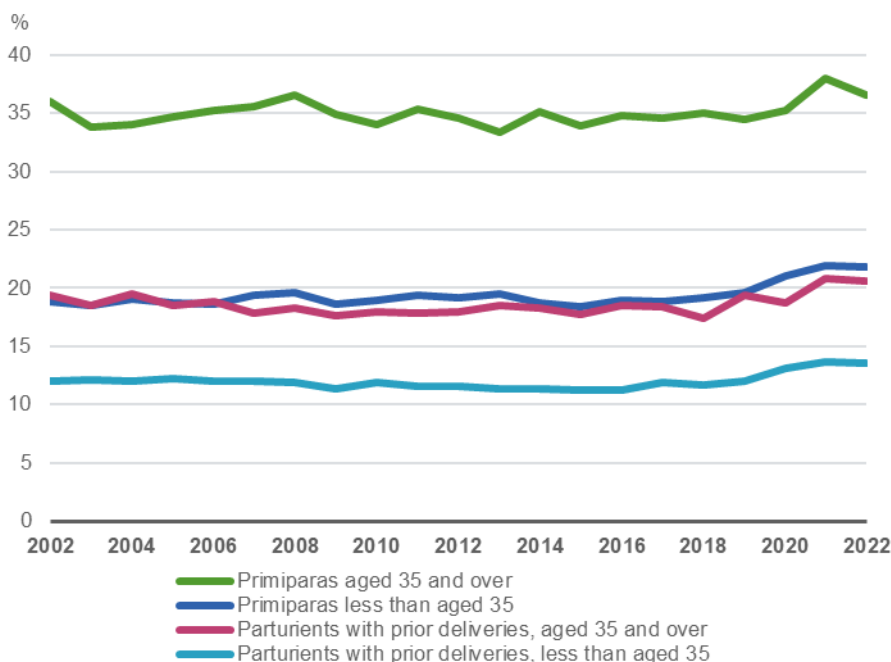
The share of caesarean sections was 19.6% of all deliveries in 2022 and remained stable compared to the previous year. Ten years ago, the share was 16.4%. In 2022, a caesarean section was performed on 24.3% of first-birth parturients and 15.9% of parturients with prior deliveries. Primiparas aged 35 or over had 15 percentage points higher caesarean section rate compared to younger primiparas.

35% of deliveries in 2022 were induced. The share is higher than ever before. Labour induction is more common among primiparas and those aged 40 or over.

The proportion of people who smoked during pregnancy has decreased gradually. In 2022, 7.5 percent of parturients smoked during early pregnancy. 55.9 percent of all smokers quit smoking during the first trimester of pregnancy, compared to 41.9 percent ten years earlier.

In 2022, the average pre-pregnancy body mass index (BMI) of women giving birth was over 25 (26.0) for the fifth time. In total 27.7 percent of all parturients were overweight (BMI 25.0–29.0) and 19.5 percent were obese (BMI ≥ 30).

Figure 1. Caesarean sections, primiparas and parturients with prior deliveries, parturients aged under 35 and parturients aged 35 and over, 2002–2022



Nora Hauhio
firstname.lastname@thl.fi

Anna Heino
firstname.lastname@thl.fi

Mika Gissler
firstname.lastname@thl.fi

Terms and definitions

Birth: A process resulting in a foetus or a child of at least 22 weeks of gestation ($\geq 22+0$ weeks of gestation) or weighing at least 500 g (≥ 500 g) being born either with vaginal delivery or Caesarean section. Live birth is always a birth. Irrespective of the length of gestation or weight of foetus, induced abortion performed in accordance with the Act on Induced Abortion is not a birth.

Body Mass Index (BMI): a measure that is used to estimate the proportionality of a person's height and weight. $BMI = \text{weight (kg)}/\text{height (m)}^2$.

Caesarean section: Caesarean section is a surgical procedure in which the fetus is born by surgery through the abdominal cavities and cuts in the uterine wall and the umbilical cord is immediately cut off.

Deaths related to childbirth: All deaths that occur one year after birth regardless of the main cause of death. Deaths are divided into maternal deaths (underlying cause of death is related to pregnancy, birth or puerperium ICD-10: O00–O99), other deaths due to disease (ICD-10-classes A–N and P–R), suicides (X60–X84, Y87.0), murders, manslaughters and assaults (X85–Y09, Y87.1) and accidental deaths (V01–X59, Y10–Y89 excluding Y87.0 and Y87.1). Pregnancies that end before gestational week 22 are not included.

