

# Health Statistics: Childbirth 2022 at Seibo Hospital (International Catholic Hospital)

Seibo Hospital (International Catholic Hospital)  
Div. Obstetrics and Gynecology  
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Let me show you data on childbirth 2022 at Seibo Hospital.

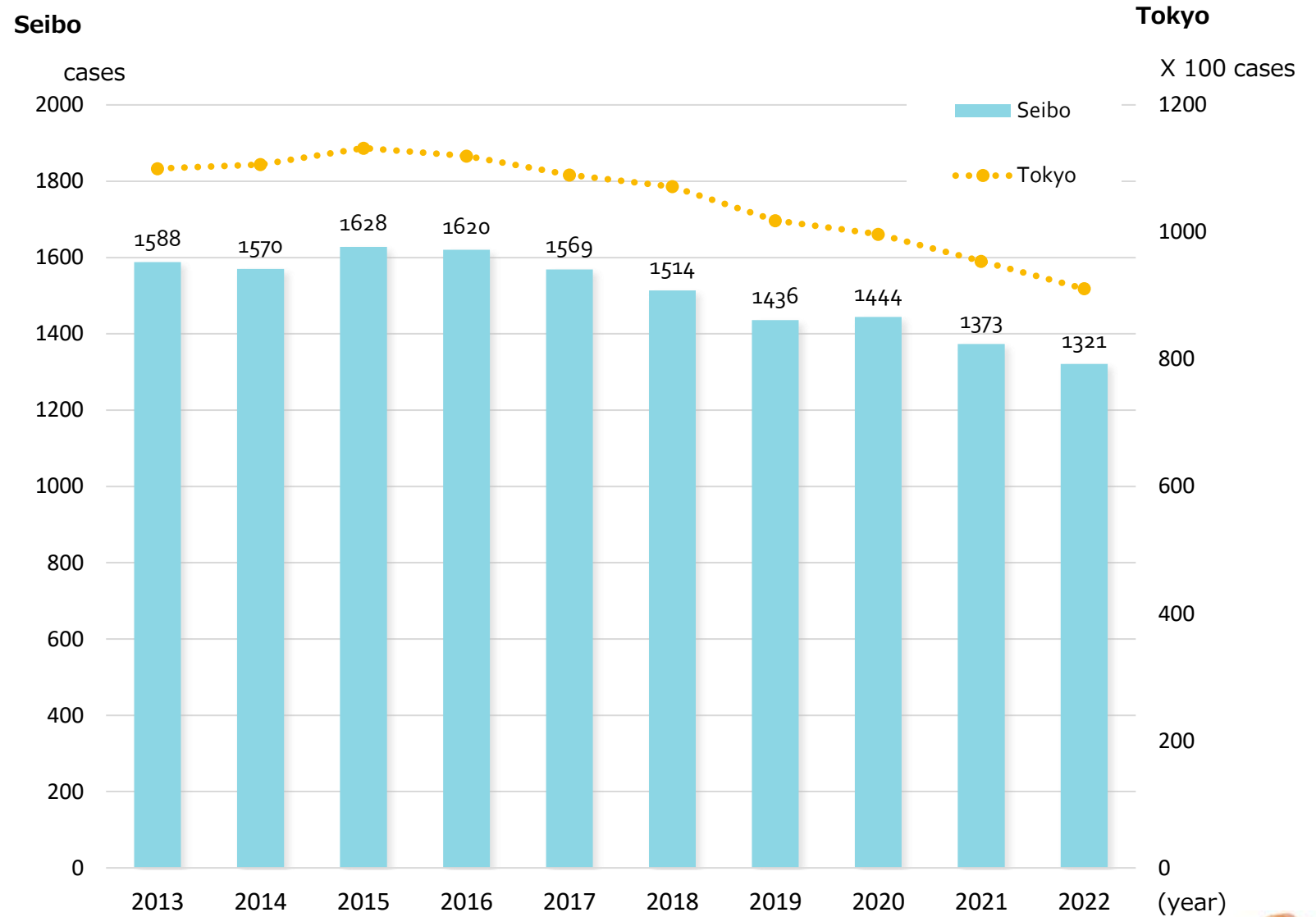
## Births Statistics 2022 (Jan.1-Dec.31)

Number of deliveries	1321 cases including 7 twin pregnancies
Maternal characteristics	Primiparous 767 cases(58.1%) mean maternal age 32.3 y/o Multiparous 554 cases(41.9%) mean maternal age 34.9 y/o
Delivery mode	Vaginal 1048 cases (79.3%) Cesarean 273 cases (20.7%)
labor pain relief with epidural anesthesia	512cases

In 2022 , more than 1300 babies were born in our hospital.  
As of April 2023, epidural anesthesia during labor is available on demand if you complete needed examination on an outpatient basis in advance.



