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STATISTICS, DOCUMENT

# Maternity and birth statistics: 2023

Statistics from antenatal, birth, and child health records including smoking during pregnancy, breastfeeding and birthweights for children born in Wales in 2023.

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# Contents

**Introduction**

**Main points**

**Antenatal care**

**Smoking at initial assessment and birth**

**Delivery characteristics**

**Birth outcomes and characteristics**

**Quality and methodology information**

**Contact details**

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# Introduction

The purpose of this release is to provide a statistical overview of maternity and births in Wales including analyses of mothers' characteristics.

**The primary data source for the number of births in Wales is published by the Office for National Statistics** (ONS), which counts birth registrations.

However, this release focusses on statistics for births using data sourced from Maternity Indicators dataset (MIDS) and the National Community Child Health Database (NCCHD). These sources align closely to the ONS data but have a wider range of data items to analyse compared with the ONS data.

The MIDS combines a child's birth record with their mother's initial assessment record (where possible). There are some data quality issues with certain data items in this dataset which are explained in more detail in the **quality report**.

The NCCHD consists of anonymised records for all children born, resident or treated in Wales and born after 1987. The database combines data from local Community Child Health System databases which are held by local health boards.

**Breastfeeding statistics** are published in a separate annual release, which was published on 31 July 2024.

## Main points

### Summary of statistics from antenatal care

- The proportion of pregnant women who reported a mental health condition at initial assessment continued to increase in 2023 to 32%.

- Younger women and women from Mixed ethnic backgrounds and White ethnic backgrounds more likely to report a mental health condition.
- 32% of pregnant women were classed as obese by their BMI score at initial assessment in 2023, continuing the upward trend since 2016, with women from Black or White ethnic backgrounds more likely to be obese.
- The percentage of pregnant women recorded as smokers was the lowest levels on record, though decreases may be explained by a change to measuring smoking by self-report due to the COVID-19 pandemic.
- Smoking rates were highest among younger mothers and mothers from White and Mixed ethnic backgrounds.

## Summary of statistics for labour and births

- 45% of labours began spontaneously in 2023, continuing the longer-term downward trend.
- An epidural was administered in just over a quarter of all deliveries, which was broadly similar to the past three years.
- 37% of babies were delivered via caesarean section, the highest percentage on record. Of all deliveries, 21% arrived via emergency caesarean section and 17% arrived via elective caesarean section.
- There were 26,620 live births in Wales in 2023, the lowest number since broadly comparable records began in 1929.
- 85% of births were from White ethnic backgrounds, a 2.5 percentage point decrease from the previous year, continuing the longer-term downward trend.
- 54% of all birthing mothers were aged 30 or older and there were more mothers birthing aged between 35 and 39 than there were aged 20 to 24 for the third year in a row.
- Less than 2% of births were at home, the lowest proportion on record.
- The percentage of low birthweight singleton babies remained at 6% in 2023.

# Antenatal care

Statistics presented in this section are based on the 25,701 initial assessment records (or pregnancies) included in the MIDS in 2023.

## Initial assessments by gestational age and age of woman

It is an aim that all pregnant women should have their initial assessment by the 10th completed week of gestation. Early access to maternity services increases the opportunity to promote and improve the health and well-being of pregnant women through early signposting to appropriate services and information.

In 2023 the large majority (86%) of initial assessments took place between 6 and 12 completed weeks gestation, with at least 77% of pregnant women receiving their initial assessment with maternity services by the 10th completed week of pregnancy or earlier. This has remained unchanged from 2022.

A small proportion of initial assessments (1%) were recorded between 39 and 40 weeks, possibly accounting for mothers who had their initial assessment in one health board, early in the pregnancy, but gave birth in another health board resulting in another initial assessment being recorded at the time of birth. Data quality issues with this data item are explained in the [quality report](#).

### Number and percentage of women who had an initial assessment carried out by 10 completed weeks of pregnancy, by health board providing the service (StatsWales)

79% of women aged between 30 and 34 received an initial assessment with maternity services by the end of the 10th completed week of pregnancy. This was the highest percentage for any age group.

The rate was lowest (50%) for pregnant women aged under 16.

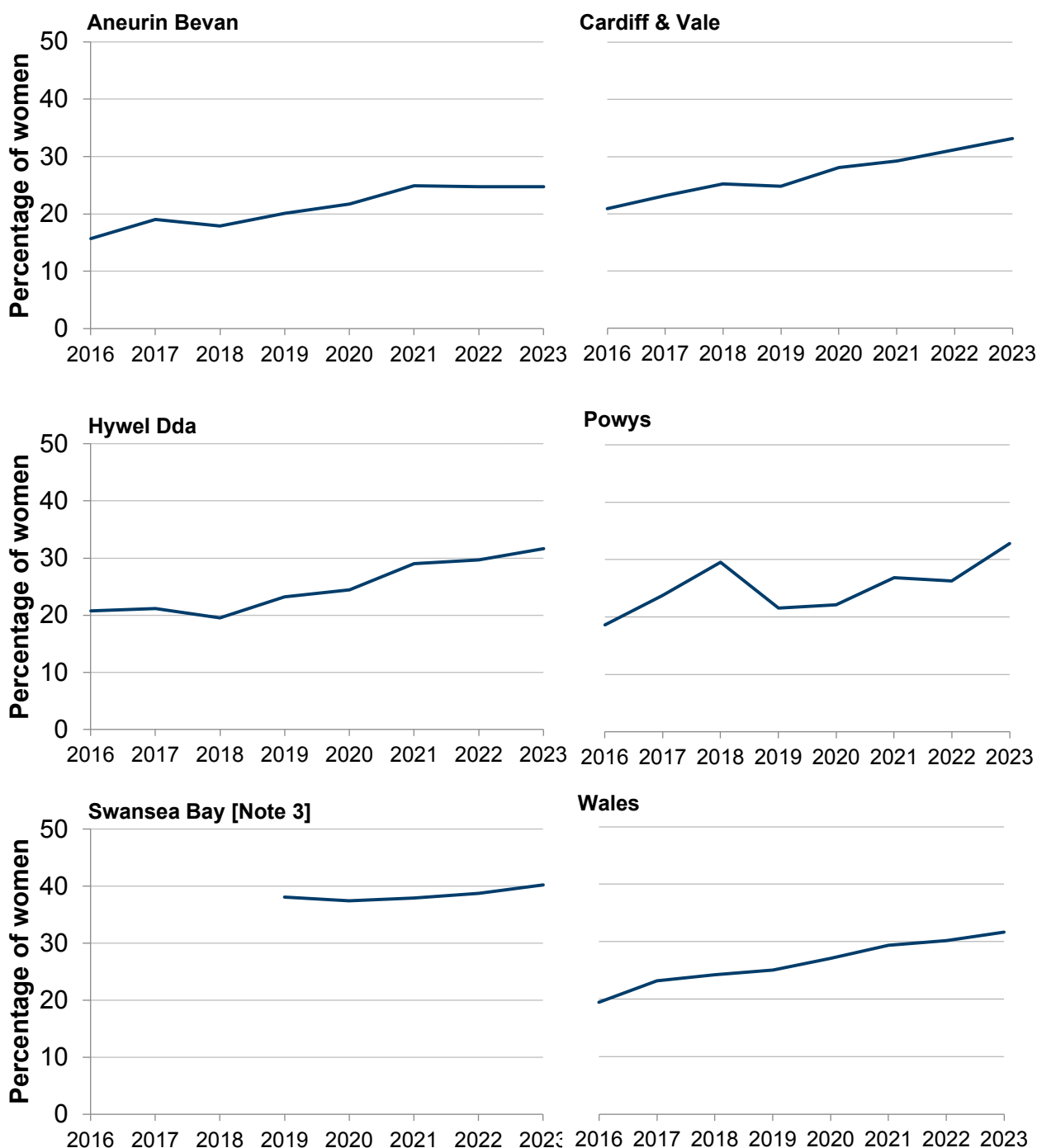
The percentage of pregnant women receiving their initial assessment with maternity services by the end of the 10th completed week of pregnancy had been on an upward trend for all age groups, until 2022 when the percentage decreased for women in most age groups and continued to decrease in 2023.

### **Initial assessment indicators for Wales, by mother's age (StatsWales)**

## **Mental health**

At their initial assessment, pregnant women are asked to self-report any mental health conditions they suffer from. Conditions included are listed in the [quality report](#).

**Figure 1: Percentage of women who reported a mental health condition at initial assessment, 2016 to 2023 [Note 1], [Note 2]**



Description of Figure 1: Line charts showing the percentage of women who reported having a mental health condition at initial assessment has mostly increased in each health board every year between 2016 and 2023.



Source: MIDS, Digital Health and Care Wales

## **Number and percentage of women at initial assessment who had reported a mental health condition, by health board providing the service (StatsWales)**

[Note 1] Wales percentage excludes all records from Betsi Cadwaladr and Cwm Taf/Cwm Taf Morgannwg health boards because mental health data recorded in these two health boards is of low reliability for all years. The quality issues associated with this data item are explained in the [quality report](#).

[Note 2] The percentages are based on all records with valid data recorded for mental health condition at initial assessment.