Early neonatal mortality: Deaths of children born alive during the first week of life (< 7 days) per 1 000 live births.

Epidural anaesthesia: A method of pain relief during labour, in which in which a local anesthetic is injected into the space between the spinal column and outer membrane of the spinal cord (epidural space).

Episiotomy: Episiotomy is a surgical procedure for the widening of the vagina to facilitate delivery.

Full-term newborn: A newborn or a foetus when the length of gestation at the time of birth is at least 37+0 weeks of gestation but less than 42+0 weeks of gestation (37+0 days \leq length of gestation $< 42+0$ days or 259 days \leq length of gestation < 294 days). Length of gestation at birth between 37+0 and 42+0 weeks.

Infant mortality: The number of deaths of children under one year of age (child's age: < 1 year or < 365 days, < 366 days in leap year, or 0–364 days from birth, 0–365 days from birth in leap year) per 1 000 live births.

Live birth: Birth of a child that, irrespective of the duration of the pregnancy or weight at birth, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or movement of the voluntary muscles, whether or not the placenta is attached or the umbilical cord has been cut.

Maternal deaths related to childbirth: Death, in which the underlying cause of death is related to pregnancy, birth or puerperium (ICD-10: O00–O99) and which occur within one year following the birth.

Mean length of stay: The length of hospital stay following delivery is counted from the date of the child's birth.

Perinatal mortality: Stillbirths and deaths during the first week of life (06 days after birth or child's age < 7 days) per 1 000 births (live and stillbirths).

Perinatal period: The perinatal period starts on the 23rd week of gestation (length of gestation $\geq 22+0$ days, when the weight of foetus/newborn is usually around 500 g) and ends on the first week after birth (0–6 days after birth or child's age < 7 days).

Pre-eclampsia (toxemia of pregnancy): A condition during pregnancy in which the blood pressure of the pregnant woman is high and she has proteinuria (in mild pre-eclampsia the level of protein is relatively low). (ICD-10 diagnoses O13 and O14).

Preterm delivery: Length of gestation at birth: less than 37+0 weeks, i.e., not more than 258 days ($< 37+0$ or < 259 days).

Smoking during pregnancy: The data are based on data provided by the parturients themselves concerning smoking.

Spinal anesthesia: A method of pain relief during labour, in which in which a local anesthetic is injected directly into the cerebrospinal fluid that surrounds the spinal cord. A spinal block is a single injection of local anesthetic and the effect lasts a shorter time period than an epidural block.

Spontaneous vaginal delivery: A vaginal delivery in which the delivery is not assisted with breech extraction, forceps or vacuum extraction.

Stillbirth: Birth of a foetus or a child that shows no evidence of life typical of a live birth, but complying with the definition of a birth ($\geq 22+0$ weeks of gestation or ≥ 500 g).

Total fertility rate: The imputed number of births experienced by one woman during her fertile period, assuming that she does not die during this period and that the age-specific fertility rates for the year in question are valid throughout the reproductive period.

Vacuum extraction: The birth a fetus in vertex position is assisted using a vacuum extraction, which is applied to the head of the fetus and traction is applied to help the second stage of the childbirth.

Very low birth weight: The weight of a newborn or a foetus is less than 1 500 g ($< 1\ 500$ g).

Symbols used in the tables

.. Data not available or too uncertain for presentation, or subject to secrecy

– Nil observations

www.thl.fi/statistics/perinatalstatistics



Finnish institute for health and welfare

ISSN 1798-0887

Quality description (OSF)

Perinatal statistics - parturients, delivers and newborns

Relevance of statistical data

The Medical Birth Register was established in 1987. It contains data on all mothers who have given birth in Finland and on all newborn infants up to the age of seven days. The purpose of the register is to collect statistical data for the research, development and provision of maternity care, obstetrics services and the care of newborn infants. Complementary information is available from THL's Hospital Discharge Register.

The Statistical Reports aim to provide information to health care professionals, administrators, planning officials and researchers working in the area of reproductive health. They need statistical up-to-date and detailed data on deliveries and newborns.

The report text describes the concepts used in the Register.

The collection of data is based on [the Act on the National Institute for Health and Welfare \(668/2008\)](#).

Description of methods

The Medical Birth Register includes data on all live births, and on stillbirths of foetuses with a birth weight of at least 500 g or with a gestational age of at least 22+0 weeks. Information about each infant born is sent to THL either as a database acquisition or with a specific electronic form. With regard to deliveries taking place at home, the form is to be completed by the midwife or the physician who has assisted in the delivery.

