Sleep-Related Infant Death Cook County, Illinois

A Five-Year Report, 2019 – 2023

RUSH

CDC

CCMEO

Executive Summary

Background

Each year in the United States, an average of 3,700 infants die suddenly and unexpectedly before their first birthday. Almost all of these occur in the baby's sleep environment. Sudden Unexpected Infant Deaths (SUID) take more lives than any other cause for infants aged 1 month to 12 months.

Over the past two decades there has been little progress in preventing these deaths. However, beginning in 2019, SUIDs in Cook County were added to a national surveillance system to shed light on the circumstances surrounding these deaths and provide valuable information that could aid in prevention. This report provides details of the sleep-related SUID in Cook County for 2019 to 2023.

Findings

From 2019 to 2023, 208 infants died suddenly and unexpectedly during sleep. Here are a few key findings:

Of these infants:

- **56 (27%) died of suffocation.***
- **173 (83%) died before age 6 months, with a peak between 1 and 2 months.**
- **135 (66%) died while sharing an adult bed, couch or other sleep surface with another person.**
- **190 (93%) died with soft bedding items in their sleep environment.**
- **34 (16%) died while temporarily away from their usual home; these infants had an older peak age of 4 months.**
- **Ninety-nine percent of the sleep-related deaths occurred in unsafe sleep situations.****
- **In Cook County, the sleep-related infant death rate for Black infants was 14 times that of white infants. The sleep-related infant death rate for Hispanic infants was 2.3 times that of white infants.*****
- **Of the 206 infants with gestational age information, 56 (27%) had a history of prematurity.**
- **Sleep-related infant death occurred most frequently among South and West Side community areas experiencing high levels of hardship.**

Conclusion

In Cook County infants die suddenly and unexpectedly about once a week, almost always in an unsafe sleep situation. There remains a large racial and ethnic disparity with Black and Hispanic infants dying at rates 14 and 2.3 times higher than white infants, respectively. Though sleep-related infant deaths declined modestly in 2022 and 2023 in Cook County, much work remains to raise awareness of these tragedies and effectively promote safe infant sleep practices to prevent them.

Throughout this report, percentages are reported for those sleep-related infant deaths for which the variable was known.

** Thorough review of these deaths in the Cook County Child Death Review system determined they were caused by either "suffocation" or "possible suffocation."*

***202 babies died in unsafe sleep situations. There were five sleep-related deaths that did not have complete case information. Just one infant died with no unsafe sleep factors.*

****Throughout this report, Black non-Hispanic and white non-Hispanic infants are referred to as Black and white infants, respectively.*

What is SUID? And what happened to SIDS?

SUID is the term used to describe Sudden Unexpected Infant Deaths. These deaths were formerly referred to as SIDS or sudden infant death syndrome. The causes of unexpected infant deaths in Cook County are now more accurately categorized as either due to suffocation or undetermined, which applies when no cause can be determined after a thorough investigation. **Almost all SUID happen during sleep, and these are commonly referred to as sleep-related infant deaths.**

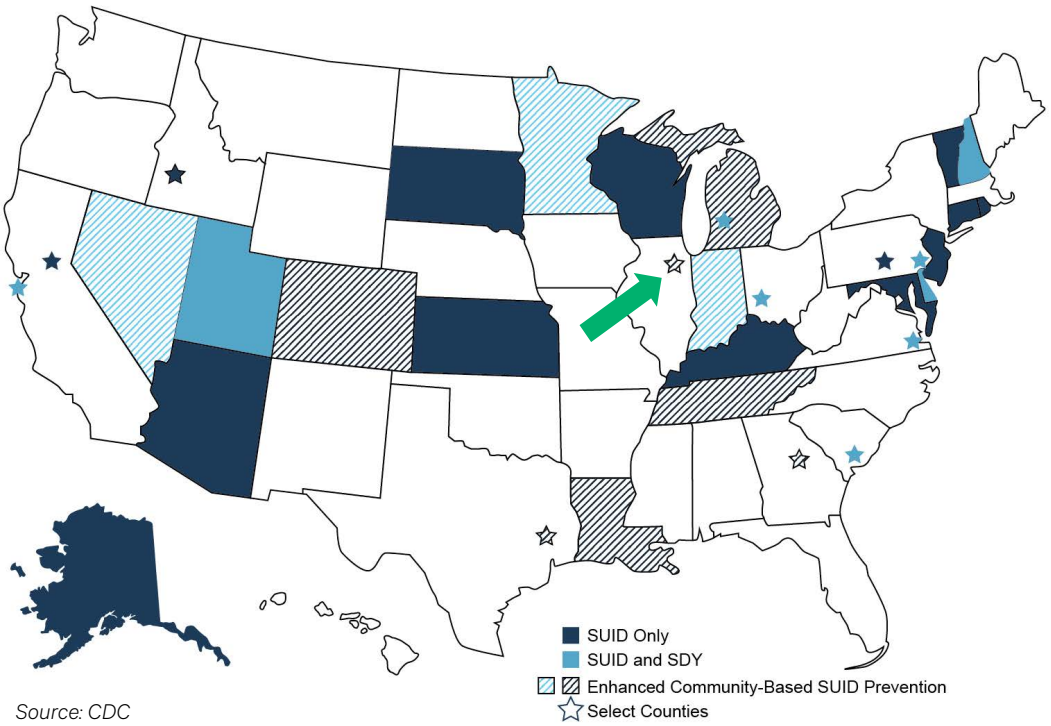
What is the SUID Case Registry?

The Centers for Disease Control and Prevention (CDC) began the SUID Case Registry in 2009 to improve the quality and consistency of SUID data, monitor SUID rates and advance understanding of factors that may affect SUID risk. The SUID Case Registry builds upon state and local Child Death Review programs and uses the National Center for Fatality Review and Prevention's Case Reporting System. SUID Case Registry programs are currently supported in 32 states and jurisdictions, covering 40% of SUID cases in the U.S.

In 2019, this work began in Cook County. The Cook County SUID Case Registry team works collaboratively with the Cook County Medical Examiner's Office and the Cook County Child Death Review teams to collect, analyze and disseminate detailed information regarding the circumstances of these infant deaths to bring heightened awareness to Cook County SUID and to influence and partner with SUID prevention advocates.