[Note 3] In 2019 changes to the boundaries of Abertawe Bro Morgannwg Local Health Board led to the creation of Swansea Bay, so data prior to 2019 is not presented in this chart.

In Wales, 32% of pregnant women reported a mental health condition at their initial assessment in 2023. This is an increase of 1.4 percentage points from the previous year, and an increase of 12.2 percentage points from 2016 (first year of comparable data). The percentage of women ranged from 25% in Aneurin Bevan to 40% in Swansea Bay.

## **Mental health by mother's age**

Pregnant women in younger age groups were more likely to report a mental health condition than those in older age groups.

In 2023, 38% of pregnant women aged 16 to 19 and 40% of those aged 20 to 24 reported a mental health condition in Wales. The proportion fell to 29% for those in age groups 30 to 34 and 35 to 39.

## Initial assessment indicators for Wales, by mother's age (StatsWales)

### Mental health by ethnic group

In 2023, 38% of pregnant women from Mixed ethnic groups and 36% from White ethnic groups reported a mental health condition at their initial assessment. These were two ethnic groups with the highest proportion of pregnant women reporting a mental health condition and has followed an upward trend since data was first collected in 2016.

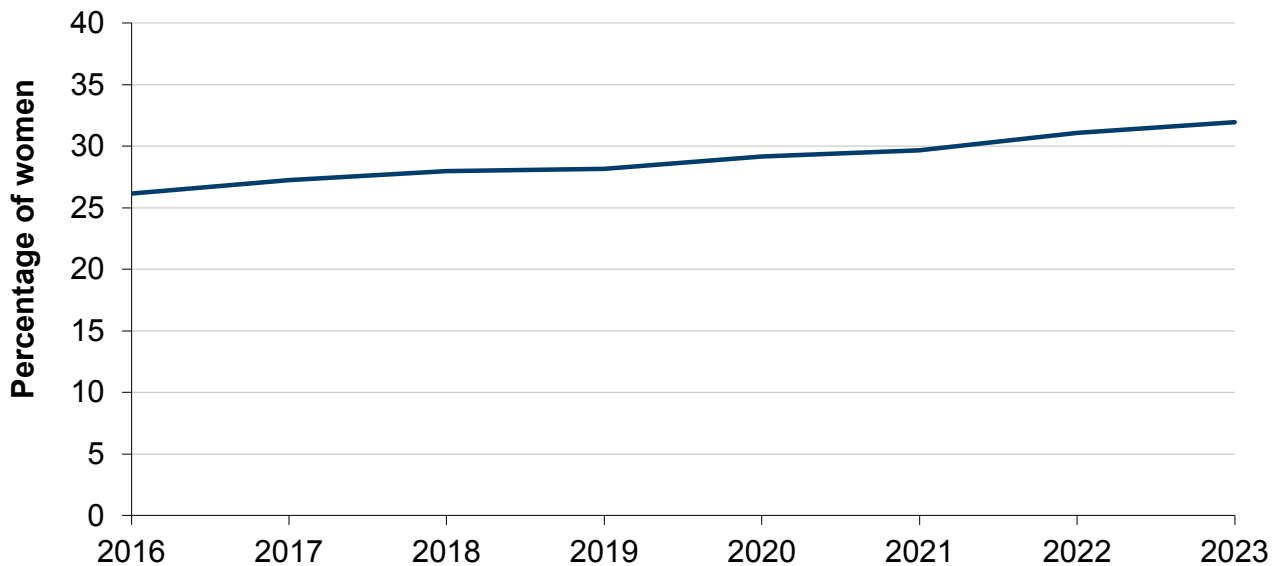
Percentages are based on all records with valid data for mental health condition at initial assessment and mother's ethnic group. In 2023, there were 4,139 records which had invalid or missing data for these data items. Where data was not available for ethnic group but was available for mental health conditions, 25.5% of pregnant women with no stated ethnic group reported having a mental health condition.

### Number and percentage of women at initial assessment who had reported a mental health condition, by ethnic group (StatsWales)

### Obesity

At their initial assessment, pregnant women have their height and weight measured and their Body Mass Index (BMI) is calculated. A person with a BMI of 30 or greater is considered obese.

**Figure 2: Percentage of women who had a BMI of 30+ at initial assessment, 2016 to 2023 [Note 1]**



Description of Figure 2: Line chart showing a steady increase in the percentage of women with a BMI of 30 or more between 2016 and 2023.

Source: MIDS, Digital Health and Care Wales

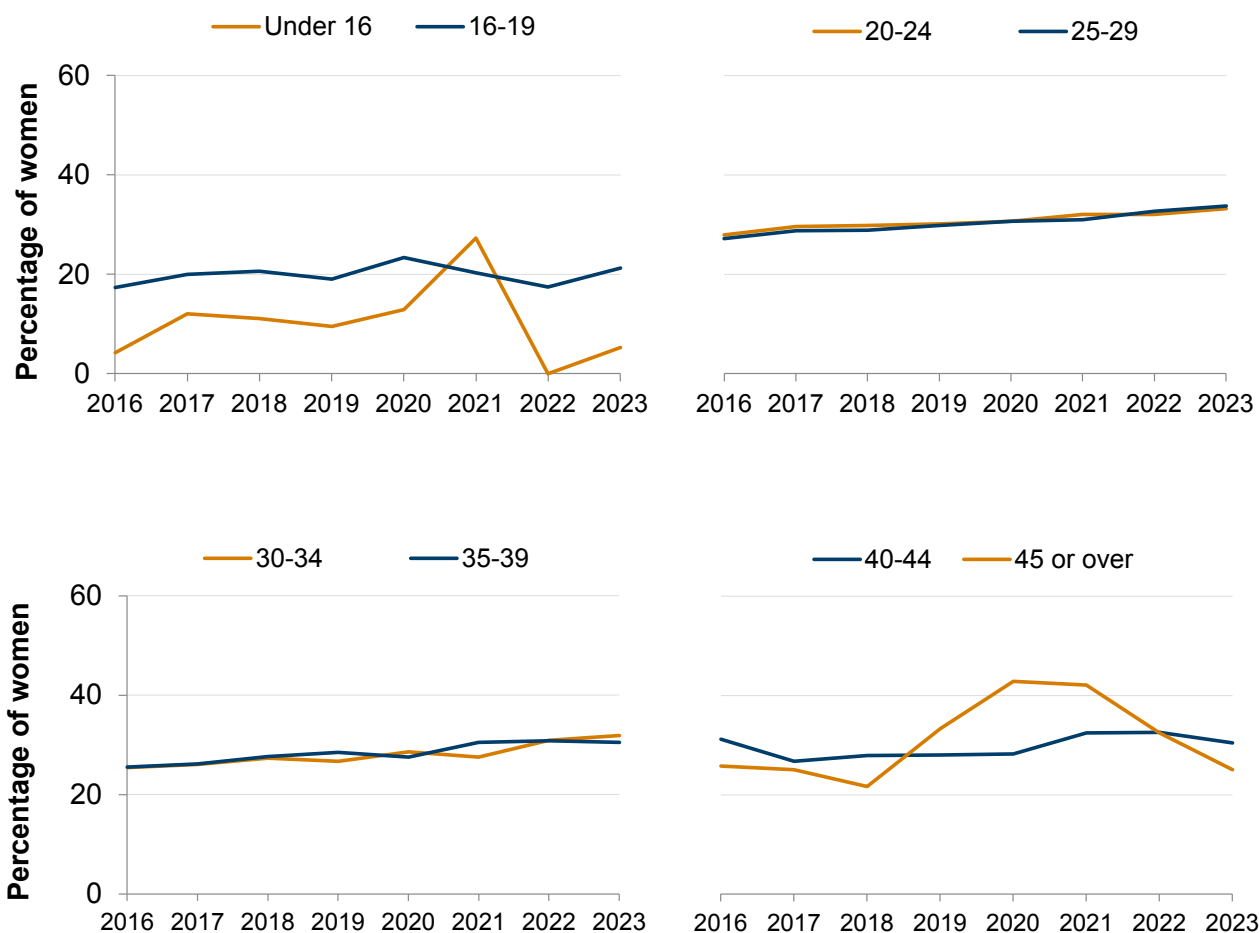
### **BMI at initial assessment, by health board providing the service (StatsWales)**

[Note 1] The percentages are based on all pregnant women with valid data recorded for height and weight at initial assessment, who had their initial assessment at 14 completed weeks of gestation or earlier.

In 2023, 32% of pregnant women had a BMI of 30 or greater at their initial assessment, an increase of 0.8 percentage points from the previous year. The percentage has increased in every year since data collection started in 2016 and was 5.8 percentage points higher in 2023 than in 2016.

There are some data quality issues with this data item which are explained in the [quality report](#).

**Figure 3: Percentage of women with a BMI of 30+ at initial assessment, by age of woman, 2016 to 2023 [Note 1]**



Description of Figure 3: Line charts showing that the percentage of women with BMI 30+ was similar across most age groups between 2016 and 2022. The percentage was lowest for pregnant women in the youngest groups (under 16 and 16 to 19).