Additionally, more detailed information has been gathered on small premature infants since 2005. Small premature infants refer to live births with a weight at birth of less than 1501 g or with a gestational age at birth of less than 32+0 weeks. 2005-2007 infants whose birth weight was exactly 1500 g were not included in the register on small premature infants.

Deaths related to childbirth and maternal deaths are based on the causes of death information from Statistics Finland. For the years 2012–2021, the Medical Birth Register is linked with the causes of death information and the statistics are included in the perinatal statistics for the fourth time. Deaths related to birth and maternal deaths related to birth are reported per 100 000 childbirths according to the year of birth. Maternal deaths are calculated according to the year of death and reported per 100 000 live births.

Correctness and accuracy of data

The data are correct in so far as they have been reported correctly. The data submitted to THL by hospitals are checked, and any data that are missing or inferred to be incorrect are confirmed by contacting the treating hospitals, and then corrected in the database.

Some birth data are missing in the Medical Birth Register. The register is therefore supplemented with data compiled by the Digital and Population Data Services Agency on live births and with data compiled by Statistics Finland on stillbirths and deaths during the first week of life. After these additions, the statistics are estimated to have coverage of 100 per cent.

In 1990, 1996, 2004 and 2017, the data content of the register was changed in order to improve its reliability and to bring the form more in line with current care practices. Previous data collection forms and instructions are archived in paper and electronic format.

The patient information system Apotti was introduced in all maternity hospitals in the Helsinki and Uusimaa Hospital District (HUS) in February 2021. Related data recording and retrieval problems continued in 2022 and have caused some quality discrepancies in the data from HUS area.

Whenever possible, child's place of birth is recorded in the register. However, for some children the place of birth cannot be established. Especially with children born outside of the hospital, it sometimes is unclear if the birthplace was planned (planned home birth) or not (unplanned home birth or birth en route to the hospital). In 2022, there were 31 such cases in the data. For 12 children no information about the birthplace was discovered.

Timeliness and promptness of published data

The Statistical Report Perinatal statistics: parturients, deliveries and newborns is produced by THL annually. The aim is to publish preliminary data in June–July and the Statistical Report itself in autumn. The preliminary data only include statistical data in the form of a time series table.

THL publishes in its website both the statistical report and the [database reports](#) of pregnant women, childbirth and newborns. Database reports, i.e., filtered cubes and data cubes, enable users to search information and choose the appropriate sections in the register data. Filtered cubes are ready-made compilations of key data on a subject area. Data cubes enable more versatile data analyses. Data cubes and filtered cubes can be used to view the data by region, by the size of hospital and by hospital, as well as annual data since 2007.

The statistics contained in the Statistical Reports are based on data concerning deliveries during the preceding calendar year. However, in order to reduce random variation, some of the tables have been compiled across two-year periods. Hospitals submit their data to the Medical Birth register at the latest by the end of March of the year following the child's year of birth. The statistics are completed at the latest by the autumn following the calendar year, after data on causes of death compiled by the Digital and Population Data Services Agency and Statistics Finland have been combined.

Availability and transparency/clarity of data

The Statistical Reports are sent electronically to all maternity hospitals and published on THL's website.

Data in the Medical Birth Register are also submitted to international statistical organisations (OECD, NOMESCO, WHO, Eurostat, UN and perinatal statistics in the Nordic countries).

[Findata](#), the Finnish Social and Health Data Permit Authority is authorised to disclose data in the Medical Birth Register to researchers for scientific research purposes.

Comparability of statistical data

The reforms made to the Medical Birth Register in 1990, 1996, 2004 and 2017 were aimed at improving its reliability and to bring the form more in line with current care practices. New variables in the 2004 data collection were mother's weight and height before pregnancy; mother's medical conditions during pregnancy as ICD-10 codes; duration of delivery; mother's medical conditions during delivery as ICD-10 codes; and head circumference at birth. In 2017, new variables added to the register included regular intake of folic acid before the 12th week of gestation, foetal anomaly screening and further examinations, screening results, infection screening in early pregnancy, group B streptococcus infection screening, IV-PCA, type of twinning, nutrition given to child at or before the age of 7 days at the time of discharge, and provision of additional milk. Some of the pre-existing variables were also changed and specified to make the form better correspond with current care practices.