## Numbers of births 2013 -2022

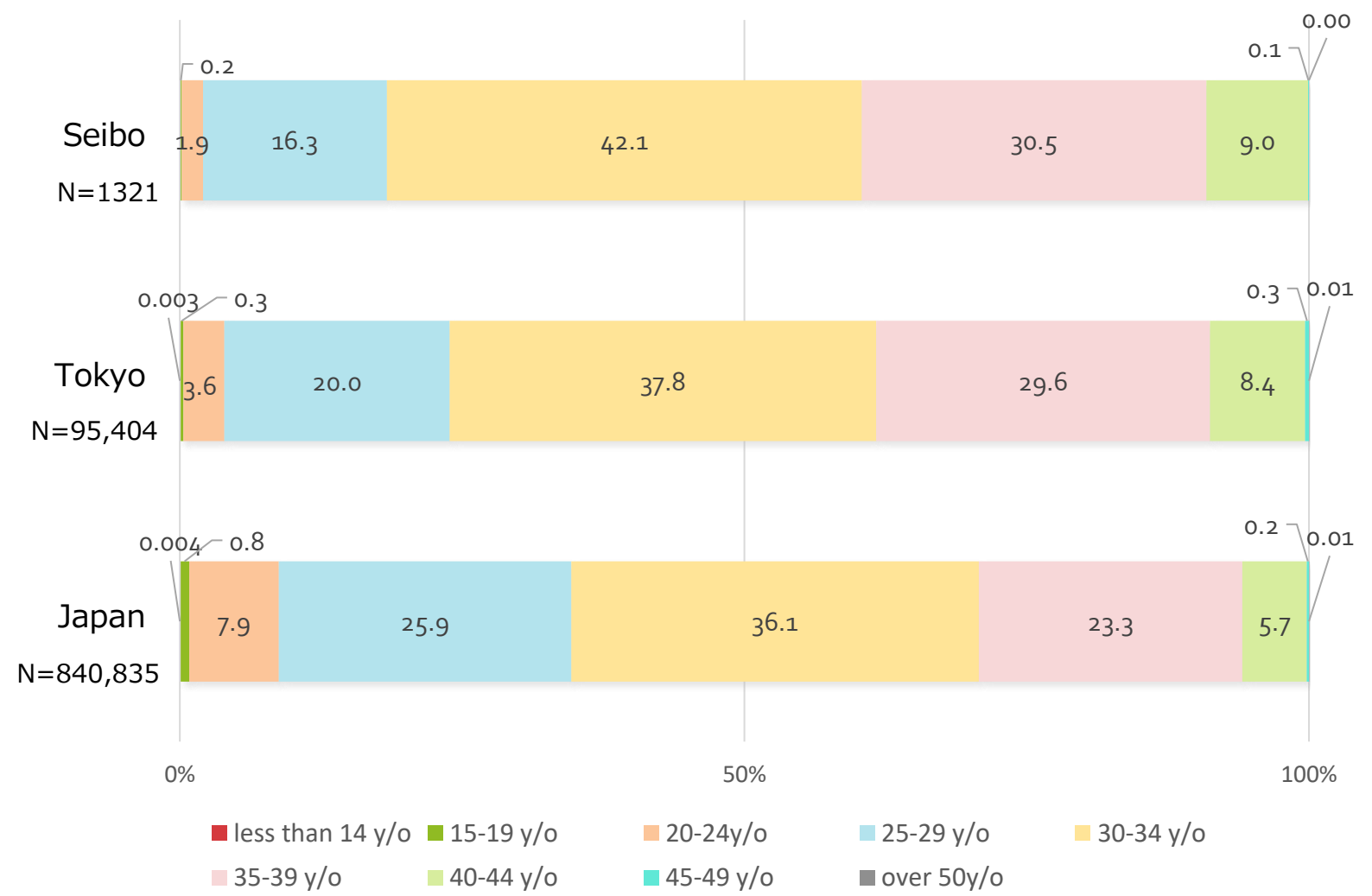


As is found in Tokyo, the number of births in our hospital is decreasing. But there are only a few hospitals where more than 1,000 babies are born per year in Tokyo.



