RESEARCH REPORT, NORTH ATLANTA FAMILY HEALTH SERIES

What the Data Shows About Safe Sleep and SIDS Prevention

Sleep-Related Infant Death Rates Are Rising Again for the First Time in Decades: Here's What the Research Says About Why

Prepared by One Family Pediatrics | Serving Forsyth, Gwinnett, Hall, Dawson, Cherokee, and Fulton Counties

Data Sources: CDC Division of Reproductive Health, SUID and SIDS Data | American Academy of Pediatrics, 2022 Safe Sleep Policy Statement (Pediatrics) | CDC/NCHS National Vital Statistics System | Worldviews on Evidence-Based Nursing, 2025 (Pennsylvania SUID sleep environment study)

~3,500	93.6	2x+	65.5%
infants die of sleep-related causes in the U.S. every year, the leading cause of death between 1 month and 1 year of age	deaths per 100,000 live births in 2024. The sudden unexpected infant death (SUID) rate has been rising since 2020	higher SUID death rate for Black and Native American/Alaska Native infants compared to white infants	of infants who died of SUID in one detailed state study were not found on their back, the single most protective sleep position

BOTTOM LINE

For nearly two decades, sleep-related infant death rates held roughly steady after the dramatic declines that followed the 1990s "Back to Sleep" campaign. That's no longer true. CDC data shows the sudden unexpected infant death (SUID) rate has been rising since 2020, climbing 12% between 2020 and 2022 alone, and reaching 93.6 deaths per 100,000 live births in 2024, the most recent year on record. Roughly 3,500 U.S. infants still die of sleep-related causes every year, and detailed case reviews consistently find the same pattern behind most of these deaths: an unsafe sleep surface, another person or object sharing the sleep space, or a baby who wasn't placed on their back. None of this is new information. It's the same guidance pediatricians have repeated for thirty years. What's changed is how consistently families are actually able to hear and follow it.

Executive Summary

Sudden unexpected infant death (SUID) is a category that includes sudden infant death syndrome (SIDS), accidental suffocation and strangulation in bed, and deaths of undetermined cause. It remains the leading cause of death for U.S. infants between one month and one year of age. The story of SUID in America over the past three decades has, until recently, been one of real progress: rates fell sharply after the American Academy of Pediatrics' 1992 safe sleep recommendations and the 1994 "Back to Sleep" campaign, cutting the death rate by more than 40% within a few years. That progress has stalled, and the most recent CDC data shows the trend has reversed.

This report walks through what the current data shows: the scale of the recent increase, what detailed case reviews reveal about the specific circumstances behind most sleep-related infant deaths, the American Academy of Pediatrics' current safe sleep recommendations, a persistent and serious racial disparity in who is affected, and why pediatricians and public health researchers are increasingly concerned about whether families are still hearing this message as consistently as they once did.

Finding 1 | Sleep-Related Infant Death Rates Are Rising Again, After Nearly Two Decades of Being Flat

SUID rate rose from 89.9 to 100.5 deaths per 100,000 live births between 2020 and 2022, a 12% increase

CDC's National Vital Statistics System shows the SUID rate fell dramatically through the 1990s, from 158.58 deaths per 100,000 live births in 1990 to 92.9 per 100,000 by 2020, following the introduction of the AAP's 1992 safe sleep recommendations, the 1994 Back to Sleep campaign, and standardized death investigation reporting introduced in 1996. Since 2000, however, the American Academy of Pediatrics' own 2022 policy statement notes the overall sleep-related infant death rate "has remained stagnant," and the most recent data shows that plateau has now turned into an increase. The SUID rate rose 12% between 2020 and 2022 alone, from 89.9 to 100.5 deaths per 100,000 live births, and CDC's most current figure puts the 2024 rate at 93.6 per 100,000 live births.

Approximately 3,500 U.S. infants die of sleep-related causes every year, making SUID the leading cause of death specifically in the postneonatal period: after the first month of life and before a baby's first birthday. AAP leadership has attributed part of the recent increase to reduced opportunities for parents to hear safe sleep guidance directly from healthcare providers and public health programs during the pandemic years, and has expressed concern that further reductions in federal safe sleep education funding could compound the trend.

SUID Rate Per 100,000 Live Births, 1990 to 2024

Source: CDC/NCHS, National Vital Statistics System, Mortality Files, as reported by CDC's Division of Reproductive Health, "Trends in SUID Rates by Cause of Death, 1990 to 2024." 2020 to 2022 increase per Wolf et al., cited in AAP News, 2025.

Before turning to what detailed case reviews show, it's important to say plainly: the overwhelming majority of families who have lost a baby to SUID or SIDS did nothing wrong. These deaths are devastating, often sudden, and frequently occur without any single identifiable cause, even after a thorough investigation. The purpose of the data in this report is not to assign blame to families who have already suffered the worst loss imaginable. It's to give the families raising a baby right now clear, practical information that can help.