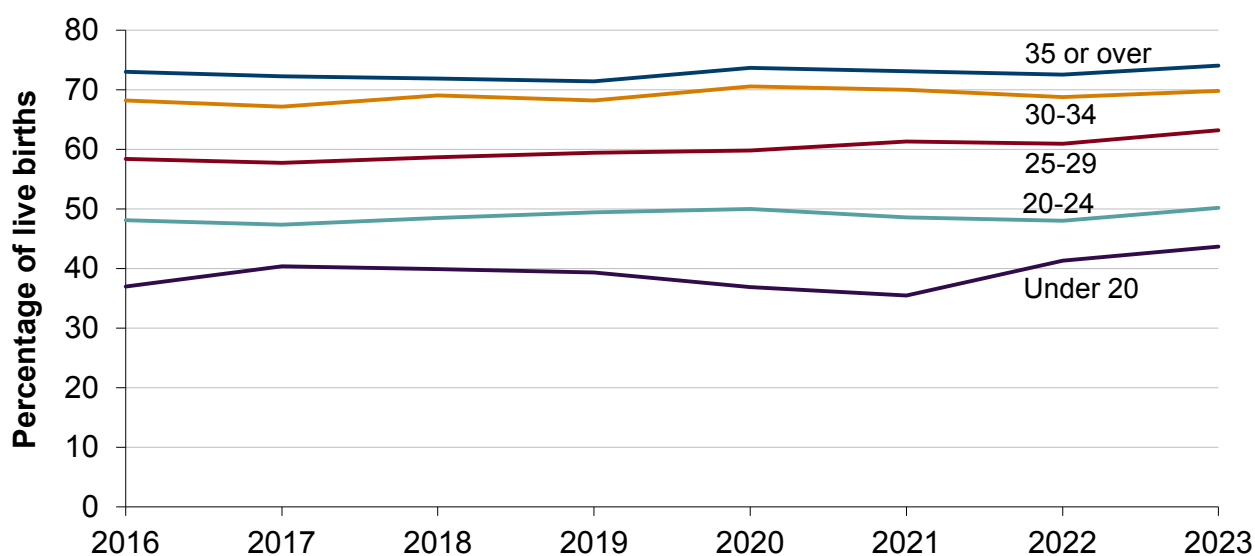
Source: MIDS, Digital Health and Care Wales

## Initial assessment indicators for Wales, by mother's age (StatsWales)

[Note 1] The percentages are based on all records with valid data recorded for height and weight at initial assessment, and age of mother who had their initial assessment at 14 completed weeks or earlier.

In 2023, there was little variation in the percentage of pregnant women with a BMI of 30 or more between most age groups. The percentage varied between 30% and 34% in all age groups between 20 to 24 and 40 to 44; while the percentage was markedly lower for the under 16 (5%), the 16 to 19 (21%), and the 45 or over (25%) age groups.

**Figure 4: Percentage of women with a BMI of 30+ at initial assessment, by ethnic group, 2016 to 2023 [Note 1] [Note 2]**



Description of Figure 4: Line chart showing that the percentage of pregnant women who had a BMI of 30 or more differs widely by ethnic group. A greater proportion of women in the Black and White ethnic groups had BMI of 30 or more than in the other groups.

Source: MIDS, Digital Health and Care Wales

## **BMI at initial assessment, by ethnic group (StatsWales)**

[Note 1] The percentages are based on all records with valid data recorded for height and weight at initial assessment, and ethnic group, who had their initial assessment at 14 completed weeks or earlier. In 2023, 22,478 pregnant women had their initial assessment by 14 weeks gestation, and of these 5,199 (23.1%) had missing or invalid data recorded for these data items.

[Note 2] See quality report for list of ethnicities included in each ethnic group.

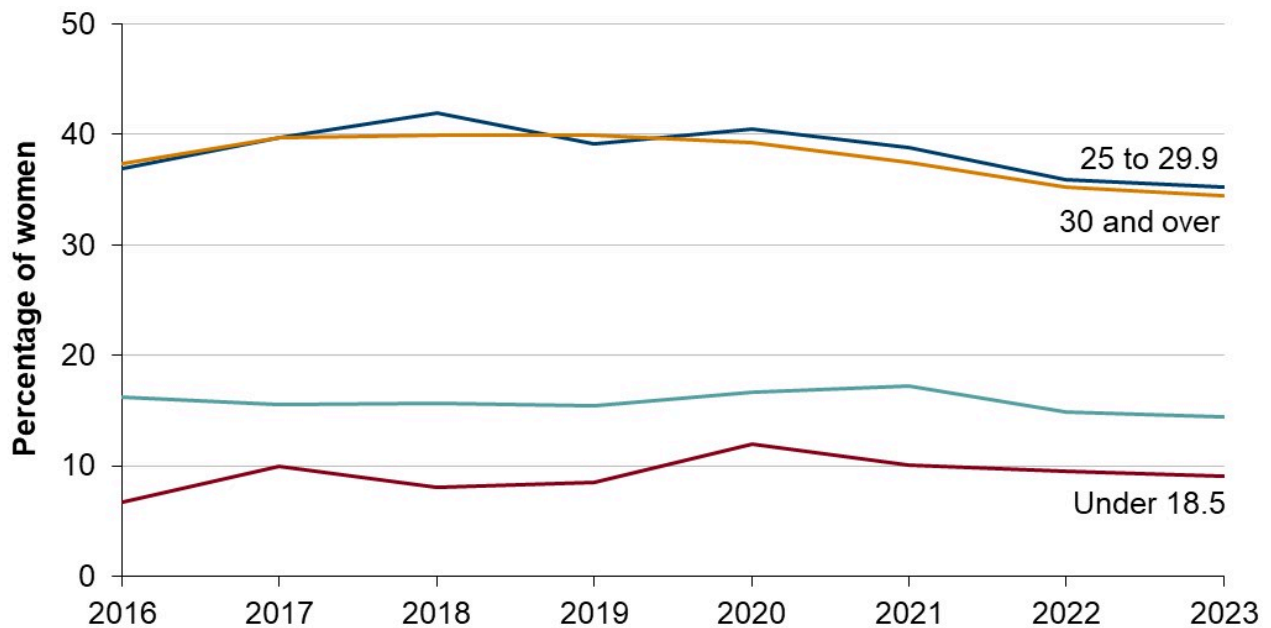
33% of pregnant women from Black and 33% of pregnant women from White ethnic groups had a BMI of 30 or more. The percentage for both ethnic groups only changed marginally since the previous year, but both have been on broadly upward trends since data was first collected in 2016.

27% of pregnant women from Mixed ethnic groups had a BMI of 30 or more. This was a small decrease on the previous year, but the percentage of this group had the steepest longer-term upward trend and was 8.7 percentage points higher in 2023 than in 2016.

Pregnant women in the Other and Asian ethnic groups had the lowest proportion of women with a BMI of 30 or more out of all 5 ethnic groups at 21% and 19% respectively.

32% of pregnant women with no stated ethnic group had a BMI of 30 or more in 2023.

**Figure 5: Percentage of women who gained more than the recommended amount of weight between their initial assessment and birth, by BMI group at initial assessment, 2016 to 2023 [Note 1] [Note 2]**



Description of Figure 5: Line chart showing there is variation in the percentage of pregnant women who gained more than the recommended amount of weight during pregnancy when grouped by mother's BMI group. While all groups have varying rates from year-to-year, the majority have remained broadly consistent over the longer-term.

Source: MIDS, Digital Health and Care Wales

[Note 1] The percentages are based on all records with valid data recorded for height and weight at initial assessment and birth, who had their initial assessment at 14 completed weeks or earlier and were pregnant with one baby. In 2023, 22,186 women were pregnant with one baby and had their initial assessment by 14 weeks gestation. Of these 8,276 (37.3%) had missing or

invalid data recorded for these data items.

[Note 2] Wales data excludes Hywel Dda and Swansea Bay health boards. See [quality report](#) for more detail.

**The Institute of Medicine (IOM) guidelines** recommends a total weight gain of between 12.5 and 18kg for pregnant women with a BMI of less than 18.5; between 11.5 and 16kg for pregnant women with a BMI between 18.5 and 24.9; between 7 and 11.5kg for pregnant women with a BMI between 25 and 29.9; and between 5 and 9kg for pregnant women with a BMI 30 or more.

In 2023, 35% of pregnant women with a BMI between 25 and 29.9 (overweight) at initial assessment gained more than the recommended amount of weight during pregnancy, the highest rate of all BMI groups in all years where data is available.

The rate was 34% for pregnant women in the BMI 30 or more (obese) group, and 14% for pregnant women in the BMI 18.5 to 25 (normal range) group.

The rate was lowest (9%) for pregnant women in the BMI less than 18.5 (underweight) group.

## Smoking at initial assessment and birth

During the initial assessment and at birth, women are either asked to self-report if they are a smoker or they are tested with a carbon monoxide (CO) monitor. CO monitoring is considered more accurate than self-reporting but has largely been suspended since the COVID-19 pandemic to reduce the risks of spreading the virus.