The annual statistical data presented in the statistical reports are comparable from 1987 onwards. However, in connection with the form updates, some hospitals will be unable to immediately provide all changed or added data in accordance with the new data content, and there is a transitional period of a few years related to the form updates before the new variables can be comprehensively reported on, for instance.

The patient information system Apotti was introduced in all maternity hospitals in the Helsinki and Uusimaa Hospital District (HUS) in February 2021. Related data recording and retrieval problems continued in 2022 and have caused that all variables from HUS area are not comparable with previous years and there are known quality deviations in the submitted material.

Data on parturients' weight and height before pregnancy have been collected since 2004. More comprehensive data are available as of 2006. Missing BMI data accounted for 2.0 per cent in 2022.

Information on smoking during pregnancy is based on data provided by the parturients themselves concerning smoking. The percentage is calculated based on the number of parturients who have responded to the question on smoking. Missing data accounted for 5.4 per cent in 2022.

The preliminary data do not include the data obtained by combining the Digital and Population Data Services Agency's register data on live births and Statistics Finland's register data on causes of death. However, there are no major differences in data between the preliminary data and the final figures published in the Report. The preliminary data on parturients, deliveries and births consist of nationwide absolute figures and percentages only.

The live birth figures as well as the infant mortality rates as reported by Statistics Finland and THL's Medical Birth Register differ to some extent due to differences in the method of calculation. Statistics Finland gathers data on all children born whose mother has a permanent domicile in Finland at the time of the child's birth whatever the place of delivery, while the Medical Birth Register includes data on all children born in Finland. Furthermore, Statistics Finland calculates infant mortality rate on the basis of year of death while THL's Medical Birth Register uses the year of birth. The Statistics Finland figures are official.

Clarity and consistency

The definitions and concepts related to pregnancy and neonatology are based on the Classification of Diseases ICD-10 and [Suomalainen tautien kirjaamisen ohjekirja](#) (available in Finnish).

The statistical reports also use established international concepts and classifications (such as BMI, mode of delivery, and perineal lacerations, of which third- and fourth-degree lacerations are considered as serious).

Special issues concerning the 2022 statistics

The patient information system Apotti was introduced in all maternity hospitals (Women's hospital, Lohja Hospital, Hyvinkää Hospital and Jorvi Hospital) in the Helsinki and Uusimaa Hospital District (HUS) in February 2021. Related data recording and retrieval problems continued in 2022 and have caused that all variables from HUS area are not comparable with previous years and there are known quality deviations in the submitted material. For this reason, e.g. indicators on gestational diabetes have been removed from appendix table 1.

In the 2022 data there were 12 infants whose place of birth could not be verified.

Appendix tables

Appendix table 1: Parturients and deliveries 1987–2022

Appendix table 2: Newborns 1987–2022

Appendix table 3: Deliveries by hospitals 2012–2022

Appendix table 1. Parturients and deliveries 1987, 1990, 1995, 2000, 2005, 2010, 2015–2022