# Maternal Age

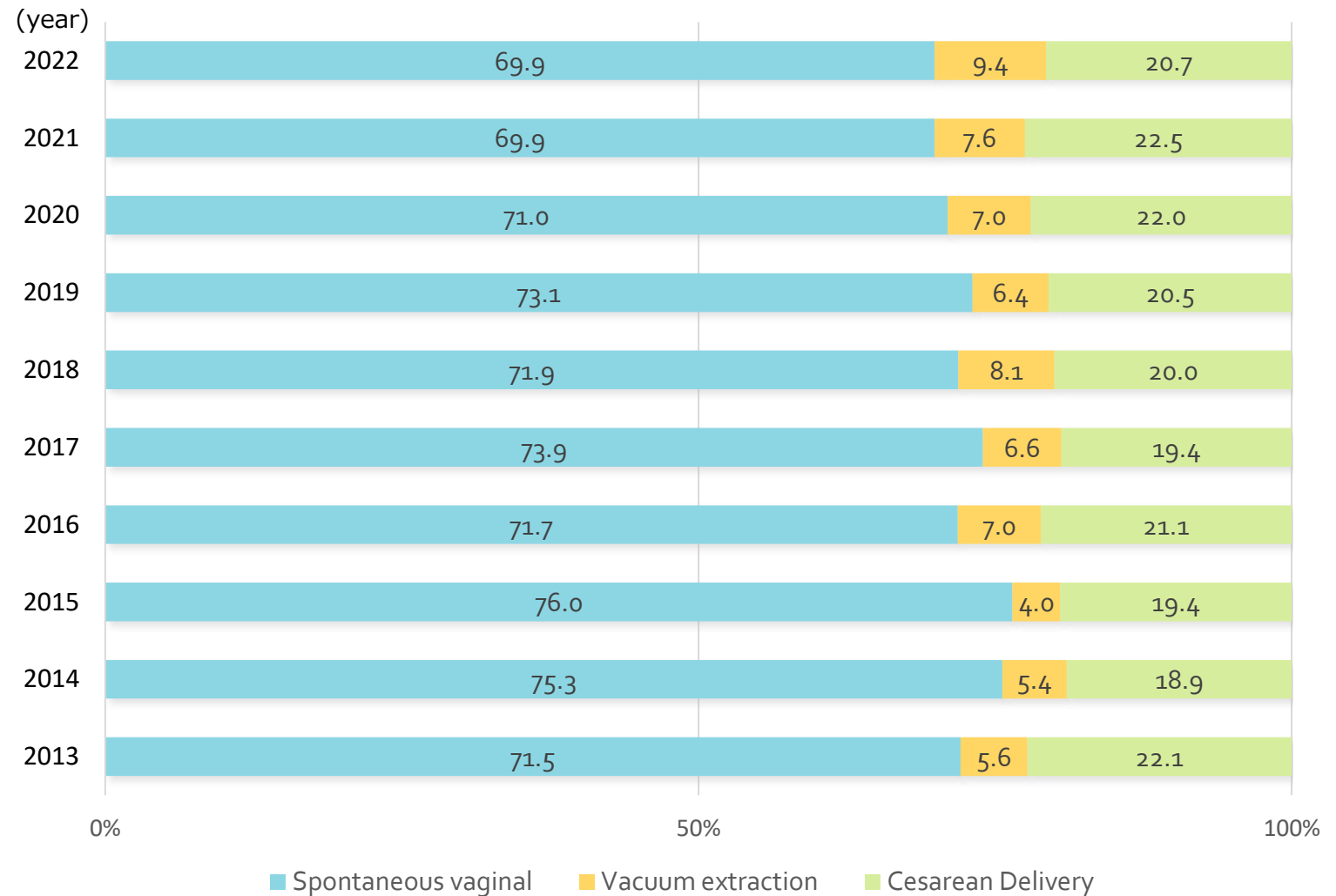
Data  
 \* Seibo in 2022  
 \* Tokyo in 2021  
 \* Japan in 2020



Compared to Tokyo and Japan, the common age at childbirth is 30 years or older in our hospital.