Current SUID Case Registry Sites

Cook County, Illinois, joined the SUID Case Registry in 2019



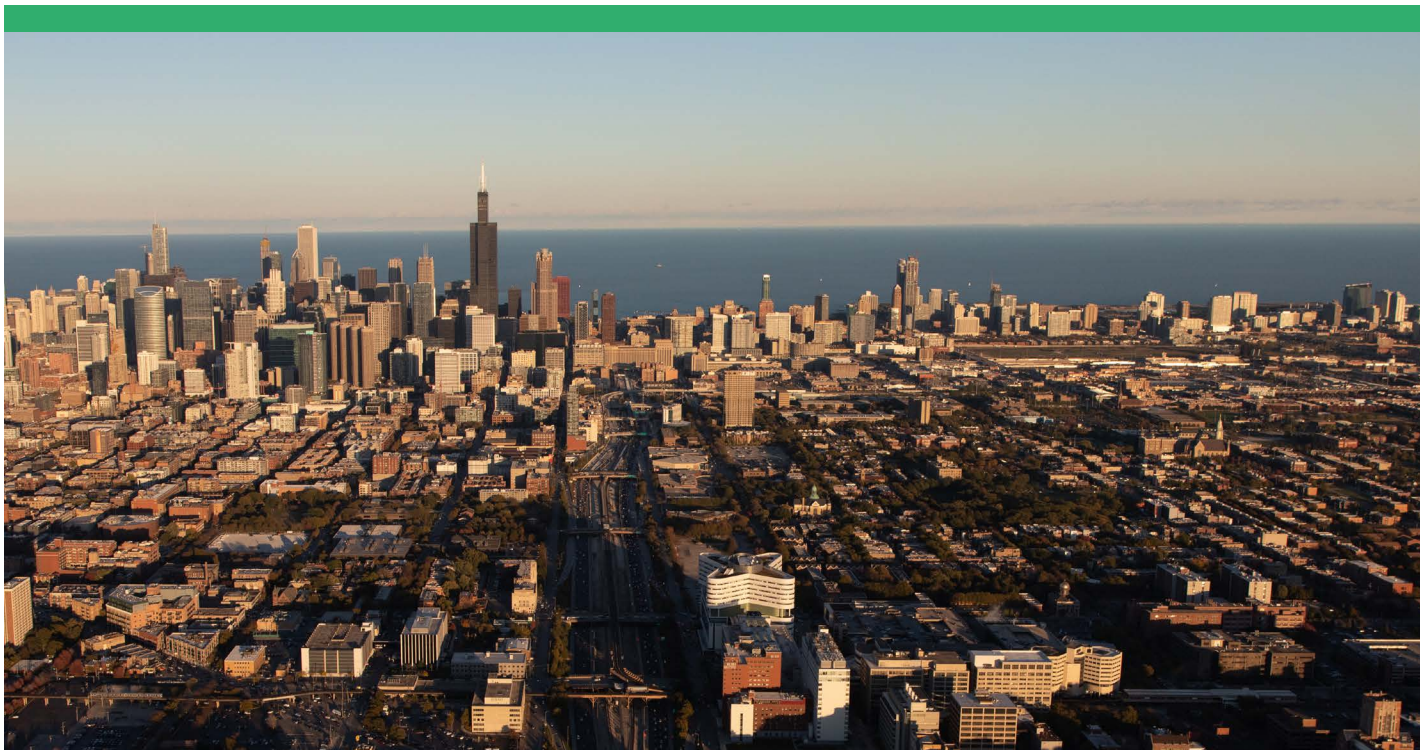
Source: CDC

About once a week in Cook County, an infant dies during sleep.

Sleep-related deaths among Black and Hispanic infants happen at much higher rates than among white infants.

In Cook County today, the greatest threat to the lives of infants aged 1 month to 1 year is sleep-related infant death. These deaths are almost always related to sleeping in an unsafe sleep situation. Between 2019 and 2023, the rate of sleep-related death among Black infants was 14 times higher than that of white infants, and 2.3 times higher among Hispanic infants as compared to white infants.

This report details Cook County's sleep-related infant death data for 2019 to 2023 to inform communities, providers and families of this public health threat to infants and to encourage prevention strategies.



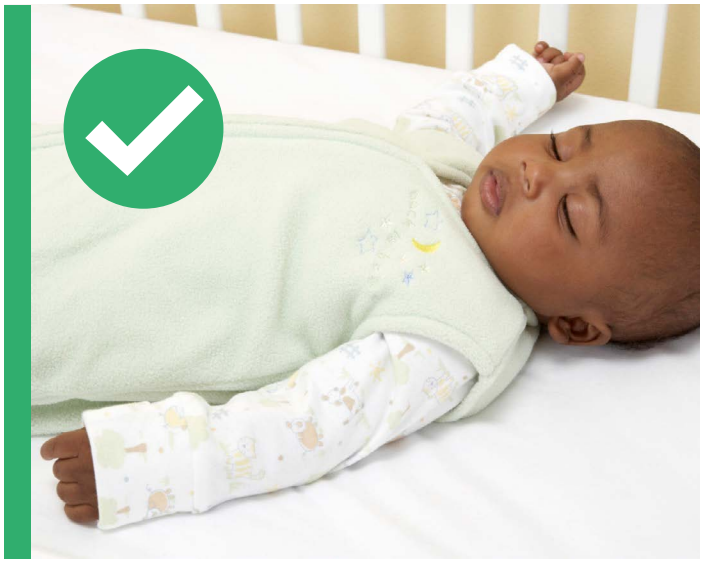
The Sleep Environment

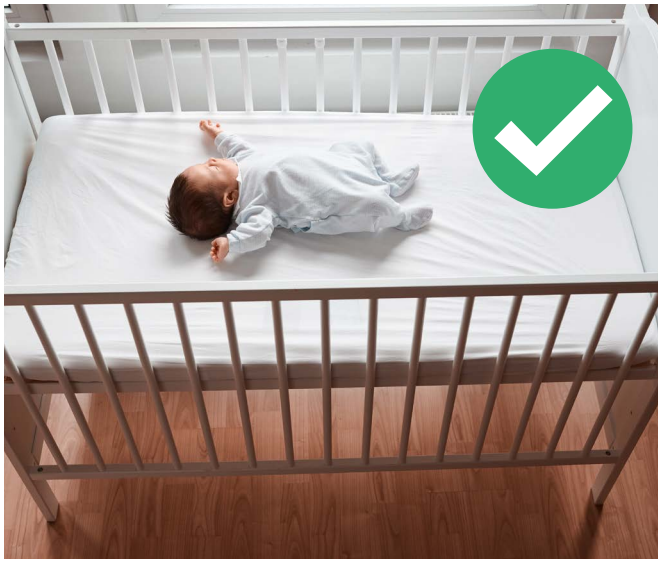
Safe Sleep to Prevent Suffocation

Placing infants on their backs to sleep has been the cornerstone of preventing these deaths since 1994. Greater understanding of other hazards in an infant's sleep environment has emerged over the past two decades — including sleeping with another person, sleeping with soft bedding and sleeping on a sleep surface that is not a safety-approved crib, bassinet, portable crib or play yard. All of these situations raise the risk of sleep-related infant death.

An infant sleeping safely is defined as:

- On their back
- In their crib or bassinet
- With nothing in the crib or bassinet





2019-2023 Cook County Sleep-Related Infant Death

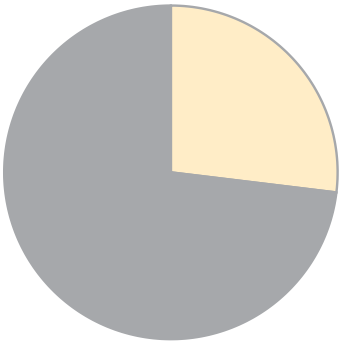
From 2019 to 2023, 208 infants died suddenly and unexpectedly during sleep. This report details the circumstances of these 208 sleep-related infant deaths.

Of these deaths, 56 (27%) occurred due to suffocation and 152 were undetermined. Nearly all sleep-related infant deaths with complete* case information had one or more unsafe sleep factors.

**Five of 208 sleep-related infant deaths had incomplete case information. One infant was not in an unsafe sleep environment.*

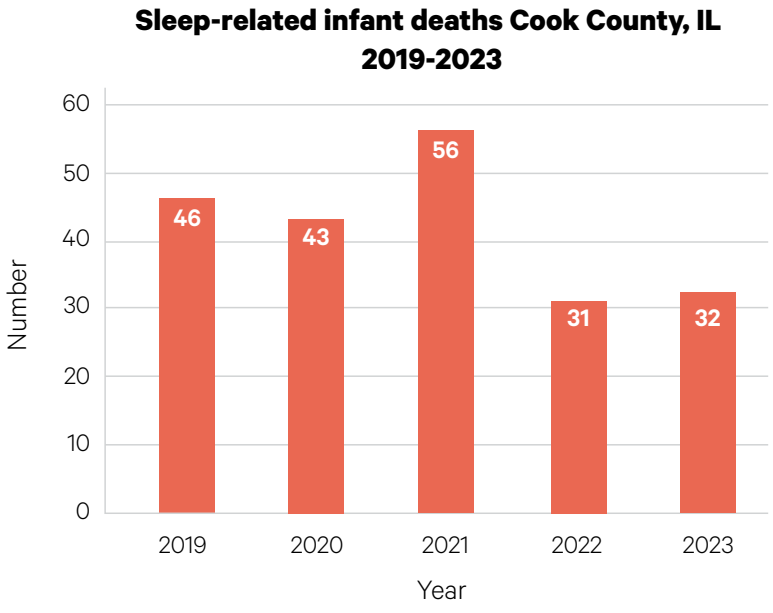
Sleep-related deaths: 208

- Suffocation: **56**
- Undetermined: **152**



99%

Nearly all 208 sleep-related infant deaths occurred in an unsafe sleep environment.