Parturients and deliveries	1987	1990	1995	2000	2005	2010	2015	2016	2017	2018	2019	2020	2021	2022
Parturients	59 397	64 960	62 192	55 851	56 960	60 422	55 007	52 870	50 151	47 272	45 279	46 034	49 069	44 589
Mean age, all	28,9	29,1	29,7	29,9	30,0	30,1	30,6	30,7	30,9	31,0	31,2	31,3	31,6	31,7
Mean age, primiparas	26,5	26,8	27,5	27,6	27,9	28,2	28,8	29,0	29,2	29,3	29,5	29,6	30,0	30,1
Under 20 years, %	3,2	2,8	2,5	2,9	2,8	2,3	1,7	1,6	1,4	1,3	1,3	1,2	1,1	1,1
Over 35 years, %	13,3	13,9	15,1	18,4	19,0	18,0	20,8	22,0	22,5	23,7	24,4	24,8	25,8	26,4
Married or in a registered partnership %	80,0	74,2	66,8	58,2	59,9	57,8	54,6	54,5	54,0	54,1	53,5	50,0	51,8	53,4
Unknown %	1,8	0,9	0,4	1,4	0,1	0,2	0,3	0,5	0,3	0,5	0,4	0,5	1,2	0,2
Previous pregnancies 0, %	30,3	30,1	30,2	31,1	32,6	32,2	32,3	32,1	31,7	32,4	33,4	31,6	31,6	32,5
Previous pregnancies 3+, %	17,0	18,3	19,5	20,1	19,5	19,8	20,3	21,0	21,0	21,3	20,9	21,4	21,6	21,1
Previous deliveries 0, %	39,8	39,0	38,7	40,4	42,4	42,2	41,6	41,5	40,9	41,0	42,3	42,3	42,5	43,7
Previous deliveries 3+, %	8,0	8,5	9,6	10,0	9,9	9,7	9,7	10,3	10,3	10,6	10,4	10,0	9,7	9,6
Previous miscarriage %	16,8	18,0	19,8	20,3	20,7	21,2	21,9	22,5	22,4	22,5	22,2	23,7	24,5	25,1
Previous induced abortion %	14,6	..	..	12,6	12,6	12,7	12,6	12,6	12,4	12,3	12,1	14,5	14,6	13,4
Previous extrauterine pregnancy %	1,7	..	..	2,0	1,6	1,5	1,5	1,7	1,7	1,6	1,5	1,7	1,8	1,8
Premature births (<37 weeks), N	3 071	3 215	3 174	3 138	2 912	3 119	2 917	2 728	2 645	2 445	2 229	2 344	2 552	2 233
Premature births (<37 weeks), %	5,2	4,9	5,1	5,6	5,1	5,2	5,3	5,2	5,3	5,2	4,9	5,1	5,2	5,0
Body mass index, mean	..	..	..	..	24,2	24,4	24,6	24,7	24,8	25,2	25,3	25,5	25,7	26,0
Obese (BMI ≥ 30), %	..	..	..	..	11,0	12,0	13,2	13,6	14,4	16,3	17,0	17,6	18,4	19,5
Smokers %	15,5	16,0	15,1	14,8	14,9	15,5	14,7	14,2	12,5	11,0	10,7	9,2	7,9	7,5
Quit smoking at the early stages of pregnancy, %*	..	..	9,3	11,7	22,2	35,7	48,8	49,2	49,7	50,3	53,1	54,2	56,4	55,9
Antenatal visits, total, mean	15,2	15,0	16,0	16,9	16,8	15,6	14,2	14,1	13,9	13,7	13,9	13,4	13,4	13,1
Visits to outpatient clinic, mean*	..	..	2,6	2,9	3,0	3,1	3,5	3,3	3,4	3,2	3,0	3,1	3,3	3,2
Multiple births N	655	785	900	907	852	937	744	738	698	633	575	612	646	588
Multiple births /100 000	1 103	1 208	1 447	1 624	1 496	1 551	1 353	1 396	1 392	1 339	1 270	1 329	1 317	1 319
twins N	645	760	873	898	845	924	736	733	693	627	568	605	635	579