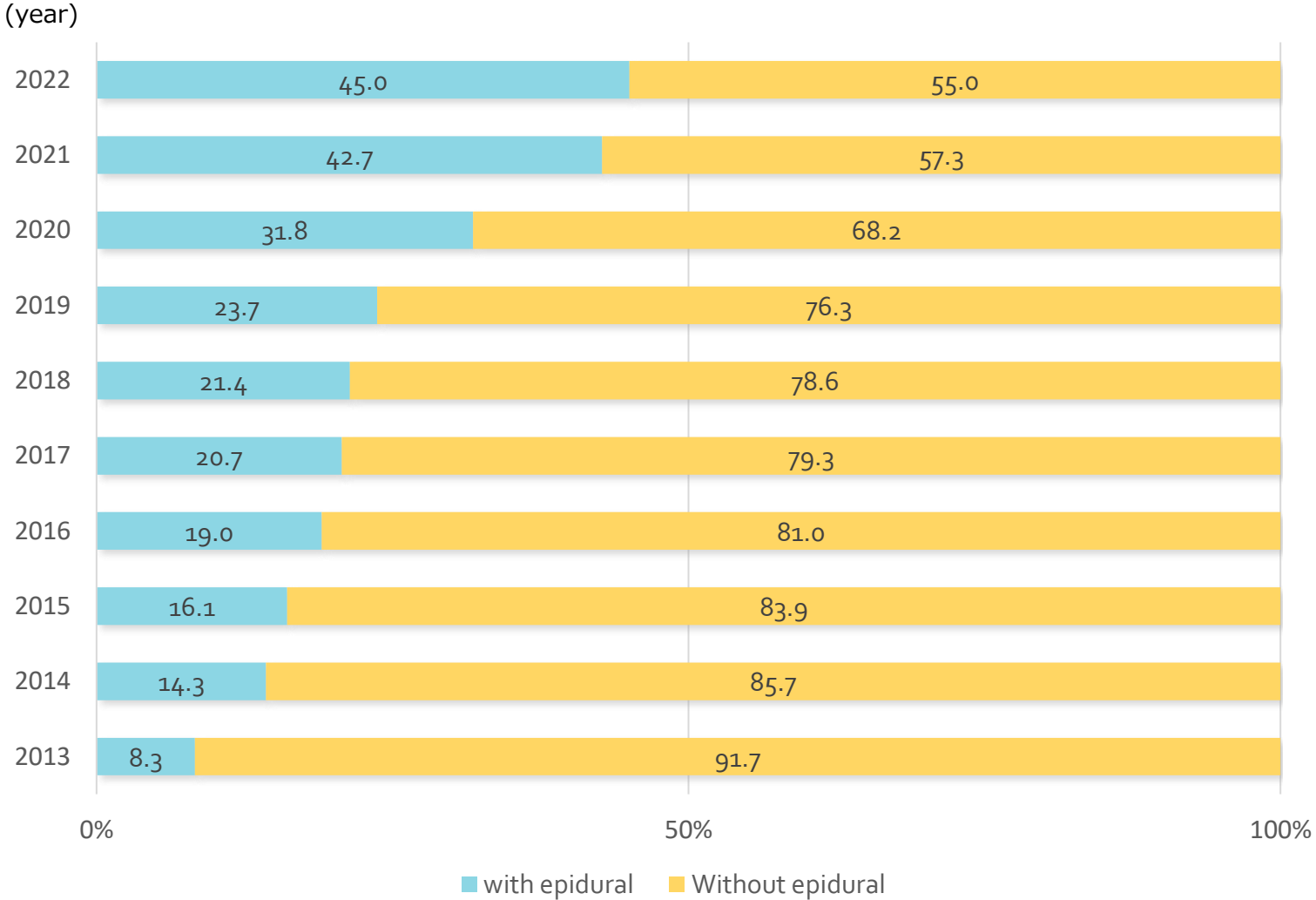


## Delivery mode



The rate of Cesarean delivery in our hospital is about 20%, which is similar to that in the general population of Japan. Of Cesarean delivery, about half is scheduled because of antenatal medical indication (previous uterine surgery, malpresentation, etc.). The rest is non-scheduled which is performed during labor because of intrapartum complications (non-reassuring fetal status, arrest of labor, etc.).