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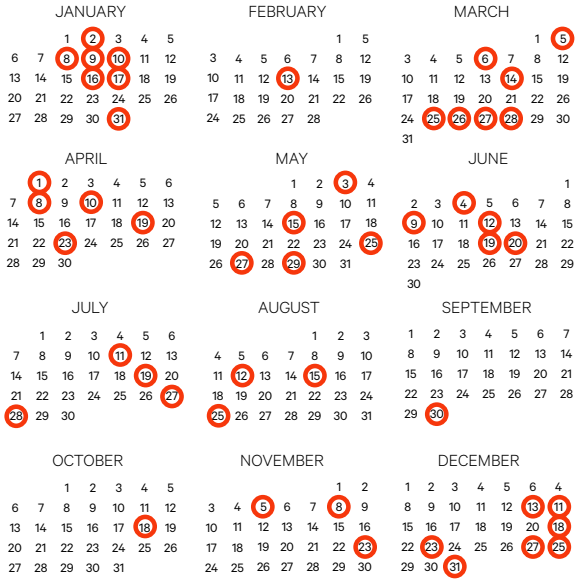
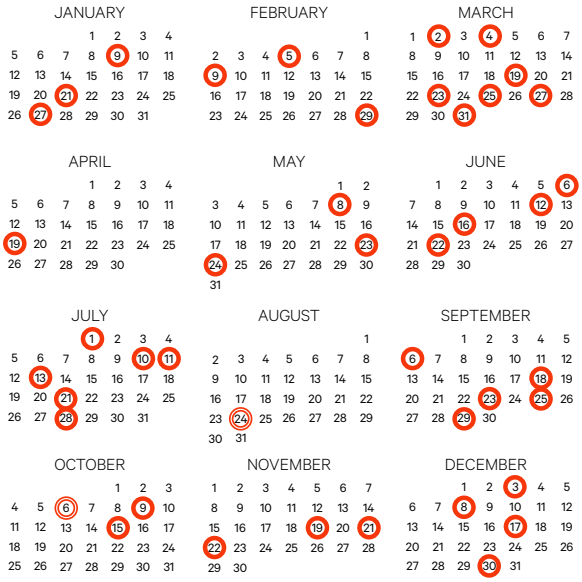
The red circles on the calendar represent the days that infants died suddenly and unexpectedly.

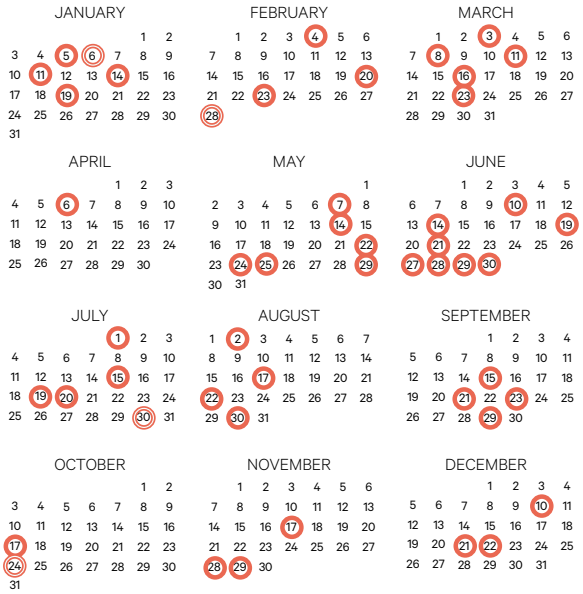
2019



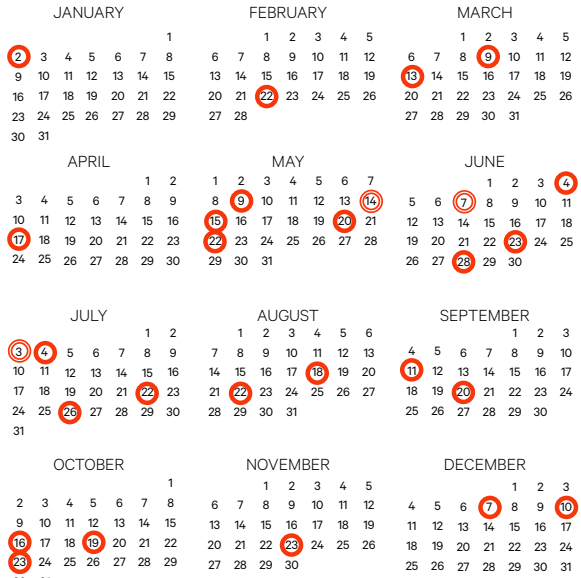
2020



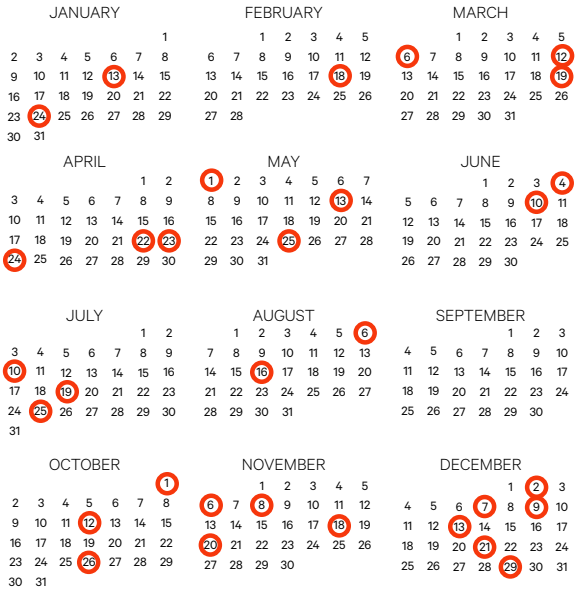
2021



2022



2023



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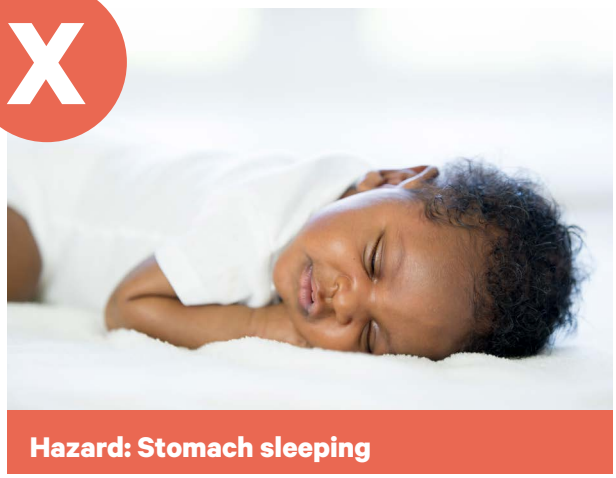
Sleep-Related Infant Deaths (208)

Unsafe sleep factors

42%

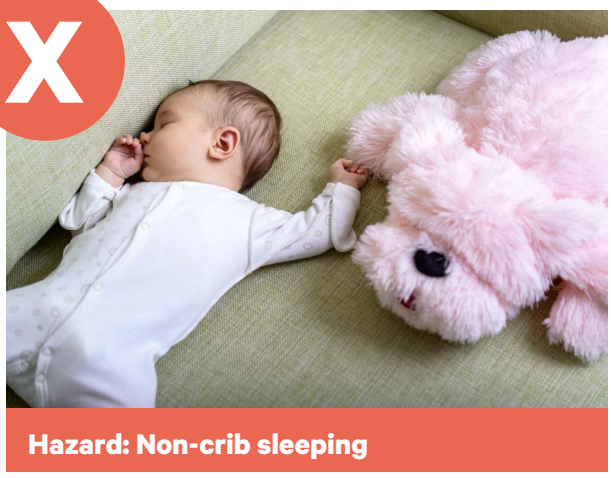
Or **88** infants were found on their stomach or side in their sleep space.