twins /100 000	1 086	1 170	1 404	1 608	1 483	1 529	1 338	1 386	1 382	1 326	1 254	1 314	1 294	1 299
triplets N	10	25	27	9	7	13	8	5	5	6	7	7	11	9
triplets /100 000	17	38	43	16	12	22	15	9	10	13	15	15	22	20
Hospitalisation ≥2 days before delivery, %	..	..	10,8	9,6	9,2	9,0	10,2	11,6	12,7	12,1	12,5	12,6	12,3	12,7
Hospitalisation ≥7 days after delivery, %	..	..	5,4	4,8	4,4	2,6	1,7	1,6	1,6	1,5	1,4	0,9	1,1	1,0
Length of stay after delivery, days, mean	6,6	5,1	4,0	3,7	3,4	3,0	2,8	2,7	2,7	2,7	2,7	2,6	2,5	2,5
Pain relief														
Epidural, % ¹⁾	8,2	11,3	22,0	39,0	41,9	46,1	49,5	49,9	50,0	50,0	53,2	51,0	52,5	54,4
Spinal block, % ^{1),2)}	..	..	..	..	13,4	15,9	19,8	20,5	20,0	20,1	19,6	13,0	11,7	11,5
Compined spinal-epidural, % ^{1),2)}	..	..	..	..	0,3	0,7	3,4	3,9	4,9	6,4	7,5	8,7	10,1	9,6
Paraservical block, % ¹⁾	12,0	13,8	21,4	19,8	14,4	15,7	15,3	15,3	15,8	15,7	16,2	16,4	15,8	16,8
Pudendal, % ¹⁾	0,2	0,3	0,9	1,7	3,1	7,1	10,2	11,7	12,1	13,0	14,5	14,4	14,9	15,9
Nitrous oxide, % ¹⁾	..	7,4	46,4	46,0	48,0	50,9	53,3	53,6	53,5	54,3	54,6	54,5	55,2	57,3
Other pharmacological relief of pain, % ^{1),2)}	..	..	..	..	16,9	11,3	12,7	13,7	10,5	9,9	10,1	14,0	15,8	16,6
Other non-pharmacological relief of pain, % ^{1),2)}	..	..	..	..	17,2	26,8	32,6	34,2	38,9	41,8	42,0	55,5	57,4	57,5
Any pain relief, % ¹⁾	21,5	32,7	78,0	84,9	87,6	90,7	92,0	91,9	92,2	92,0	92,8	94,7	95,3	95,6
Caesarean sections, %														
Planned caesarean section, %	..	1,8	7,8	7,3	7,3	6,4	6,2	6,4	6,8	6,7	7,0	7,5	8,0	7,9
Other caesarean section, %	14,5	11,9	8,0	8,8	9,3	9,9	9,8	10,1	9,9	10,1	10,5	11,0	11,6	11,7
Urgent caesarean section, % ²⁾	7,6	8,7	8,7	9,1	9,1	9,2	9,6	10,1	10,8	10,9
Emergency caesarean section, % ²⁾	1,1	1,2	1,1	1,0	0,8	0,9	0,9	0,9	0,8	0,8
Vacuum extraction, %	3,5	3,2	5,0	6,0	7,5	8,7	9,2	9,4	9,3	9,6	9,8	9,6	9,5	9,8
Breech presentation and breech extraction, %	0,6	..	..	0,6	0,6	0,7	0,7	0,7	0,6	0,6	0,6	0,6	0,6	0,7
Forceps, %	0,3	0,2	0,1	0,1	0,1	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Episiotomy, % ¹⁾	..	44,1	47,1	41,8	29,7	24,1	20,5	20,9	20,1	20,7	21,3	21,7	21,7	22,5
Saturation of 3rd to 4th degree perineal laceration, %	..	..	..	..	0,9	1,0	1,2	1,2	1,3	1,2	1,2	1,5	1,2	1,4
Prostaglandin, %	..	1,2	7,6	6,0	8,0	10,8	9,1	9,9	11,6	9,6	10,0	11,3	11,2	11,7
Umbilical blood pH sampled, %	..	0,8	2,9	6,9	3,2	4,9	2,4	2,7	1,5	1,6	1,2	1,0	0,4	0,3
Induced labour, %	15,9	14,0	14,3	14,4	16,6	18,6	24,8	25,8	28,9	30,5	31,7	34,4	33,9	35,0