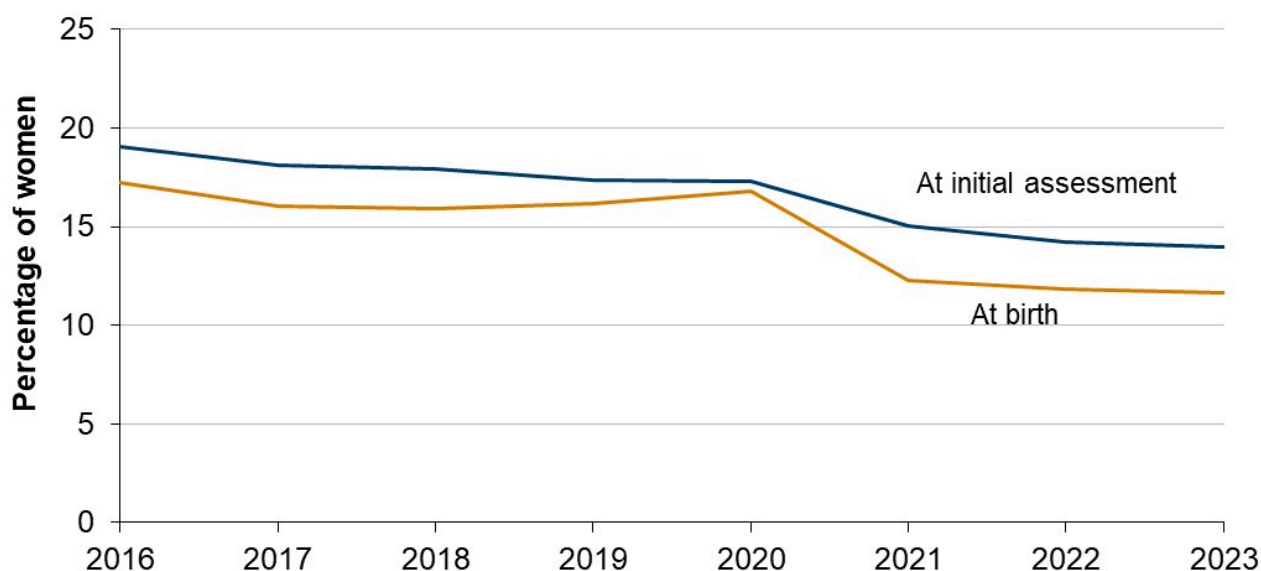
Between 2016 and 2020, the percentage of women CO monitored at initial assessment ranged between 20% and 30%; however, between 2021 and 2022 it



dropped to between 1% and 2%. CO Monitoring resumed in 2023 and the percentage of women CO monitored at initial assessment rose to 17%.

Fewer women have been CO monitored at birth across the whole time series: between 2016 and 2020, the percentage of women CO monitored ranged from 1% to 3% and it was 0.8% in 2023.

**Figure 6: Percentage of women who were recorded as a smoker at initial assessment and at birth, 2016 to 2023**  
[Note 1] [Note 2]



Description of Figure 6: Line chart showing that the percentage of women recorded as a smoker at initial assessment decreased gradually until 2020, then decreased at a faster rate in the subsequent years. The percentage of smokers recorded at birth had been relatively stable until 2020 but has since decreased at a similar rate to smokers at initial assessment.

Source: MIDS, Digital Health and Care Wales

## Smoking at initial assessment and birth, by health board providing the service (StatsWales)

[Note 1] Between 2021 and 2022 Hywel Dda health board did not provide any data for smoking at birth. In 2023, the health board provided incomplete data so have been excluded from analysis for these years. Hywel Dda did provide data for smoking at initial assessment in all years, however this has been excluded for comparability purposes. Data for Wales represents the remaining 6 health boards. See [quality report](#) for further information.

[Note 2] The percentages are based on all records with valid data recorded for smoking at initial assessment and smoking at birth separately. In 2023, 519 records (2.0%) had no data or invalid data recorded for smoking at initial assessment (372 (1.6%) records when Hywel Dda are excluded), and 2,398 records (9.3%) had no data for smoking at birth (867 (3.8%) records when Hywel Dda are excluded).

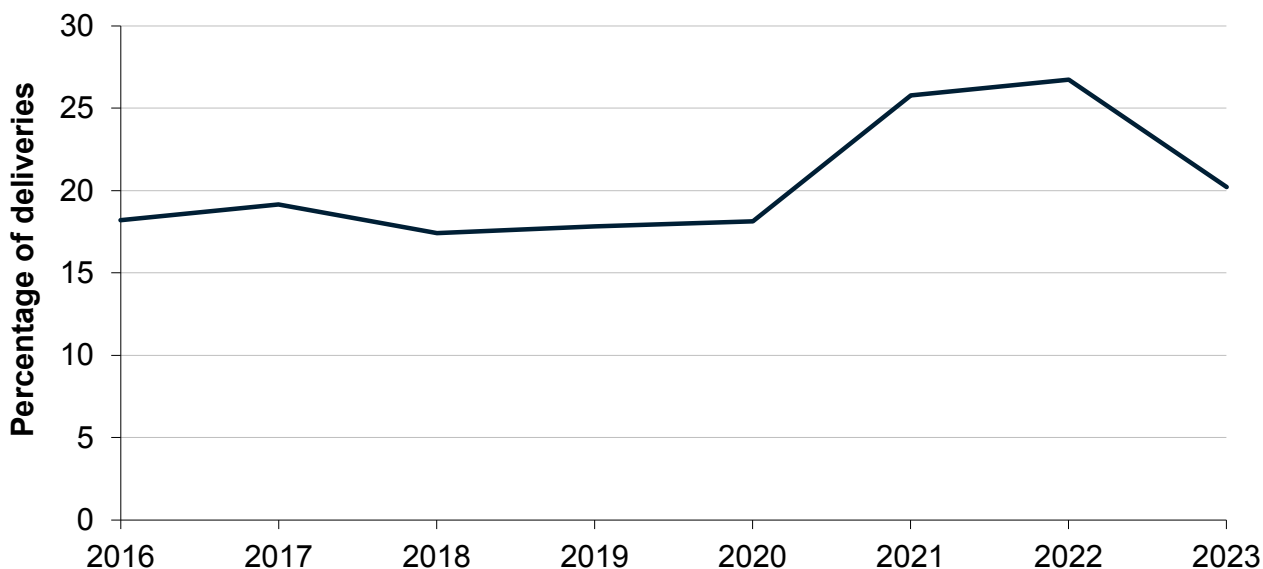
In 2023, 14% of pregnant women were recorded as smokers at their initial assessment.

12% of women who birthed in 2023 were recorded as being smokers at the time they gave birth. Both rates are similar to the previous 2 years.

The large decreases in smoking rates at initial assessment since 2020 coincide with nearly all data being self-reported, rather than being CO monitored. This change in data collection method may explain the sharp falls from this point onwards.

The smoking rates of pregnant women (both at initial assessment and birth) are similar to smoking rate for all adults in Wales, which was 13% in 2022-23 according to the [National Survey for Wales](#).

**Figure 7: Percentage of women who 'stopped smoking' during pregnancy, 2016 to 2023 [Note 1] [Note 2]**



Description of Figure 7: Line chart showing the percentage of women who were recorded as smokers at initial assessment but recorded as non-smokers at birth increased between 2020 and 2022, following a stable trend in the previous five years, then decreased close to previous levels in 2023.

Source: MIDS, Digital Health and Care Wales

### **Number and percentage of women who 'stopped smoking' during pregnancy, by health board providing the service (StatsWales)**

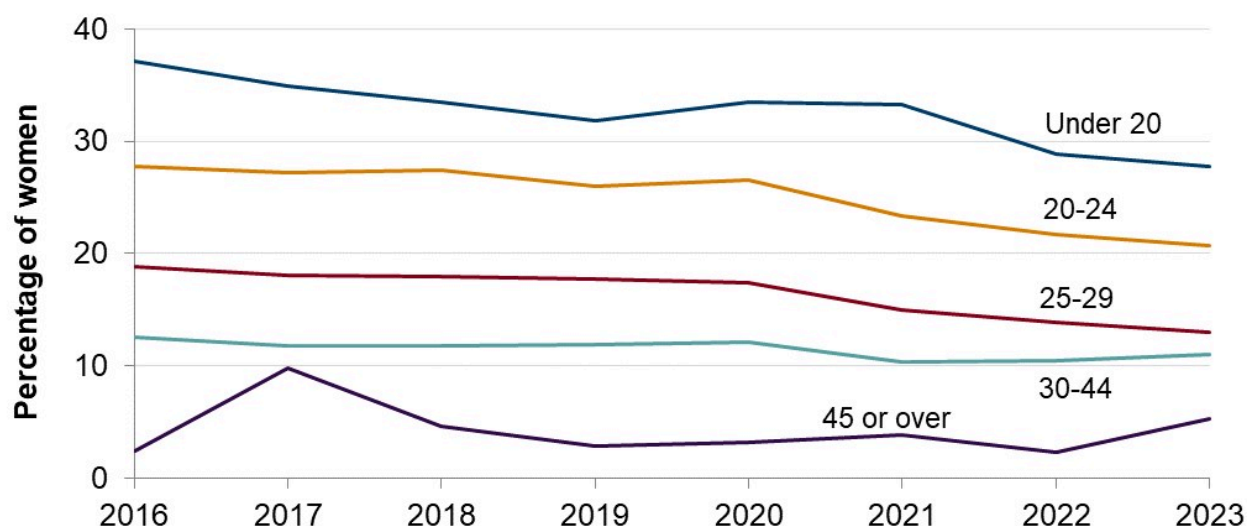
[Note 1] The percentages are based on the number of records with valid data for smoking status at both initial assessment and birth. In 2023, 2,648 records (10.3%) had invalid or missing data for these data items.