Finding 2 | What Detailed Case Reviews Show

Nearly half of reviewed SUID deaths involved sharing a sleep surface with another person or animal

A 2025 study published in Worldviews on Evidence-Based Nursing reviewed detailed sleep environment data for 154 SUID-related deaths in Pennsylvania during 2018 and 2019, and the findings closely mirror what safe sleep researchers see nationally: 46.0% of the infants who died were sharing a sleep surface with another person or an animal at the time of death, and 33.1% were found in an adult bed known to be an unsafe sleep environment for an infant. Among the infants who died in 2018, only 34.5% were placed on their back for sleep, meaning roughly two-thirds were not in the single most protective sleep position pediatricians recommend at every visit.

This pattern, death reviews repeatedly finding the same handful of preventable risk factors, is precisely why safe sleep guidance hasn't changed dramatically in years even as the death rate has: the guidance already targets the actual, documented causes. The challenge isn't identifying what works. It's making sure every family actually hears it, understands it, and has what they need to follow it consistently, including during the exhausting early weeks when following every guideline perfectly is genuinely difficult.

> A note on how to read these findings: this data describes patterns across many cases, not any individual family's circumstances or choices. Every sleep-related death is a tragedy, and in many cases, families were doing their best in a moment of profound exhaustion, or a risk factor was present that no one recognized as dangerous at the time. This research exists to help the families reading it today make informed choices going forward, not to suggest that families who have lost a child could have simply tried harder.

Finding 3 | The AAP's Current Safe Sleep Recommendations

The American Academy of Pediatrics' 2022 policy statement lays out a specific, evidence-based safe sleep environment: place infants on their backs for every sleep, naps and nighttime alike. Use a firm, flat sleep surface such as a crib or bassinet mattress with a fitted sheet, never an inclined or angled surface. Keep the baby's sleep space in the same room as the parents, ideally until at least 6 months of age, without sharing the same sleep surface. Keep soft bedding, including blankets, pillows, bumper pads, and soft toys, out of the sleep area entirely. The guidance also recommends avoiding overheating (watching for sweating or a hot chest as warning signs) and explicitly advises against letting an infant fall asleep in a car seat, stroller, swing, carrier, or sling and remain there unsupervised.

Beyond the sleep environment itself, the AAP identifies several additional protective factors that reduce SUID risk broadly: breastfeeding or feeding with expressed human milk, staying current on routine childhood immunizations, and avoiding any infant exposure to nicotine, alcohol, marijuana, opioids, or illicit drugs, including during pregnancy. None of these individual recommendations is new, but together they represent the most current, evidence-based synthesis of what's actually known to reduce risk.

Finding 4 | A Serious, Persistent Racial Disparity

Black and Native American/Alaska Native infants die of SUID at more than twice the rate of white infants

SUID and SIDS mortality carries some of the starkest racial disparities of any infant health outcome tracked in the United States. Historical CDC data found SUID death rates of 190.5 per 100,000 live births for American Indian/Alaska Native infants and 171.8 per 100,000 for non-Hispanic Black infants, compared to 84.4 per 100,000 for non-Hispanic white infants, meaning both groups experienced SUID death rates more than double the rate for white infants. The American Academy of Pediatrics' own current safe sleep resources explicitly acknowledge that "Black and Native American/Alaska Native infants die at rates more than double that of white babies," identifying this as an ongoing priority rather than a historical problem that's been resolved.

This disparity reflects a combination of factors researchers continue to study, including differences in access to safe sleep equipment, differences in the consistency and cultural relevance of safe sleep messaging reaching different communities, and broader social and economic factors that affect sleep environment and healthcare access. It underscores why safe sleep counseling needs to be a consistent, active part of every family's care, not an assumption that the message has already been heard and absorbed.

Finding 5 | Why the Message Has to Keep Being Repeated

One of the more sobering findings behind the recent SUID rate increase is what pediatric leadership believes caused it: not new information contradicting old guidance, but reduced exposure to the guidance itself. AAP leadership has specifically pointed to pandemic-era disruptions in routine well-child visits and public health outreach as a likely contributor to the 2020 to 2022 increase, and has expressed concern about proposed federal cuts to national safe sleep education campaigns and the CDC registries that track these deaths in the first place. As one AAP leader put it, if safe sleep messaging isn't reinforced "from multiple places," families are more likely to conclude it isn't as important as it actually is.

This is precisely why safe sleep counseling remains a standard part of newborn and early well-child visits rather than a one-time conversation at hospital discharge: the data shows that consistent, repeated reinforcement, not

a single conversation, is what actually changes sleep practices in the exhausting, sleep-deprived early months when following every guideline perfectly is hardest.

What This Means for North Atlanta Families

1 Back to sleep, every time, for every sleep, including naps.
Given that roughly two-thirds of infants in the Pennsylvania case review were not on their back at the time of death, this single, well-known recommendation remains the most protective individual practice a family can follow consistently.