.. Data not available or too uncertain for presentation

1) Excluding Caesarean sections.

2) Pl. HYKS, Excluding HYKS hospitals, Department of Obstetrics and Gynaecology 2005.

* The data have been corrected on 13th June 2024. Previous information is available upon request.

Appendix table 2. Newborns 1987, 1990, 1995, 2000, 2005, 2010, 2015–2022

Births	1987	1990	1995	2000	2005	2010	2015	2016	2017	2018	2019	2020	2021	2022
Births, total ¹⁾	60 063	65 770	63 119	56 767	57 819	61 372	55 759	53 614	50 854	47 911	45 861	46 653	49 726	45 186
Live births	59 736	65 455	62 817	56 538	57 634	61 192	55 588	53 452	50 709	47 775	45 736	46 531	49 599	45 057
General fertility rate ²⁾	47,5	52,0	49,5	46,4	48,9	52,3	48,3	46,6	44,4	42,0	40,3	40,9	43,4	39,2
Births, boys N	30 756	33 649	32 224	29 273	29 431	31 518	28 620	27 217	25 930	24 800	23 296	23 868	25 368	23 063
Births, boys %	51,2	51,2	51,1	51,6	50,9	51,4	51,3	50,8	51	51,8	50,8	51,2	51,0	51,0
Twins N	1 290	1 520	1 746	1 796	1 690	1 848	1 472	1 466	1 386	1 254	1 136	1 210	1 270	1 158
Twins %	2,1	2,3	2,8	3,2	2,9	3,0	2,6	2,7	2,7	2,6	2,5	2,6	2,6	2,6
Triples N	27	75	81	27	21	39	24	12	15	18	21	21	33	27
Quadruplets N	4	-	-	-	-	-	-	4	-	-	-	-	-	-
Stillbirths N	327	315	302	229	185	180	171	162	145	136	125	122	127	129
Stillbirths /1000	5,4	4,8	4,8	4,0	3,2	2,9	3,1	3,0	2,9	2,8	2,7	2,6	2,6	2,9
Died age of < 7 days N	195	202	133	98	103	68	55	58	56	59	54	51	40	49
Died age of < 7 days /1000	3,2	3,1	2,1	1,7	1,8	1,1	1,0	1,1	1,1	1,2	1,2	1,1	0,8	1,1
Perinatal mortality N	522	517	435	327	288	248	226	220	201	195	179	173	167	178
Perinatal mortality /1000 ³⁾	8,7	7,9	6,9	5,8	5,0	4,0	4,1	4,1	4	4,1	3,9	3,7	3,4	3,9
Infant mortality N	355	371	245	205	176	135	97	97	102	104	92	94	80	88
Infant mortality /1000 ⁴⁾	5,9	5,6	3,9	3,6	3,0	2,2	1,7	1,8	2,0	2,2	2,0	2,0	1,6	1,9
Gestational age (<37 wk) N	3 339	3 563	3 610	3 599	3 297	3 569	3 318	3 080	3 009	2 772	2 506	2 628	2 910	2 531
Gestational age (<37 wk) %	5,6	5,4	5,7	6,3	5,7	5,8	6,0	5,7	5,9	5,8	5,5	5,6	5,9	5,6
Mean weight, all g	3 548	3 552	3 539	3 515	3 505	3 485	3 485	3 495	3 498	3 495	3 498	3 505	3 506	3 498
Mean weight, boys g	3 608	3 616	3 601	3 576	3 559	3 540	3 541	3 548	3 554	3 549	3 558	3 561	3 562	3 551
Mean weight, girls g	3 485	3 485	3 474	3 451	3 449	3 427	3 425	3 441	3 439	3 437	3 437	3 447	3 448	3 443
Weight ≥4500g N	2 163	2 595	2 251	1 864	1 684	1 553	1 259	1 282	1 209	1 128	1 094	1 148	1 186	998
Weight ≥4500g %	3,6	3,9	3,6	3,3	2,9	2,5	2,3	2,4	2,4	2,4	2,4	2,5	2,4	2,2
Weight ≥4000g N	12 061	13 407	12 659	10 774	10 319	10 225	8 906	9 008	8 518	7 931	7 679	7 981	8 654	7 394
Weight ≥4000g %	20,1	20,4	20,1	19,0	17,8	16,7	16,0	16,8	16,7	16,6	16,7	17,1	17,4	16,4
Weight <2500g N	2 349	2 576	2 692	2 598	2 496	2 760	2 447	2 295	2 209	2 037	1 920	1 886	2 077	1 876
Weight <2500g %	3,9	3,9	4,3	4,6	4,3	4,5	4,4	4,3	4,3	4,3	4,2	4,0	4,2	4,2
Weight <1500g N	557	549	587	537	482	498	434	383	374	355	322	350	330	310
Weight <1500g %	0,9	0,8	0,9	0,9	0,8	0,8	0,8	0,7	0,7	0,7	0,7	0,8	0,7	0,7
Weight <1000g N	277	273	292	236	210	222	198	172	174	157	147	160	151	148
Weight <1000g %	0,5	0,4	0,5	0,4	0,4	0,4	0,4	0,3	0,3	0,3	0,3	0,3	0,3	0,3
Small premature infants N ⁵⁾	554	563	577	577	515	533	491	416	418	408	373	379	380	361
Small premature infants %	0,9	0,9	0,9	1,0	0,9	0,9	0,9	0,8	0,8	0,9	0,8	0,8	0,8	0,8
Treatments to newborn children														
Antibiotics %	-	0,5	2,8	3,70	5,6	6,2	5,9	3,8	5,2	5,3	4,8	4,6	4,1	4,0
Phototherapy %	-	5,1	5,9	6,2	6,8	5,3	7,3	6,3	6,8	6,9	7,3	7,4	7,5	9,0
Mechanical respiratory support %	-	-	-	-	-	-	-	-	1,7	2,2	2,2	5,2	5,7	5,5
Intensive care or observation unit %	-	2,1	8,2	9,7	12,4	9,6	11,4	11,8	11,8	11,7	11,7	13,4	13,5	13,2
Child at home at the age of one week %	75,9	83,2	91,8	92,3	92,2	92,8	94	94,2	93,5	93,2	93,6	93,6	94,1	93,9

.. Data not available or too uncertain for presentation

- Nil observations

1) The Medical Birth Register at THL includes data on all children born in Finland, while Statistics Finland's official population statistics contain data on all children born whose mother has a permanent domicile in Finland at the time of the child's birth whatever the place of delivery

2) Number of annual live births per 1 000 women aged 15 to 49 years.