Hazard: Stomach sleeping

84%

Or **175** infants were found in places NOT approved for infant sleep.



Hazard: Non-crib sleeping

Number of infants found in each location:

140	**Adult bed**
18	**Couch/futon**
4	Inclined product
3	Carseat
10	Other

66%

Or **135** infants were sleeping with another person, increasing their risk of suffocation.

Hazard: Bed-sharing

93%

Or **190** infants were found with soft bedding in their sleep space.

Hazard: Soft bedding

Soft bedding includes pillows, quilts, comforters, sheepskins, blankets, bumper pads, plush toys or stuffed animals.

Hazardous infant products:

Hazard: Baby Loungers

6 infant deaths occurred in "baby loungers"

Hazard: Nursing Pillows

5 infant deaths occurred in U-shaped nursing pillows when used for propping up infants for sleep

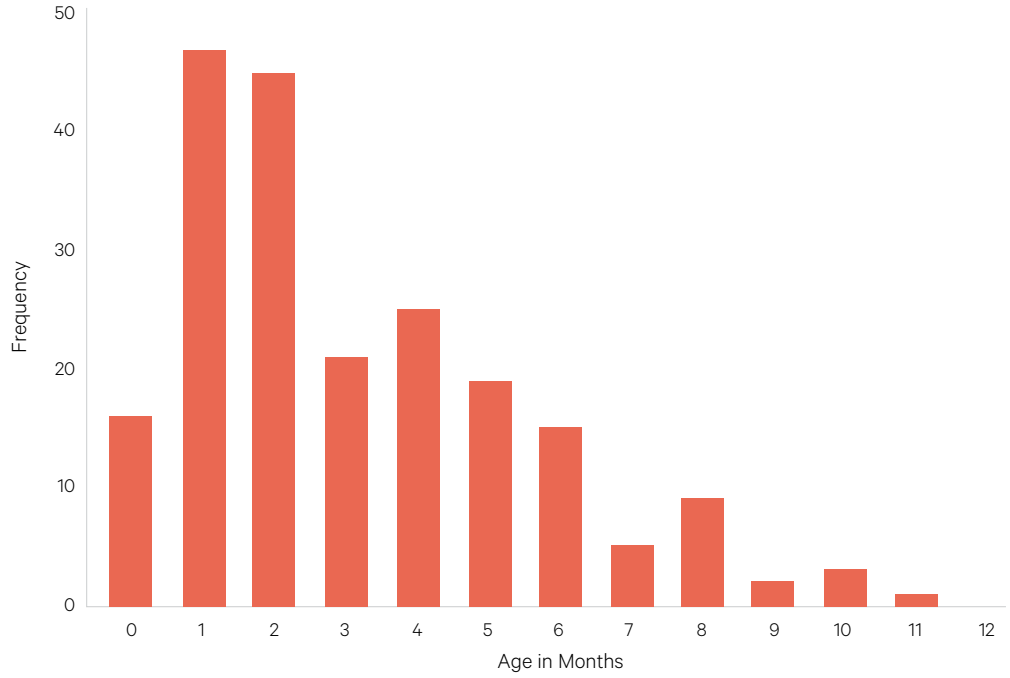
Sleep-Related Infant Deaths (208)

Demographics

Age

Though sleep-related infant death may occur anytime between birth and 1 year, 173 (83%) infants died before the age of 6 months with a peak between 1 and 2 months. There is a second, smaller peak at age 4 months.

Infant Age of Death

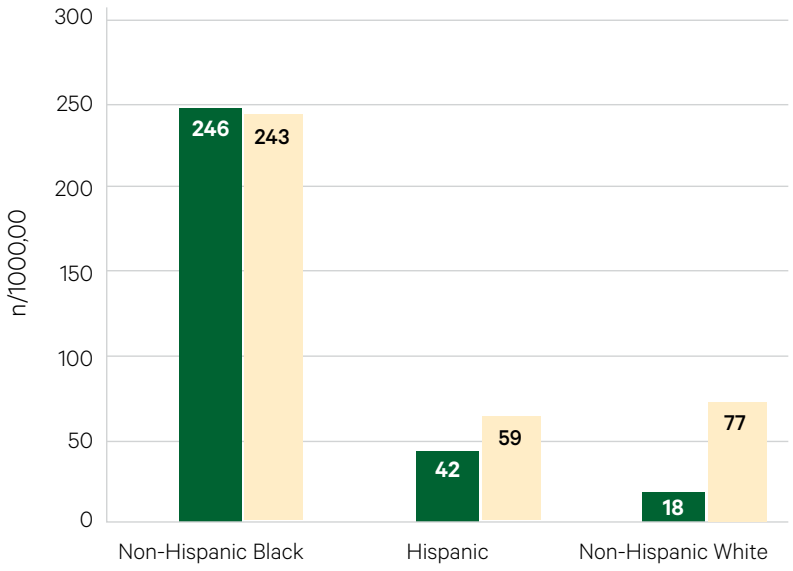


Race and Ethnicity

Nationally, SUID occurs more than three times as often among Black infants, and less often among Hispanic infants, as compared to white infants.

In Cook County, sleep-related infant death occurred 14 times more often in Black infants, and 2.3 times more often in Hispanic infants when compared with white infants.

Sleep-Related Infant Death Rate by Race and Ethnicity
Cook County, IL, 2019-2023



Sleep-Related Infant Death Disparities

	Cook County (2019-2023)			United States (2019-2023)		
	Black	Hispanic	White	Black	Hispanic	White
Sleep-related Infant Death	153	34	19	6,350	2,367	6,797
Births	62,259	80,846	103,528	2,608,132	4,012,944	8,801,561
Sleep-Related Infant Death Rate (per 100,000 live births)	246	42	18	243	59	77
Rate Ratio* *as compared to white infants	**14**	**2.3**	—	**3.2**	**0.77**	—

2 infants were multiracial.

Table: Cook County vs U.S. by race and ethnicity, 2019 to 2023. Note: U.S. data includes those infant deaths assigned an ICD-10 code of W75, R95 and R99, meaning this number includes both sleep-related and other sudden infant deaths of unknown or undetermined cause.

Sources: U.S. data from CDC WONDER, Multiple Cause of Death (final), accessed 4/3/25

Prematurity

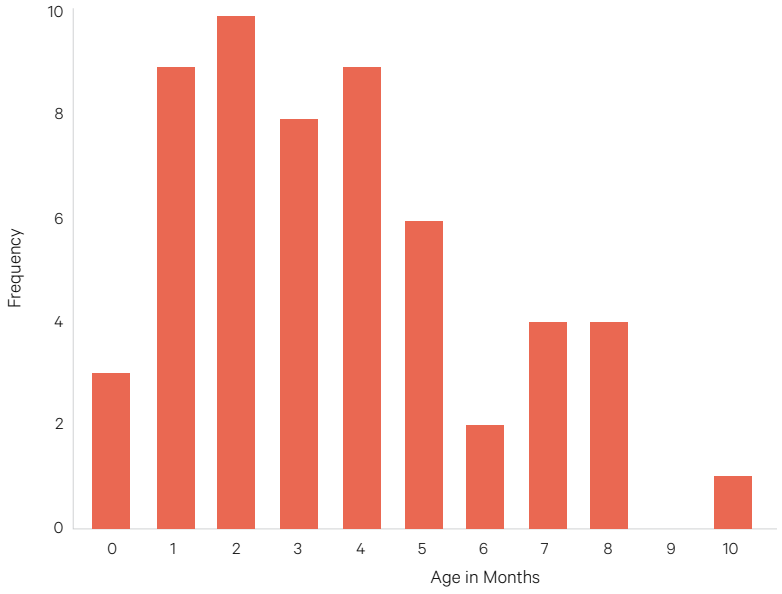
56 (27%) infants had a history of preterm birth, of whom 89% were Black. Prematurity increases an infant's vulnerability to sleep-related infant death.

The rate for preterm Black infants was such that 1 in 183 preterm Black infants died from sleep-related infant death during this time.