2 Room-share without bed-sharing, especially in the first 6 months.
With nearly half of reviewed SUID deaths involving a shared sleep surface, keeping the baby's own sleep space in the parents' room, but on its own separate, firm surface, captures the safety benefit of proximity without the added risk.

3 Don't assume "everyone already knows this."
Given that public health leaders specifically link the recent rate increase to families hearing safe sleep guidance less often, re-raising the topic at each newborn and early well-child visit, even with experienced parents, is a deliberate response to documented risk, not redundant repetition.

4 Extend safe sleep guidance to every caregiver, not just parents.
Since sleep environment choices made by grandparents, babysitters, and other caregivers carry the same risk as those made by parents, sharing the specific AAP guidelines, not just a general sense of "be careful," with everyone who cares for the baby closes a common gap.

The Data: Safe Sleep and SUID Reference

Data Point	Figure	Source
Annual U.S. sleep-related infant deaths	~3,500	AAP 2022 Policy Statement, Pediatrics
SUID rate, 1990 (before Back to Sleep campaign)	158.58 per 100,000 live births	CDC/NCHS National Vital Statistics System
SUID rate, 2020 (lowest point on record)	92.9 per 100,000 live births	CDC/NCHS National Vital Statistics System
SUID rate increase, 2020 to 2022	+12% (89.9 to 100.5 per 100,000)	Wolf et al., 2025, cited in AAP News
SUID rate, 2024 (most recent)	93.6 per 100,000 live births	CDC/NCHS National Vital Statistics System
SUID deaths involving a shared sleep surface (PA study)	46.0%	Worldviews on Evidence-Based Nursing, 2025 (PA sleep environment review, n=154)
SUID deaths in an unsafe adult bed (PA study)	33.1%	Worldviews on Evidence-Based Nursing, 2025
SUID deaths (2018) where infant was placed on their back	34.5%	Worldviews on Evidence-Based Nursing, 2025, citing PA Dept. of Health data
SUID rate, American Indian/Alaska Native infants (2010-13)	190.5 per 100,000 live births	CDC, cited in NCBI Bookshelf SIDS review
SUID rate, non-Hispanic Black infants (2010-13)	171.8 per 100,000 live births	CDC, cited in NCBI Bookshelf SIDS review
SUID rate, non-Hispanic white infants	84.4 per 100,000 live	CDC, cited in NCBI Bookshelf SIDS review

(2010-13)	births	
Recommended room-sharing duration	At least 6 months	AAP 2022 Policy Statement

SUID/SIDS rates reflect national U.S. data; racial disparity figures reflect the most recent detailed breakdown available and may not capture the most current single year. This report does not constitute individualized medical advice; families should discuss their specific sleep environment and any concerns directly with their pediatrician.

About One Family Pediatrics

One Family Pediatrics provides comprehensive pediatric care, including newborn care, for families across Forsyth, Gwinnett, Hall, Dawson, Cherokee, and Fulton counties. Safe sleep counseling is a standard part of every newborn and early well-child visit, not because the guidance is new, but because the data shows consistent reinforcement is what actually keeps babies safe. If you have questions about your baby's sleep environment, bring them to your next visit. There's no such thing as a question we've heard too many times.

Methodology, Limitations & Sources

This report is based on published data from the CDC's Division of Reproductive Health and National Vital Statistics System, the American Academy of Pediatrics' 2022 Safe Sleep policy statement (published in Pediatrics), and a 2025 peer-reviewed study in Worldviews on Evidence-Based Nursing reviewing detailed sleep environment data for SUID deaths in Pennsylvania. Racial disparity figures reflect the most recent detailed national breakdown identified in this research (2010-2013 data cited in current AAP and CDC-adjacent resources); more granular current-year racial breakdowns were not independently located, though the AAP's own current published guidance continues to describe the disparity as ongoing. This report does not constitute individualized medical advice; safe sleep decisions for any specific infant should be made in consultation with a pediatrician.

Centers for Disease Control and Prevention, Division of Reproductive Health. "Trends in SUID Rates by Cause of Death, 1990-2024." cdc.gov/sudden-infant-death

Centers for Disease Control and Prevention. "Providing Care for Babies to Sleep Safely." Current AAP-aligned safe sleep recommendations. cdc.gov/sudden-infant-death/sleep-safely

American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome. "Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment." Pediatrics, 2022;150(1):e2022057990.

American Academy of Pediatrics. "Safe Sleep" clinical resource page. aap.org/en/patient-care/safe-sleep

AAP News. "Federal cuts to Safe to Sleep campaign 'devastating,' AAP leader says." 2025, citing Wolf et al. on the 2020-2022 SUID rate increase.

Worldviews on Evidence-Based Nursing. "An Evidence-Based Safe Sleep Program Is Associated With Less Infant Sleep-Related Deaths." 2025. Pennsylvania sleep environment case review data.

National Center for the Review and Prevention of Child Fatalities (NCEMCH). SUID/SIDS statistics and classification methodology.