3) Stillbirths and deaths before 7 days per 1 000 births.

4) Deaths before age of one year (stillbirths excluded) per 1 000 live births according to year of birth.

5) Small premature infants: Live births with a birth weight of less than 1501 g or with a gestational age at birth less than 32+0 weeks.

Appendix table 3. Deliveries by hospitals 2012–2022

Hospitals	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
HYKS, total	14 604	14 358	14 295	13 979	13 597	13 514	13 049	12 743	12 850	13 790	12 450
Kätilöopisto Maternity Hospital*	5 606	7 155	8 026	7 501	7 270	4 146	-	-	-	-	-
Women's Hospital	5 600	3 310	2 426	2 576	2 624	5 921	8 969	8 542	8 555	9 222	8 208
Jorvi hospital, Espoo	3 398	3 893	3 843	3 902	3 703	3 447	4 080	4 201	4 295	4 568	4 242
Turku University Central Hospital	4 098	4 044	4 143	4 039	4 214	4 060	3 849	3 707	3 811	4 164	3 816
Kuopio University Central Hospital	2 486	2 417	2 382	2 418	2 279	2 141	2 085	1 906	1 897	1 985	1 816
Oulu University Central Hospital	4 437	4 280	4 100	3 914	3 614	3 445	3 248	3 309	3 440	3 418	3 140
Tampere University Central Hospital	5 468	5 213	5 337	5 271	4 995	4 708	4 427	4 305	4 281	4 673	4 247
Etelä-Karjala Central Hospital, Lappeenranta	1 094	1 085	1 097	1 091	1 005	967	862	808	788	772	767
Keski-Suomi Central Hospital, Jyväskylä	2 995	2 868	2 831	2 662	2 514	2 274	2 149	2 043	2 059	2 149	1 965
Pohjois-Karjala Central Hospital, Joensuu	1 578	1 548	1 567	1 504	1 463	1 305	1 236	1 093	1 137	1 149	1 028
Vaasa Central Hospital	1 418	1 377	1 446	1 374	1 381	1 254	1 175	1 145	1 133	1 186	1 053
Åland Central Hospital	286	278	255	269	279	271	261	253	243	281	246
Kanta-Häme Central Hospital, Hämeenlinna	1 602	1 652	1 622	1 442	1 389	1 349	1 236	1 167	1 177	1 221	1 144
Länsi-Pohja Central Hospital, Kemi	645	628	591	554	547	518	507	422	445	395	389
Lappi Central Hospital, Rovaniemi	1 159	1 191	1 100	1 054	1 035	961	859	928	911	996	903
Mikkeli Central Hospital	782	829	788	888	866	822	732	648	653	694	643
Satakunta Central Hospital, Pori	2 034	2 063	2 017	1 929	1 855	1 762	1 568	1 485	1 476	1 577	1 419
Kymenlaakso Central Hospital, Kotka	1 550	1 473	1 409	1 389	1 353	1 429	1 360	1 233	1 244	1 303	1 147
Keski-Pohjanmaa Central Hospital, Kokkola	1 286	1 342	1 502	1 507	1 519	1 477	1 397	1 652	1 740	1 643	1 530
Kainuu Central Hospital, Kajaani	701	714	702	601	637	560	508	567	664	817	762
Etelä-Pohjanmaa Central Hospital, Seinäjoki	2 247	2 057	2 058	2 032	1 939	1 806	1 607	1 578	1 476	1 602	1 421
Päijät-Häme Central Hospital, Lahti	2 049	1 907	1 880	1 835	1 749	1 677	1 591	1 441	1 530	1 591	1 445
Lohja Hospital	983	999	972	960	1 107	1 099	1 022	1 042	1 159	1 419	1 188
Hyvinkää Hospital	1 684	1 815	1 842	1 844	1 829	1 852	1 802	1 783	1 875	2 166	1 962
Total ²⁾	59 039	57 728	57 019	55 007	52 870	50 151	47 272	45 279	46 034	49 069	44 589

– Nil observations

* Delivery department closed

1) Hospital-specific data also include births outside of the hospital which the hospital reported to the Medical Birth Register.

2) Includes all deliveries (delivered outside hospital, unreported by hospital, birthplace unknown and hospitals with five deliveries or less).