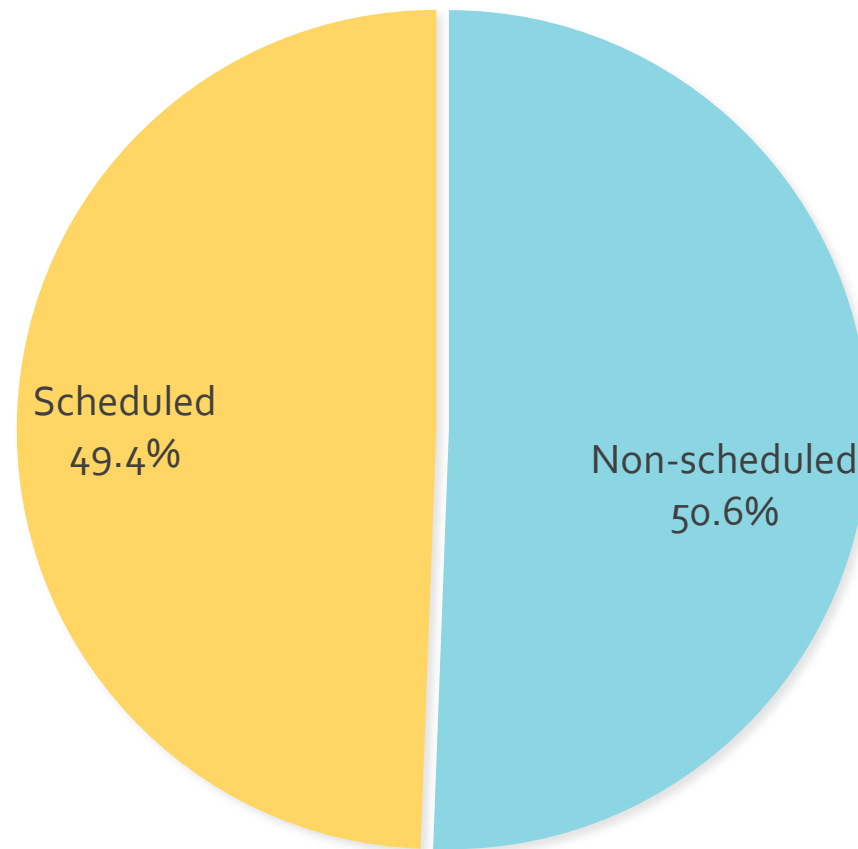
Labor pain relief with  
epidural: is it popular in  
Seibo Hospital?



The rate of pregnant women who prefer epidural during labor is increasing.



Which is common for pain relief with epidural, scheduled induction of labor or after spontaneous labor (i.e. non-scheduled) ?



About half prefer scheduled delivery with epidural. In scheduled delivery, the date of induction of labor with uterotonics is determined based on the uterine cervical maturation. On the other hand, half started epidural on demand during spontaneous labor.





## Clinical Features of labor pain relief with epidural anesthesia

	Primiparous		Multiparous	
	with Epidural (293 cases)	w/o Epidural (328 cases)	with Epidural (168 cases)	w/o Epidural (257 cases)
Onset of labor-full open, mean	14h51min	11h22min	5h53min	4h50min
Full open-delivery, mean	2h5min	1h21min	44min	20min
Labor augmentation	72.7%	32.6%	66.7%	17.1%
Episiotomy	63.5%	48.5%	14.9%	11.2%
Vacuum extraction	27.0%	8.8%	6.0%	2.3%
Cesarean Delivery	14.1%	9.6%	1.8%	1.1%

\* Statistically significant difference

Labor with epidural is characterized as follows:

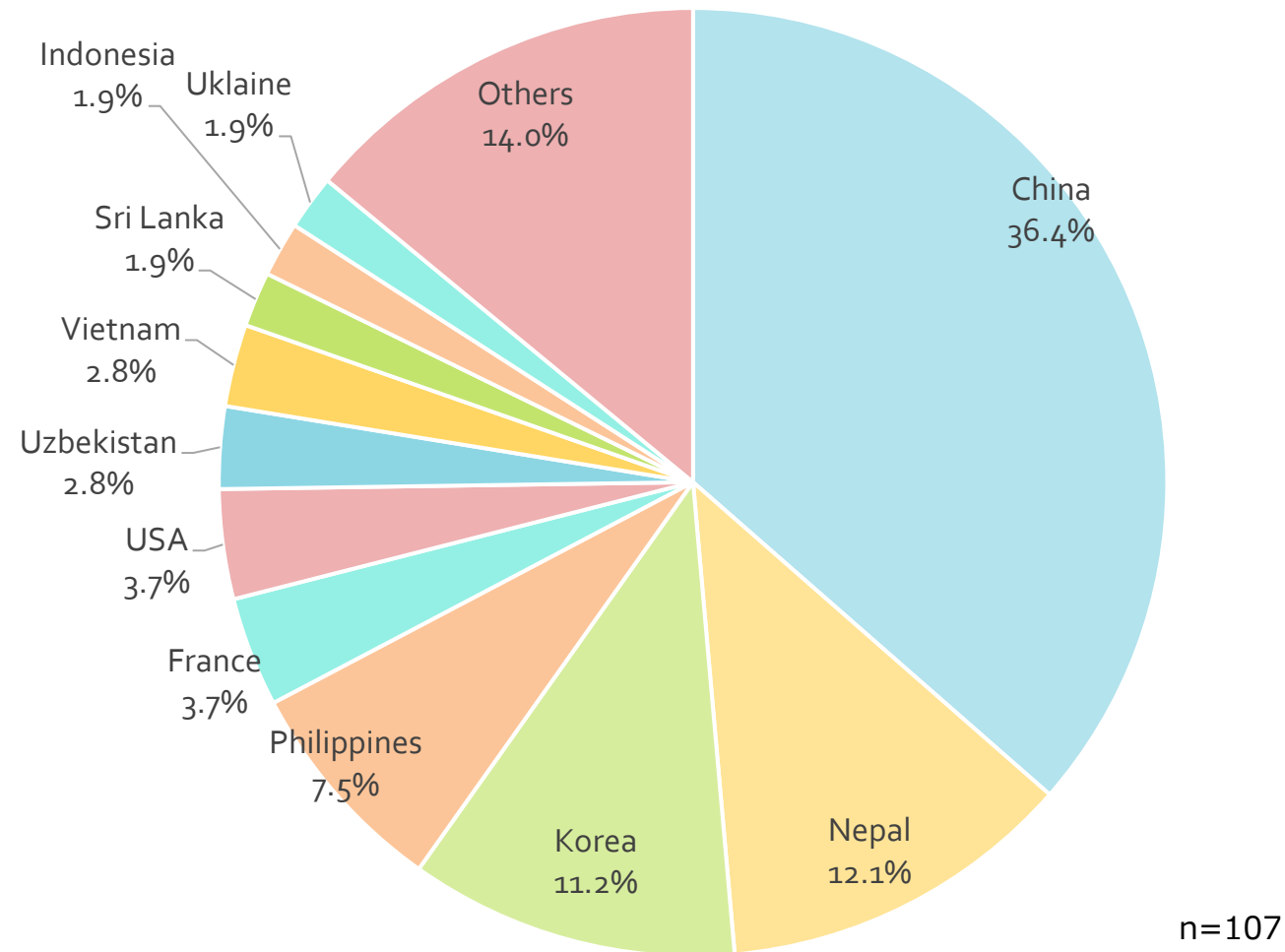
- ✓ prolonged labor
- ✓ increased rate of augmentation and vacuum extraction.

The difference in the rate of Cesarean delivery between women with and w/o epidural is not statistically significant



In 2021, one-hundred seven mothers from foreign countries gave birth in our hospital.  
Where are they from?

\* Data in 2022 is coming soon.



Mothers from various countries gave birth in 2021. In our hospital, medical translation services (English, French, Spanish, etc.) are available during regular reception hours.



## Obstetric Complications

\* Data in 2022  
 \* The prevalence in general population is from medical text book.

Complications	Seibo Hospital		General population
	N	prevalence	prevalence
Hypertensive disorder of pregnancy	57	4.3%	5-10%
Gestational diabetes	98	7.4%	8-12%
Abruption of placenta	12	0.9%	1%
Placenta previa	7	0.5%	0.5%
Preterm birth	51	3.9%	5%

The prevalence of major complications is similar to that in general population. Note that maternal and neonatal intensive care units are not available in our hospital. Therefore, we make arrangement of perinatal care in the tertiary center if needed, especially at high-risk of preterm birth (singleton < 34 weeks, twin < 35 weeks).