[Note 2] The large decreases in smoking rates at initial assessment and birth since 2020 coincide with nearly all data being self-reported, rather than being CO monitored. This change in data collection method may explain the sharp

increases in stopping smoking from this point onwards.

In 2023, 20% of women who were smokers at the initial assessment were not smokers at birth. This is a decrease of 6.5 percentage points since the previous year, and an increase of 2.0 percentage points since data was first collected in 2016. The large increase since 2021 may be affected by nearly all data being self-reported, rather than being CO monitored and the higher-than-usual amount of missing data in the past two years.

**Figure 8: Percentage of women who were recorded as smokers at initial assessment, by age of woman (at initial assessment), 2016 to 2023 [Note 1]**



Description of Figure 8: Line chart showing that in most age groups, the percentage of pregnant women who were recorded as a smoker at initial assessment decreased between 2016 and 2023.

Source: MIDS, Digital Health and Care Wales

## Number and percentage of mothers smoking at initial assessment and

## birth in Wales, by age of mother (StatsWales)

[Note 1] The percentages for each indicator are based on records with valid data for smoking status at initial assessment and age. In 2023, there were 519 records (2.0%) with missing data for either of these items.

The percentage of pregnant women recorded as a smoker at initial assessment was higher in younger age groups and lower in older age groups.

28% of pregnant women aged under 20 were recorded as a smoker at initial assessment, compared to 21% aged 20 to 24, and 12% aged 35 or over.

Smoking rates at initial assessment have fallen over the last 5 years in nearly all age groups.

## Smoking at the time of giving birth, by age of woman

The percentage of pregnant women recorded as a smoker at birth followed a very similar pattern to smoking at initial assessment; smoking rates were highest for pregnant women in younger age groups and lower in older age groups.

27% of pregnant women aged under 20 were recorded as smokers at birth, compared to 19% aged 20 to 24 and 10% aged 35 or older.

Smoking rates at birth have fallen over the last 5 years in all age groups.

## Number and percentage of mothers smoking at initial assessment and birth in Wales, by age of mother (StatsWales)

## Smoking at initial assessment and birth, by ethnic group of woman

The percentage of pregnant women recorded as a smoker differs widely by ethnic group. At initial assessment in 2023, smoking rates varied from 2% of pregnant women from Asian ethnic groups to 16% of pregnant women from White ethnic groups.

At birth in 2023, smoking rates varied between 1% of pregnant women from Black ethnic groups and 2% of pregnant women from Asian ethnic groups to 14% of pregnant women from both White and Mixed ethnic groups.

Over the past 5 years the smoking rates have decreased in the White and Mixed ethnic groups, while rates have been broadly similar (but at a much lower level) for pregnant women of Other, Black and Asian ethnic groups.

The percentages at initial assessment are based on records with valid data for smoking status at initial assessment and ethnic group. In 2023, there were 6,030 records (23.5%) with missing or invalid data for these data items.

The percentages at birth are based on records with valid data for smoking status at birth and ethnic group. In 2023, there were 7,012 records (27.3%) with missing or invalid records for these data items.

**Number and percentage of mothers smoking at initial assessment and birth in Wales, by ethnic group (StatsWales)**

**Number and percentage of mothers smoking at initial assessment and birth in Wales, by ethnic group (StatsWales)**

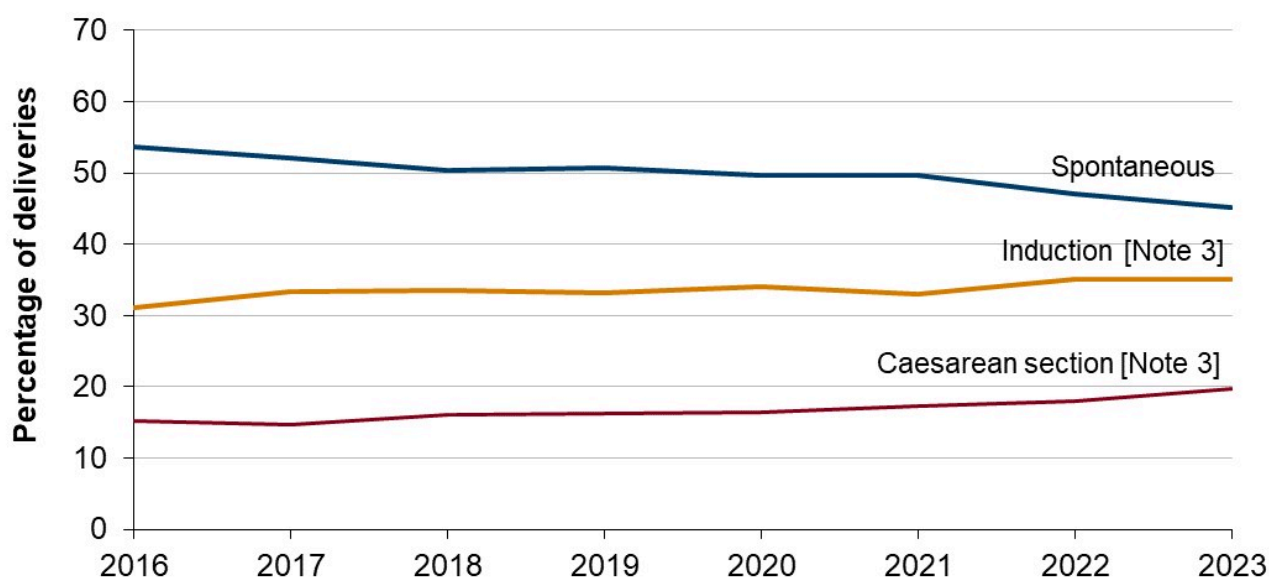
# Delivery characteristics

Statistics presented in this section refer to the 26,355 deliveries recorded in the Maternity Indicators dataset which took place in 2023.

## Onset of labour

Onset of labour is the method by which labour began. It includes induction methods such as surgical or medical induction or a combination of the two but it does not include any methods that are used to accelerate labour.

**Figure 9: Percentage of labours onset by each mode, Wales, 2016 to 2023 [Note 1] [Note 2]**



Description of Figure 9: Spontaneous onset of labour has been on a downward trend, while onset by induction and caesarean section have gradually increased between 2016 and 2023.

Source: MIDS, Digital Health and Care Wales

## Mode of onset of labour by health board providing the service (StatsWales)

[Note 1] Hywel Dda and Aneurin Bevan did not provide correctly recorded data for this data item so have been excluded from the analysis. Data for Wales represents the remaining 5 health boards, see quality report for more information.

[Note 2] The percentages are based on records with valid onset of labour data reported by the five health boards that are included in the Wales total.

[Note 3] Definitions of Induction and Caesarean onset methods are described in the [quality report](#).

In 2023, 45% of labours began spontaneously. This is 1.9 percentage points lower than in the previous year and 8.6 percentage points lower than in 2016.

35% of labours were onset by induction, 4.0 percentage points higher than in 2016; and 20% were onset through caesarean section, 4.6 percentage points higher than in 2016.

## Pain relief

In 2023, an [epidural \(NHS\)](#) was administered in 26% of deliveries. This is 1.3 percentage points higher than the previous year, and 2.9 percentage points higher than in 2016.

The percentages are based on records with valid data for pain relief. In 2023, there were 4,905 records (18.6%) with missing or invalid data for this data item. For more information see the [quality report](#).