For both Hispanic and white preterm infants, the number of sleep-related infant deaths was < 5

Black Preterm Births (2019-2023)	
Sleep-Related Infant Death	50
Preterm Births	9,177
Preterm Sleep-Related Infant Death Rate (per 100,000 live preterm births)	545

Age of Death Among Preterm Infants (56)



Sleep-Related Infant Deaths (208)

Percentages of sleep-related infant death that occurred among infants with a history of:

Preterm Birth
27%

NICU stay
32%

Tobacco smoke exposure
18%

Parent experience of intimate partner violence
15%

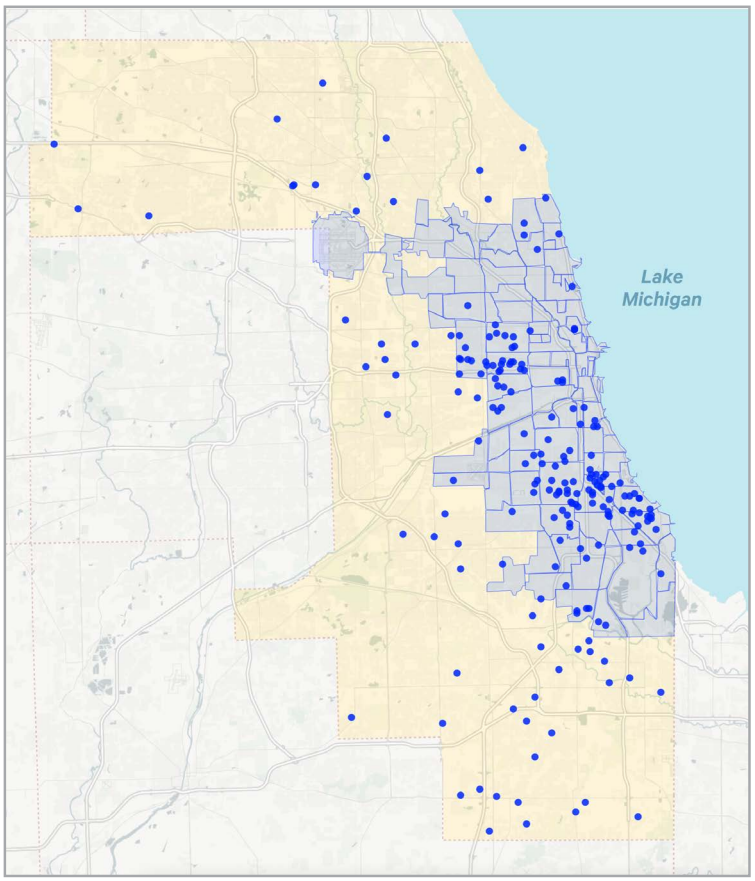
Parental substance use
29%

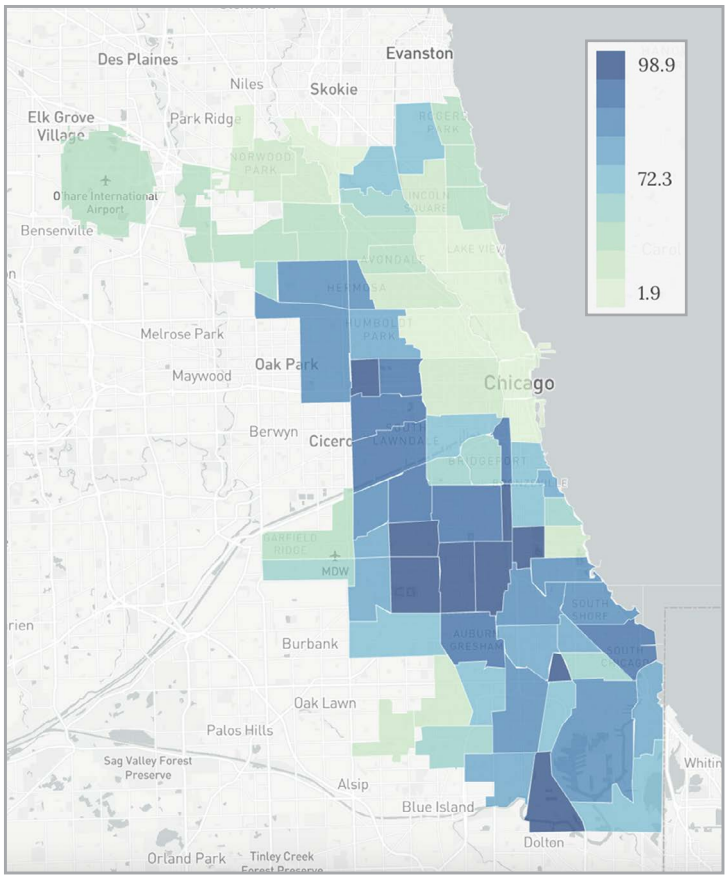
Geographic Distribution

Though sleep-related infant death occurs throughout Cook County, mapping cases reveal a clustering of sleep-related infant death on the city and county's West and South sides.

Map to the right:
Sleep-related infant death in Cook County, 2019-2023. Each circle represents a sleep-related infant death (208).

Chicago is represented in gray, while the yellow areas represent the remainder of Cook County.





Hardship Index

The Hardship Index is a composite score reflecting hardship in the community (higher values indicate greater hardship). It incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score that allows comparison between geographies. It is highly correlated with other measures of economic hardship, such as poor health outcomes.

Map to the left: Hardship Index by Chicago Community Area, 2019-2023.

Source: chicagohealthatlas.org/indicators/HDX

Community areas experiencing high hardship also experience a greater number of sleep-related infant deaths.

Temporary Stays (34)

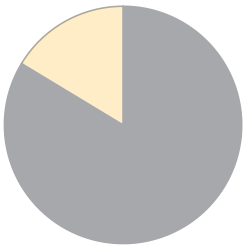
1 in 6

infants died while temporarily away from their usual home.

- These infants were older than infants who died in their usual home.
- They were less likely to be under their mother's care.
- They were less likely to have a crib available at the time of their death.

Temporary stay: 34

Usual home: 174



	Usual Home	Temporary Stay
Peak Age	1 – 2 months	4 months
Non-Hispanic Black infants	121 (70%)	32 (94%)
Caregiver: Mother	125 (72%)	14 (41%)
Caregiver: Non-parent relative*	9 (5%)	9 (35%)
No crib available**	42 (29%)	17 (59%)

*For infants under supervision of a relative; this variable was known for 171 'usual home' sleep-related infant deaths and 26 'temporary stay' sleep-related infant deaths.

**Crib availability was known for 144 'usual home' sleep-related infant deaths and 29 'temporary stay' sleep-related infant deaths.

All statistically significant differences ($p<0.05$)

Sleep-Related Infant Death Due to Suffocation (56)

Accidental suffocation was the cause of 56 sleep-related infant deaths in Cook County. Infants may accidentally suffocate if they smother in soft bedding like blankets, pillows or an adult mattress; if they are overlaid by an adult or another child; or if they become wedged between two surfaces like the bed and the wall. In these situations, an infant's airway is blocked or compressed, leading to asphyxiation.