## Epidurals by health board providing the service (StatsWales)

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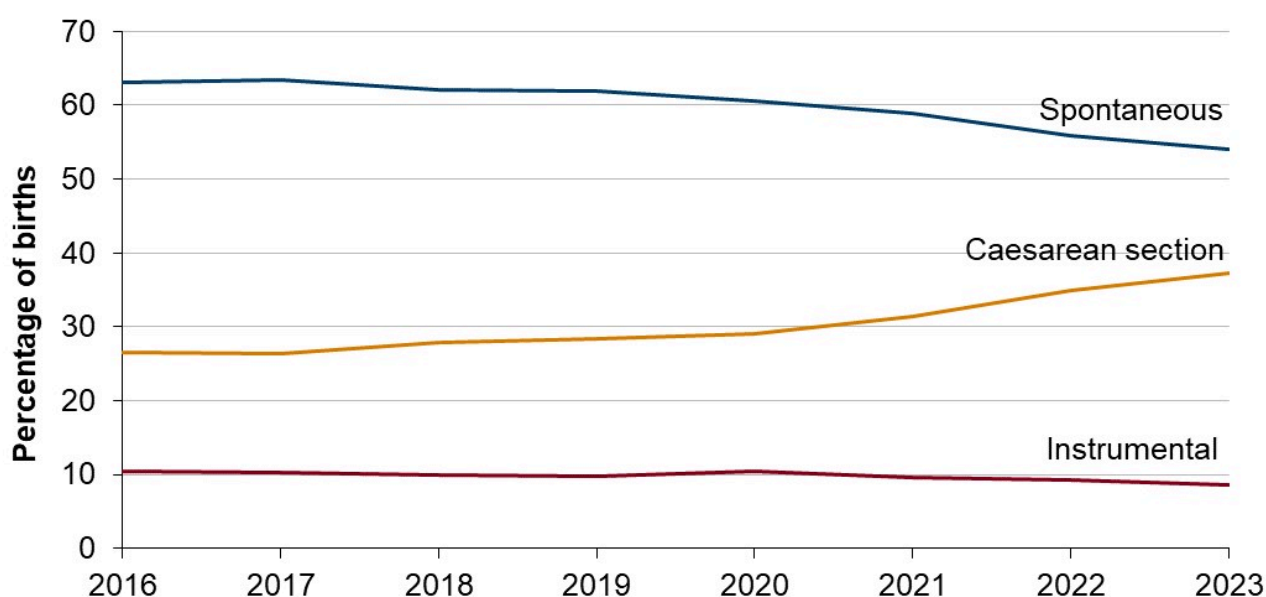


## Mode of birth

The mode of birth relates to how the baby was delivered and is often different to the mode of onset of labour.

There are three modes of birth recorded in the MIDS and they are defined as: caesarean section: elective and emergency caesarean section deliveries; instrumental: forceps cephalic deliveries and ventouse (vacuum) deliveries; and spontaneous vaginal: baby born by maternal effort.

**Figure 10: Percentage of births (live and still) by mode of birth, 2016 to 2023 [Note 1]**



Description of Figure 10: Line chart showing that between 2016 and 2023, the majority of births arrived spontaneously, but spontaneous births have been on a downward trend, while caesarean sections have been on a broadly equivalent upward trend.

Source: MIDS, Digital Health and Care Wales

### **Mode of birth by health board providing the service (StatsWales)**

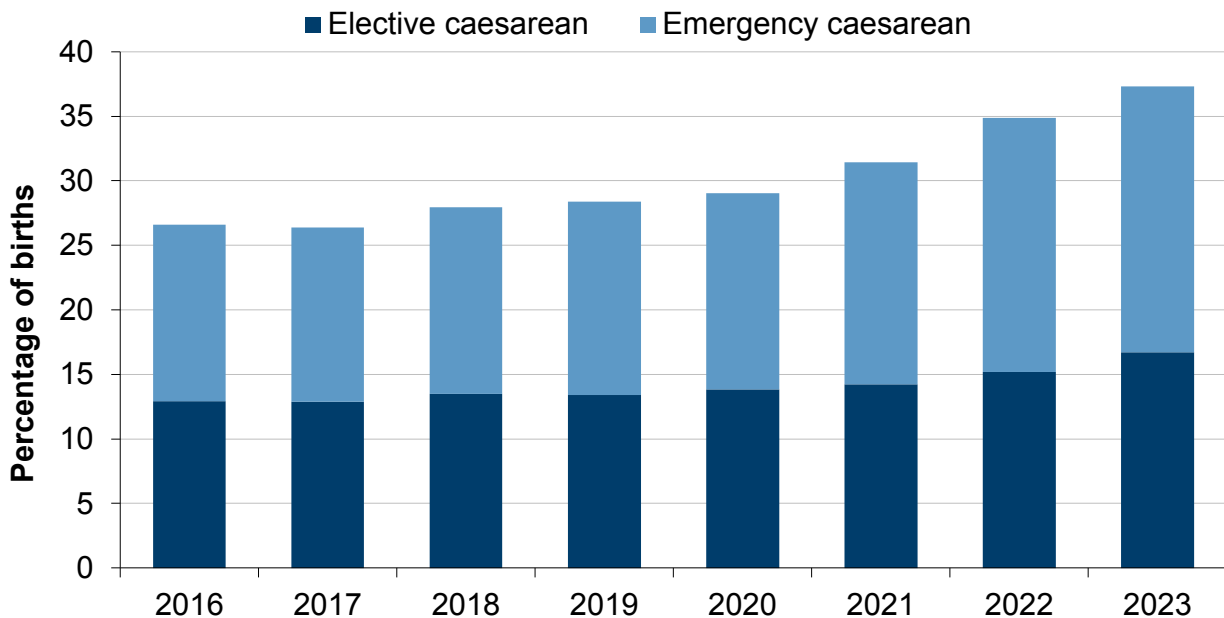
[Note 1] The percentages are based on records with valid data for mode of birth.

In 2023, the majority (54%) of births were spontaneous (unassisted) vaginal births, 1.8 percentage points lower than in the previous year and 9.0 percentage points lower than in 2016.

37% were delivered by caesarean section, this highest on record, 2.4 percentage points higher than in the previous year and 10.7 percentage points higher than in 2016.

9% of deliveries required the use of either ventouse or forceps, and this proportion has remained largely constant in every year since 2016.

**Figure 11: Caesarean sections as a percentage of all births (live and still), Wales, 2016 to 2023 [Note 1]**



Description of Figure 11: Stacked bar chart showing that the proportion of babies delivered via caesarean section has been increasing since 2016. There have been increases in both elective and emergency cesarean section deliveries.

Source: MIDS, Digital Health and Care Wales

### Mode of birth by health board providing the service (StatsWales)

[Note 1] The percentages are based on records with valid data for mode of birth.

In 2023, the majority of caesarean section births were emergencies. 21% of all births arrived by emergency caesarean section, 0.9 percentage points higher than the previous year and 6.9 percentage points higher than in 2016.

17% of all births arrived via elective caesarean section, 1.5 percentage points

higher than in the previous year and 3.8 percentage points higher than in 2016.

[Data for mode of birth by ethnic group is available on StatsWales.](#)

## Birth outcomes and characteristics

Statistics presented in this section are based on the 27,457 live births recorded in the NCCHD in 2023. Births are analysed rather than deliveries since twins or triplets could be delivered by different means.

Additional data on the number of [antenatal records \(StatsWales\)](#), [deliveries and births by health board providing the service \(StatsWales\)](#), [births by Welsh and non-Welsh resident mothers \(StatsWales\)](#), and [deliveries and births by maternity unit are available on StatsWales.](#)

### Number of live births

Live births can be recorded as singletons (one baby born), or multiples (twins, triplets or more babies born).

Of the 27,570 births recorded in the National Community Child Health Database in Wales in 2023, over 99% (27,457) were live births.

Following a small increase in 2021, the number of live births fell to its lowest number since broadly comparable data was collected in 1929. For the 30 years prior to 2018, the number of live births in Wales ranged between 30,000 and 37,000 per year, but has been below 30,000 in every year since. The number of live births has decreased by 23.2% compared with 10 years ago.

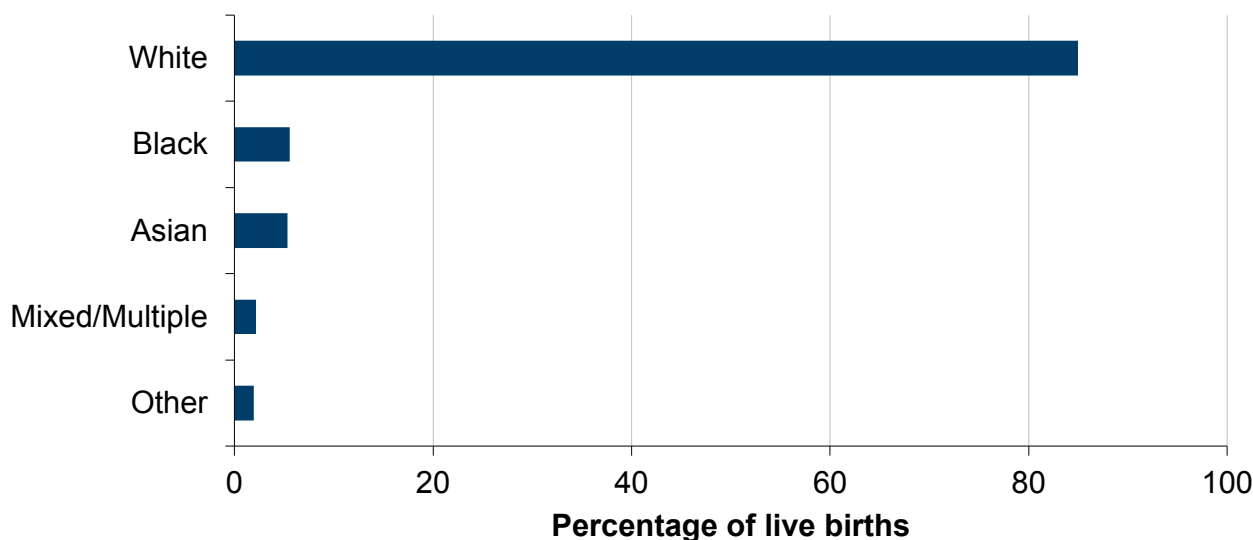
In 2023, 2% of births were for multiple children. This percentage has been relatively stable for the past 3 years, but over the longer-term, the number of

multiple births has decreased by a larger proportion than singleton births. The number of multiple births has decreased by 40.8% compared to 10 years ago.

### Antenatal records, live births and still births by health board providing the service (StatsWales)

## Births and ethnicity

**Figure 12: Percentage of live births by ethnic group, 2023 [Note 1] [Note 2]**



Description of Figure 12: Bar chart showing the large majority of births were from White ethnic background, followed by Asian, Mixed/Multiple, Black and Other.

Source: National Community Child Health Database (NCCHD), Digital Health and Care Wales

### Live births to Welsh residents by ethnic group and health board providing the service (StatsWales)

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[Note 1] The percentages are based on records with valid data for child's ethnic group. In 2023, there were 9,975 records (36.3%) which had missing or invalid data for this data item.

[Note 2] See [quality report](#) for list of ethnicities included in each ethnic group.

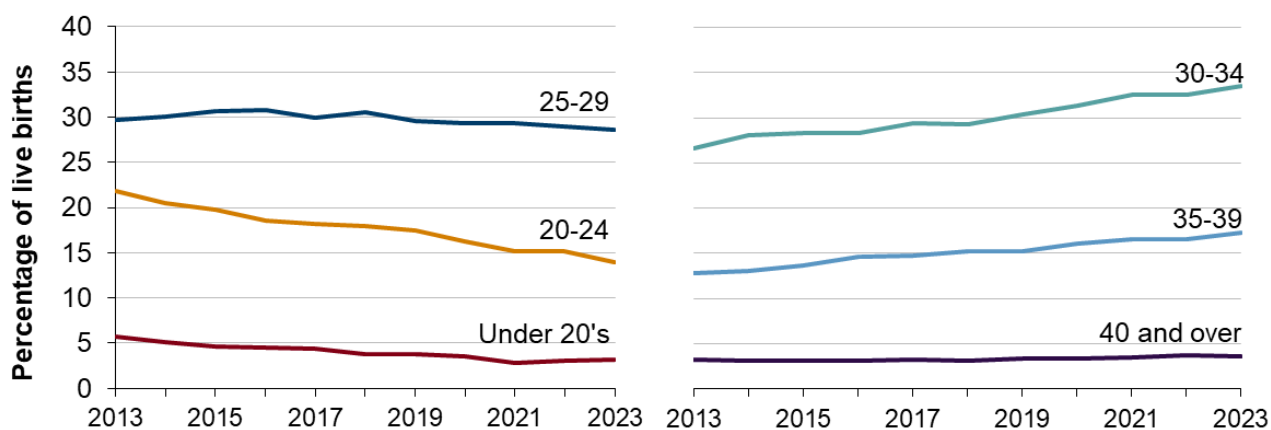
85% of babies born in 2023 were of White ethnic background; 6% were of Black backgrounds; 5% were of Asian backgrounds; 2% were from Mixed/multiple backgrounds and 2% were from other ethnicities.

The percentage of babies from White ethnic backgrounds decreased by 4.6 percentage points since 2018. The percentage has increased slightly for all other ethnic groups over the same time period, with the largest increases in the Black ethnic group (2.2 percentage points) and the Asian ethnic group (1.5 percentage points).

## Births by mother's age

Data for teenage conceptions is published by the ONS.

Figure 13: Live births by age group of mother, 2013 to 2023 [Note 1]



Description of Figure 13: Two line charts showing a decreasing trend for the percentage of women giving birth aged 29 and younger, and an increasing trend for women giving birth aged 30 and over, over the past 10 years.

Source: MIDS, Digital Health and Care Wales

## **Live births to Welsh residents by local health board and mother's age (StatsWales)**

[Note 1] The percentages are based on births with valid data for mother's age.

Most mothers were aged 30 to 34 in 2023 with 34% in this age group. This percentage has been on a clear upward trend since 2008 and was 6.9 percentage points higher than ten years ago. This is consistent with a general aging of mothers.

Since 2021, there have been more mothers birthing aged 35 to 39 than there were aged 20 to 24. In 2023, 14% of births were from mothers aged 20 to 24 and this number has fallen every year since 2009, the figure in 2023 was 7.9 percentage points lower than 10 years ago.

## **Home births**

Over the past 20 years, the large majority of births have occurred in hospital settings in Wales. There was a slightly higher-than-usual percentage of home births in 2020 and 2021, which may have been related to the COVID-19 pandemic. However, the home birth rate has been on a slight downward trend over the long term and in 2023, just under 2% of live births happened at home, the lowest rate ever.

In 2023, 0.2% of births happened in locations other than hospitals or homes.

## **Live births to Welsh residents by Local Health Board and place of birth**

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(StatsWales)

## Gestational age

Babies born prematurely or 'pre-term' (before the start of the 37th week of gestation) may have a higher risk of immediate or longer-term health problems.

In 2023, 67% of live births arrived between gestations of 38 and 40 completed weeks of pregnancy.

8% of live births occurred before the start of the 37th week of gestation, in 2023.

[Live births to Welsh residents by gestational age \(StatsWales\)](#)

[Live births to Welsh residents by local health board and gestational age \(StatsWales\)](#)

## Birthweight

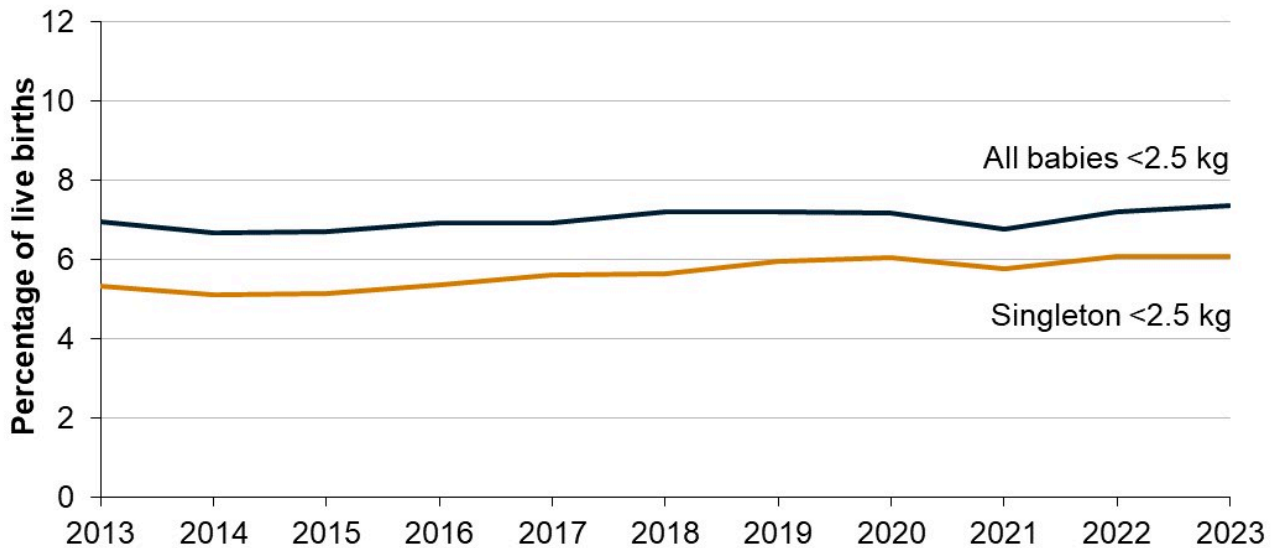
Low birthweight is defined as a birthweight of less than 2.5kg and can be associated with health risks in an infant's first year of life.

The percentage of live singleton births with a birthweight of less than 2.5kg is one of **50 National indicators** used to measure progress against the wellbeing goals in the Well-being of Future Generations Act.

Low birthweights are often linked to low gestational age (where the baby is born before the start of the 37th week of gestation).



**Figure 14: Figure 14: Percentage of live births with low birthweight, 2013 to 2023 [Note 1]**



Description of Figure 14: Line chart showing the proportion of singleton live births with low birthweight has been on a marginal upward trend since 2013. The percentage of all births with low birthweight has been on a similar trend.

Source: NCCHD, Digital Health and Care Wales

### Live births to Welsh residents by birth weight and number of babies (StatsWales)

[Note 1] The percentages are based on live births with valid birthweight data. Invalid data includes records with birthweights of less than 0.5kg or more than 6kg.

In 2023, 6% of singleton births had low birthweight. This is the same as the previous year and 0.8 percentage points higher than 10 years ago.

In 2023, 7% of all births had low birthweight. This is 0.2 percentage points higher than in the previous year and 0.4 percentage points higher than 10 years ago,

and is the highest on record.

Multiple births are typically delivered at earlier gestations than singleton births, and in 2023, 64% of multiple births were delivered before 37 weeks of gestation, compared with 7% for singleton births.

## Gestational age and birthweight

As births with lower gestational ages have less time to develop and grow, they are often born at lower birthweights than births with higher gestations.

In 2023, 94% of births at gestations of 31 completed weeks or fewer weighed less than 2.5kg. This compares to 52% of births at gestations between 32 and 36 completed weeks; 3% of births at gestations between 37 and 41 completed weeks; and 1% of births at gestations of 42 or more completed weeks of pregnancy.