The 56 suffocation-related deaths* in Cook County were the result of one or more of the following:

Soft bedding: 40

71%

Overlay: 6

11%

Wedging: 1

2%

Multiple mechanisms: 7

(2 soft bedding and overlay;
5 soft bedding and wedging)

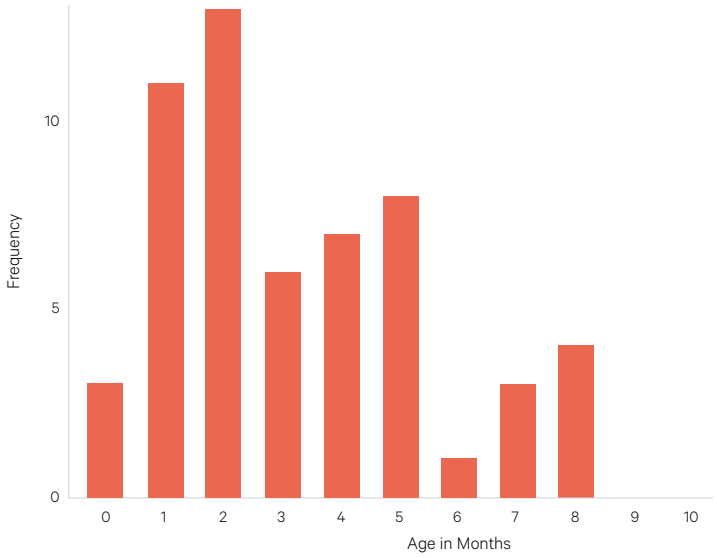
13%

Other: 2

(plastic products)

4%

Age Of Sleep-Related Infant Deaths Due To Suffocation



Mechanisms of Accidental Suffocation in Sleep-Related Infant Deaths*

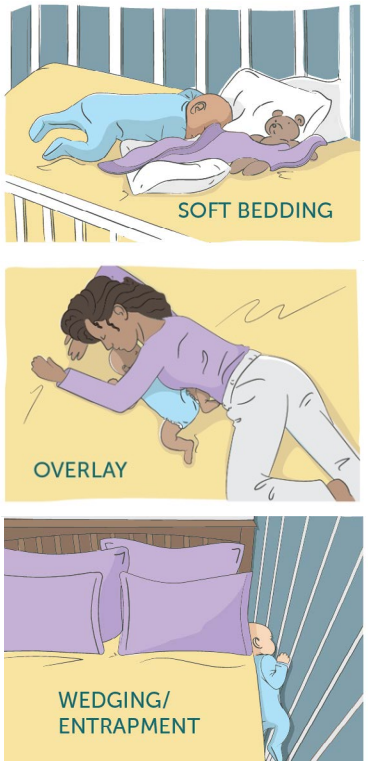


Figure: Mechanisms of explained or possible suffocation occurring in an unsafe sleep environment specified in the CDC SUID Case Registry classification system.

From: Eunice Kennedy Shriver National Institute of Child Health and Human Development, NIH, DHHS. Safe to Sleep: Definitions and Terms. Accessed August 21, 2025. https://safetosleep. nichd.nih.gov/about/terms.

*Percentages have been rounded.

One Family's Story

A 2-month-old infant, born at 33 weeks, was found unresponsive in bed with his father and older sibling. The father had just returned home from his night shift and took over the care of his infant son and 3-year-old daughter while their mother left for work. He fed the baby formula from a bottle and placed the infant on his back to sleep on a pillow in their adult bed. All three of them fell asleep. Approximately two hours later, the father woke up to find the baby not breathing and noticed that the baby's face was partially obstructed by the pillow. He called 911, and although resuscitation was attempted, it was unsuccessful. An autopsy of the baby did not reveal any natural cause of death. A death scene investigation found a crib in the home, but the father stated that the baby typically slept in their bed. The infant had been discharged from the hospital one month prior, after spending three weeks in the neonatal intensive care unit. The mother had recently returned to work.

Staged doll scene photo reenactment. Courtesy: Office of the Medical Examiner within Western Michigan University, Homer Stryker School of Medicine, Kalamazoo, MI.

Preventing suffocation

It is beneficial to talk to parents about how they can help prevent suffocation while their infant is sleeping. In the past, discussions around sleep-related infant death prevention have emphasized practicing safe sleep. Parents might wonder, "Safe from what?" These deaths are often perceived as a mystery. So why would following the ABCs protect their infant?

Through careful death scene investigation, many of these deaths are found to be a suffocation. Research indicates that the risks of suffocation — such as soft bedding, bedsharing, and sleeping on the stomach — are the same as those linked to sleep-related infant death from unknown causes. Therefore, **counseling specifically aimed at preventing suffocation** may resonate more effectively with parents, helping them better protect their infants.

Conclusions

From 2019 to 2023 in Cook County, 208 more families lost their infants to sleep-related infant death.
These infant losses occurred primarily in Cook County's West and South side communities and affected Black and Hispanic infants at rates 14 and 2.3 times that of white infants, respectively. Prematurity compounded sleep-related infant death risk for Black infants, such that 1 of every 183 preterm Black infants in Cook County died of sleep-related infant death. The peak age for sleep-related infant death was 1 to 2 months old, and 83% of sleep-related infant death occurred before an infant turned 6 months old.

In Cook County, almost all infants were found in unsafe sleep environments, and over one in four deaths were due to accidental suffocation. Bedsharing (66%), using sleep environments not approved for infant sleep (84%), and using soft bedding (93%) were very common among infant sleep environments. Nearly three out of four of infants (74%) who were not sleeping in a crib or bassinet had a crib or bassinet available in the home.

The SUID Case Registry allows for detailed examination of the circumstances contributing to sleep-related infant deaths. In this process, two critical patterns emerged: 1) the frequency with which these deaths occurred while the infant was temporarily away from their usual home, and 2) the frequency with which other social drivers of health were present among families who lost their infants.

Temporary Stays:
Nearly one in six infants died while temporarily away from their usual home. The peak age for these 34 infants was higher – 4 months old – as compared to infants who died in their usual homes. These infants were often still cared for by their parent; however, if their parent was not present, they were typically cared for by a relative. Temporary stay arrangements were less likely to have a crib available at the time of the infant's death. Temporary stays were prompted by various needs and circumstances and sometimes were clearly related to housing instability.

Domestic Violence and Substance Use:
Over one in seven sleep-related infant deaths occurred among families with a history of domestic violence, and over one in four sleep-related infant deaths occurred among families with a history of substance use. Families sometimes had system involvement, like case management or child welfare, while coping with these circumstances.

Layered risks:
These data offer insight into the layering of risk faced by families who lost their infants. When looking at preterm infants who died while temporarily away from their usual homes, we found other challenges frequently faced among these 13 families: five infants were one of twins, and multiple unsafe sleep factors [non-supine sleep (5/13,38%), non-approved sleep surface (13/13, 100%), bedsharing (11/12, 92%) and soft bedding (13/13,100%)] were involved. Bedsharing occurred most often on adult beds (12/13, 92%), which were shared by adults [10/13 (77%)], siblings [8/13 (62%)] or both adults and siblings [6/13 (46%)]. Ten families (77%) had a history of child welfare involvement. Six infants (46%) were in the care of non-parent supervisors when they died.

Partnering for Prevention

Cook County is the second most populous county in the country. With 5.1 million people, our county is widely diverse — culturally, racially, ethnically and socioeconomically. This rich diversity is marked by a deep history of interconnectedness, yet is also burdened by systemic decisions — both past and present — whose repercussions drive significant and often widening health disparities. Raising awareness regarding sleep-related infant death disparities, uncovering and addressing factors driving maternal-infant health disparities, and collaborating with public health, healthcare, human services, community-based organizations and families can help bridge our efforts to prevent sleep-related infant death. These are critical steps toward improving our collective understanding of sleep-related infant death frequency and risk in our communities, as well as the approaches that work to value, center and support families in safe sleep that respects the real circumstances of their lives.

CPASS Chicago: Engage, Equip, Empower

In 2022, the Cook County SUID Case Registry team established Community Partnership Approaches for Safe Sleep — Chicago, or CPASS Chicago, as its prevention arm. Housed at Rush University Children's Hospital, CPASS Chicago connects with families in their communities and starts conversations about sleep-related infant death and safe sleep with parents and those who support them.

Under the leadership of Felicia Clark, a former infant death scene investigator for the Cook County Medical Examiner's Office, CPASS Chicago creates a safe place for open discussions about the barriers to safe sleep, including the real and often challenging circumstances that affect families every day.

At community baby showers, resource fairs, neighborhood events and more, the CPASS team listens and educates about sleep-related infant death in communities, empowering parents to lead the way to safer sleep.

Salem Baptist Church, Citywide Baby Shower, Roseland community, Chicago

Community outreach led by Felicia Clark, Prevention Coordinator for CPASS Chicago

Partnering with Family Focus, Chicago Birthworks Collective, Proviso Township Ministerial Alliance Network and Sinai Community Institute, CPASS Chicago shares, learns and strengthens its collective approach to engaging, equipping and empowering families to protect their infants during this most joyful yet stressful and vulnerable age. The partner groups join in each other's gatherings and events with a common goal: to promote the positive and protective influences our partners provide among our families and communities. The partners raise awareness about the steps families and those who support them can take to prevent sleep-related infant death. The more we talk about it, the more we learn about it, which in turn unlocks new approaches to prevent sleep-related infant death.

On Left: Rush University Children's Hospital Safe Sleep Carnival, October 2024
On Right: SUID and Domestic Violence Awareness Month Resource Fair, Shine Bright Community Center, October 2024

Meet our CPASS Chicago Partners

Chicago Birthworks Collective

Chicago Birthworks Collective aims to empower families towards positive and improved birth outcomes through a collaborative maternal wellness model. The model engages doulas, lactation professionals and maternal wellness practitioners to provide education, direct care and community support.

"We're proud of our organization's consistent innovation in finding immediate solutions for the needs of our families," says Toni Taylor, co-founder, Chicago Birthworks Collective. "We've built a very robust community care model that provides high-quality, low- or no-cost maternal wellness care to a variety of parent populations across Chicago, all while maintaining the integrity of our care model. We have also continued to bring new partners and resources into direct relationships with our families."

The role of Chicago Birthworks doulas, as part of the larger maternal wellness community, is to enhance the holistic wellness and overall well-being of parents and their babies. By providing safety, direct education, and resources to explore safe sleep practices and SUID prevention, we are committed to improving long-term family health and wellness outcomes.

"The CPASS community has been nourishing for us as an organization," says Taylor. "It has allowed us to approach this work as human beings first. Our meetings are consistently positive and focused on people, which enables us to engage fully in our work and reminds us to bring our whole selves to other aspects of supporting families. Our time with CPASS has truly empowered us to see ourselves as capable of combating SUID in our immediate and state-wide communities."

Family Focus

Family Focus invests in strengthening families and their children in Chicago and Northeastern Illinois, enabling them to build social capital and achieve upward economic mobility through high-quality, innovative programs and services grounded in anti-racism and social justice. The vision of Family Focus is for families and children, in and with their communities, to maximize their full potential and live fulfilling, healthy and meaningful lives.

"From an agency standpoint, I am proud that Family Focus not only provides high-quality services, as evidenced by multiple early childhood development (ECD) programs receiving Blue Ribbon status for excellent home visiting services, but also embraces inclusivity in how we support our participants and communities," says Darren Harris, program and center director, Family Focus.

A large portion of programming provided by Family Focus is rooted in early childhood development. SUID prevention aligns congruently with keeping children safe and ensuring that these children progress in life, and live healthy lives.

"Being part of the CPASS work has been critical to the ECD programming because it has furthered our staff's education in SUID, positively impacting the participants we serve," explains Harris. "Subsequently, our participants are more informed on safe sleep practices, which helps their children grow healthy and in a safe environment."

Proviso Township Ministerial Alliance Network (PTMAN)

PTMAN is a faith-based coalition committed to community transformation, actively working across 17 municipalities in West Suburban Cook County and Chicago's West Side. Its vision is to bridge the communication gap between its communities and all those who are elected or serve the community at large with sustainable contributions of resources that are congruous with community prosperity.

PTMAN partnered with CPASS in 2022 to disseminate the CDC SUID Case Registry findings across its communities, particularly in areas disproportionately impacted by SUID. Through authentic engagement, PTMAN and CPASS co-hosted community events, shared culturally relevant educational materials and co-developed resources that elevated community voices. The partnership expanded further through the Cook County Department of Public Health (CCDPH), whose staff bridged public health and community networks to integrate SUID awareness into nurse home visits. CCDPH's connection also led to a capacity-building collaboration with PASO, a social justice organization, which resulted in community-led "Cafecitos" and train-the-trainer safe sleep sessions. These initiatives represent a sustainable and strategic model of public health engagement that prioritizes SUID prevention in a visible, trustworthy, and community-led manner.

"Our collective work is intentional and culturally grounded with communities that traditional public health systems have historically overlooked," says April Tolbert, PTMAN urban health and wellness director and CCDPH educator. "PTMAN and CCDPH's involvement in SUID prevention through the CPASS initiative directly aligns with our broader goals of reducing health disparities and advancing maternal and child health equity. By leveraging trusted community and faith-based partnerships, we've made SUID prevention visible, relevant, and responsive to the lived experiences of families across West Suburban Cook County and Chicago's West Side. Being part of CPASS means uplifting community wisdom, amplifying underrepresented voices and building sustainable networks of care. It reflects our shared commitment to transforming data into action and honoring the power of authentic relationships in saving lives."

PTMAN Urban Health and Wellness Director and CCDPH educator April Tolbert (fifth from right) presents Felicia Clark, CPASS prevention coordinator, (second from right) with the PTMAN Unsung Servant Community Award.

Sinai Community Institute

Sinai Community Institute (SCI) has a history of developing effective community-based health and social service programs to improve the health and well-being of its clients, addressing social, economic and environmental factors. Each year, approximately 14,000 families benefit from SCI's services, which cater to individuals from infancy to adolescents to adults.

"SCI takes a collaborative approach to serving our families and communities," says Laura Leon, SCI program coordinator. "Our partnership with CPASS has provided us access to safe sleep resources and clinical experts, as well as current data and strategies to better serve our communities. SUID prevention aligns with our work, especially our case management program that serves mothers and babies."

Top left: Laura Leon, SCI Program Coordinator; Vickie Biosah, SCI Supervisor; Ngoze Ezike, MD, President and CEO, Sinai Chicago; Karen Powell-Frost, SCI Program Manager; Maria Mejia and Patricia Daniels, SCI Early Childhood Development Program. Bottom left: Sinai Community Institute's #ClearTheCrib challenge

Birth Hospitals Outreach

Healthcare providers hardly ever hear about the infants they cared for who subsequently died from sleep-related infant death. In January 2024, the Birth Hospitals Outreach learning community was established to bring hospital-specific SUID data back to the Cook County birth hospitals that cared for these infants.

Led by Christie Lawrence, DNP, RNC-NIC, APN/CNS, Birth Hospitals Outreach reached 19 Cook County birth hospitals, sharing hospital-specific rates, numbers, and case reviews of over 150 SUID cases. This initiative aims to inform perinatal providers and educators as they examine and improve their SUID prevention policies and practices while participating in the Illinois Perinatal Quality Collaborative's Equity and Safe Sleep Initiative (ESSI).

Hearing about the circumstances surrounding sleep-related infant deaths is both humbling and humanizes the data. These conversations help us learn from each other across several key areas that are essential for ensuring families practice safe sleep after discharge. Addressing the issues can both strengthen the safe sleep message and address what's getting in the way of safe sleep - reducing our infants' risk for sleep-related infant death:

- Are we modeling safe sleep while families are in our care?
- Have we explored and addressed any barriers to safe sleep?
- Are cribs or bassinets made available to families who don't yet have a safe sleep space for their infant?
- Is everyone who may care for the infant involved in safe-sleep education?
- Does our safe-sleep education include why safe sleep matters, specifically in preventing accidental suffocation?

What birth hospital providers have to say about Birth Hospitals Outreach.

"This was really eye-opening. Hearing the cases puts the whole thing in perspective. It brings [sleep-related infant death] from the back of mind to the top of mind. That's what needs to happen with providers."

Christie Lawrence, Birth Hospitals Outreach Coordinator

Safe Sleep in Shelters

Families in shelters are particularly vulnerable to sleep-related infant death, where shared spaces, bedsharing, and soft bedding are common, layered risks for sleep-related infant death.