The large majority (89%) of babies born within two weeks either side of the typical expected due date (37 to 41 completed weeks) were of birthweights between 2.5kg and 4kg.

23% of babies born at gestations of 42 or more completed weeks of pregnancy weighed more than 4kg.

### [Live births by birthweight and gestational age group \(StatsWales\)](#)

## Low birthweight and sex

In 2023, 7% of female babies had low birthweight. 6% of male babies had low birthweight. These are both broadly similar to the previous year and have remained relatively stable over the past 10 years.

## [Live births to Welsh residents by birthweight and sex \(StatsWales\)](#)

### **Low birthweight and ethnicity**

Various academic studies have shown that babies of Asian ethnic background have lower mean birthweights, shorter mean lengths, and smaller mean head circumferences than babies from other ethnic groups.

The percentage of babies from Asian ethnic backgrounds with low birthweight in Wales has been on a broad upward trend and reaching a high of 9% in 2022, but decreasing to 7% in 2023.

While low birthweight rates for babies of all 4 other ethnic groups have varied from year-to-year, they have been broadly similar to each other, with the Other and Mixed ethnic groups having a slight upward trend, and the Black and White ethnic groups having a slight downward trend over the 5 years for which data is available.

These percentages are based on births with valid data for both birthweight and ethnic group. In 2023, 9,818 records (36.5%) had missing or invalid data for either of these data items.

## [Live births to Welsh residents by ethnic group and birthweight \(StatsWales\)](#)

### **Low birthweight and mother's age**

In 2023, 7% of babies whose mothers were aged between 25 and 29 had low birthweights, the smallest percentage of all age groups (in which there were greater than 100 women, those aged under 16 and 45 and over are excluded due to low numbers).

Similarly in 2023, 7% of babies whose mothers were aged between 25 to 29 were born pre-term, the smallest percentage of all age groups (in which there were greater than 100 women).

The percentage of babies with low gestational age and the percentage of babies with low birthweight has remained broadly similar across each age group over the last 10 years.

### [Live births with low birthweight and low gestational age, by mother's age \(StatsWales\)](#)

## Appearance, Pulse, Grimace, Activity, and Respiration (APGAR) scores

APGAR is a quick test performed on a baby at 1 and 5 minutes after birth. The 1-minute score determines how well the baby tolerated the birthing process. The 5-minute score tells the doctor how well the baby is doing outside the mother's womb. A score of 7 or above is a sign that the new-born is in good health.

In 2023, the large majority (98%) of live births had an APGAR score of 7 or over at 5 minutes, including 78% of babies who had a score of 10.

### [APGAR score at 5 minutes \(StatsWales\)](#)

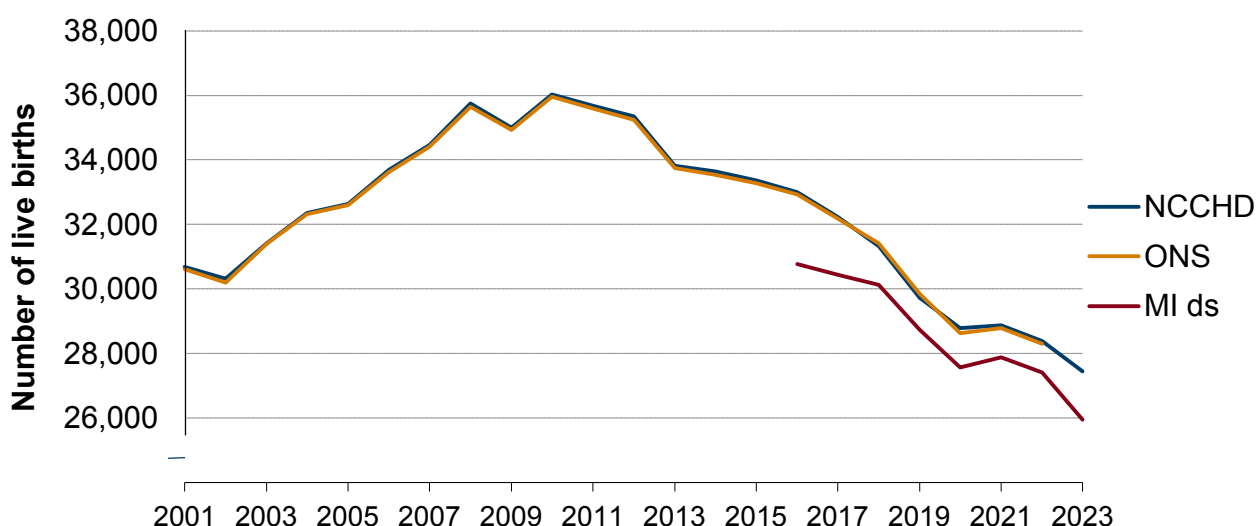
## Quality and methodology information

More detailed information on the sources of data and analyses in this statistical release are provided in the [quality report](#). This includes a table showing the percentage of valid data recorded for selected data items in both source datasets.

## Coherence of data sources for births in Wales

Figure 15 shows how the number of births in Wales compares across the main data sources. Data from the NCCHD has very good coverage and completeness, with the number of births closely aligning to [birth registration statistics by the ONS](#). MIDS was established in 2016 and the number of births differs from the other two sources primarily because it does not include births to Welsh residents in English hospitals.

**Figure 15: Live births in Wales, by data source, 2001 to 2023 [Note 1] [Note 2]**



Description of Figure 15: Line chart showing close alignment between the number of births from NCCHD and ONS. Births from the MIDS are lower but follow a similar trend.

Source: MIDS, NCCHD, ONS

## Live births in Wales by data source (StatsWales)

[Note 1] Y axis does not start at zero

[Note 2] At the time of publication, the latest available ONS births data is from 2022, but data is available for 2023 in both the MIDS and NCCHD.

## Statement of compliance with the Code of Practice for Statistics

Our statistical practice is regulated by the Office for Statistics Regulation (OSR). OSR sets the standards of trustworthiness, quality and value in the Code of Practice for Statistics that all producers of official statistics should adhere to.

All of our statistics are produced and published in accordance with a number of statements and protocols to enhance trustworthiness, quality and value. These are set out in the Welsh Government's [Statement of Compliance](#).

These [accredited official statistics \(OSR\)](#) demonstrate the standards expected around trustworthiness, quality and public value in the following ways.

## Trustworthiness

The data used in this statistical release is collected via two sources, the NCCHD and the MIDS. The NCCHD consists of anonymised records for all children born, resident or treated in Wales and born after 1987. It brings together data from the child health system databases which are held by local health boards. This is a long-established data collection and database. The MIDS combines a child's birth record with their mother's initial assessment record (where possible). There are some data quality issues with certain data items in this dataset which are explained in more detail in the [quality report](#).

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## Quality

The published figures provided are compiled by professional analysts using the latest available data and applying methods using their professional judgement and analytical skillset. Statistics published by Welsh Government adhere to the Statistical Quality Management Strategy which supplements the Quality pillar of the Code of Practice for Statistics and the European Statistical System principles of quality for statistical outputs.

Data is collected by Digital Health Care Wales directly from local health boards via local Child Health Systems.

Validation checks are performed by Welsh Government statisticians and queries referred to local health boards where necessary. The statistical release is then drafted, signed off by senior statisticians and is published in line with statement on confidentiality and data access which is informed by the trustworthiness pillar contained in the Code of Practice for Statistics.

## Value

The purpose of the statistical release is to provide evidence for policy development; to allow local health boards to monitor and benchmark their service provision against all other local health boards in Wales; and to inform for the wider public about provision of maternity services and information about number of births and their characteristics in Wales. This annual statistical release also supports the Welsh Government's long-term plan for health and social care: [A Healthier Wales](#).

You are welcome to contact us directly with any comments about how we meet these standards. Alternatively, you can contact OSR by emailing [regulation@statistics.gov.uk](mailto:regulation@statistics.gov.uk) or via the OSR website.

## Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural wellbeing of Wales. The Act puts in place seven wellbeing goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators (“national indicators”) that must be applied for the purpose of measuring progress towards the achievement of the wellbeing goals, and (b) lay a copy of the national indicators before Senedd Cymru. Under section 10(8) of the Well-being of Future Generations Act, where the Welsh Ministers revise the national indicators, they must as soon as reasonably practicable (a) publish the indicators as revised and (b) lay a copy of them before the Senedd. These national indicators were laid before the Senedd in 2021. The indicators laid on 14 December 2021 replace the set laid on 16 March 2016.

This release includes 1 of the national indicators namely The percentage of live single births with a birthweight of under 2.5kg.

Information on the indicators, along with narratives for each of the wellbeing goals and associated technical information is available in the [Wellbeing of Wales report](#).

Further information on the [Well-being of Future Generations \(Wales\) Act 2015](#).

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local wellbeing assessments and local wellbeing plans.



# Contact details

Statistician: Annie Campbell

Email: [stats.healthinfo@gov.wales](mailto:stats.healthinfo@gov.wales)

Media: 0300 025 8099

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