In December 2023, following a surge of new arrivals to our city's emergency shelter system, the Cook County SUID Case Registry team partnered with the Chicago Department of Public Health (CDPH) and the Department of Family Support Services (DFSS) emergency operations system to develop Guidance for Safe Sleep in Shelters. The guidance was disseminated to shelter staff, who were encouraged to:

- Ensure that families with infants who are under 1-year-old have a portable crib or bassinet.
- Implement "safe sleep rounds" by meeting with sheltered families with infants under 6 months old, the highest risk age group, to assess their infant's sleep environment and provide guidance and resources to help families prevent sleep-related infant death.

In partnership with Lawndale Christian Health Center and Ronald McDonald House Charities, the team supported safe sleep education groups. The groups provide a welcoming and safe place for families to share their experiences and the realities of caring for their infants. Participants learn what gets in the way of safe sleep, what we have learned about sleep-related infant death in Cook County and common concerns regarding infant safety and protection.

While families in shelters may face significant challenges, engaging them in conversations about sleep environment hazards can help them take steps to reduce or eliminate these hazards, lowering their infant's risk for sleep-related infant death.

> The session opened with a question: "What would you be willing to share about how you and your family sleep at night?"

"I'm nervous to say this out loud, but this is my truth. I have twins, and we all sleep together. I have one baby sleeping on my chest, and the other baby lying beside me. When one wakes, I wake the other so they both can eat, and hopefully, we three can sleep," one mom said. Families nodded along, acknowledging the difficulty and exhaustion of caring for twins.

Another mom joined the conversation. "I have the crib there by my side, but the baby never sleeps in it. We share our room with another family, and we don't want to wake everyone with a crying baby, so we sleep in a way that keeps them quiet all night—together," she said.

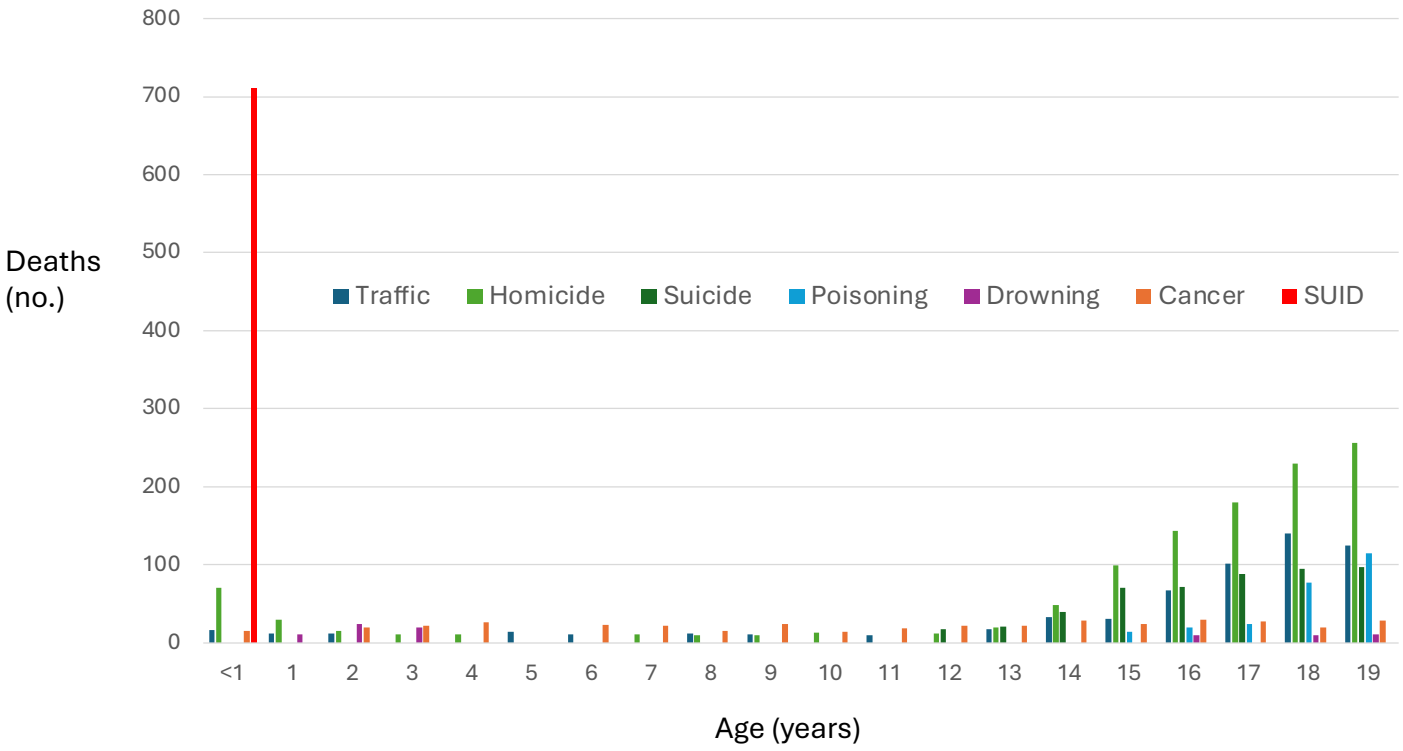
Left; Hope Vaughn, Social Worker, (front) and Gloria Valiente, MD, from the Lawndale Christian Health Center (back). Middle: A father participating in the #ClearTheCrib challenge. Right: Gina Lowell, MD; Felicia Clark; Kyran Quinlan, MD, and Gloria Valiente, MD discussing safe infant sleep with families in shelter.

Risk Perception

Because these deaths never "make the news," parents and those who support them may not have a healthy fear that this may happen. Other child deaths like shootings, car crashes, fires and drownings make the news regularly and parents take action to protect their children as best they can. The risk of sleep-related infant death in the first year of life is far higher, however, when compared to other causes of death parents may worry about.

Deaths by Cause and Child Age

Illinois 2018 - 2023*



This chart shows the leading causes of death by age in years to Illinois children from 2018 to 2023. Each of these deaths is a tragedy, and the multiple efforts to stem this loss of life is absolutely necessary. The same level of awareness, resources and effort invested in preventing these leading causes of death must also be applied to preventing sleep-related infant death.

**Data Source: CDC WONDER*

Providers:

For clinicians, our perception of the risk of sleep-related infant death is severely hampered by the following factors:

- Whether we work in a birth hospital or outpatient clinic, we often do not hear about the infants we cared for who subsequently died this way.
- Sleep-related infant deaths rarely receive media attention.
- As a result, dedicated and caring clinicians tend to underestimate the true frequency of infants dying in their sleep, which limits our ability to counsel families effectively to help prevent these deaths.

Parents:

Parents who have lost a baby may have no personal or social network to share the experience of losing a baby in a sleep-related death, and these tragedies are not reported in their community or in the news. Families may be reluctant to discuss their loss openly; their grief may be too profound to share what happened. Parents may experience feelings of guilt, self-blame and even fear of mistreatment from others who might blame them for their baby's death. Given the limited awareness and exposure to the reality and frequency of these deaths, it makes sense that this leading killer may not feel like such a threat to parents. How could they know?

If parents knew how often sleep-related infant deaths happen, it might help them feel they should take every measure to ensure their precious infant is protected.

The following feedback is consistently shared with the CPASS team when they present their safe sleep video at community outreach events:

- "To realize that Black infants have a higher rate of dying by sleeping with adults is eye-opening. This has opened my eyes to the importance of having my child sleep in her own bed when she arrives."
- "I didn't know this was common within our community."
- "I'm a first-time mom and planned on sleeping with my baby in my bed, but now I see that it's not safe. This helped me to understand the danger of sleeping with my baby. Thank you."
- "I'm able to hear the point of view from a parent who has lost her child due to unsafe sleeping. This video has now alerted me to what not to do with my baby, and how I can avoid unsafe sleeping."

"I was definitely one of the people who thought it could not happen, until it happened to me," said Destiny of losing her son Kaiden in a sleep-related infant death. Watch the video linked on the right to hear Destiny and Kaiden's story and learn safety tips from experts.

"As we meet with people and share Destiny and Kaiden's story, and the data from our case registry, we engage, equip and empower them to practice safe sleep and share it with others. We are not helping by withholding or leaving out difficult facts. We have to hold courageous conversations saturated with compassion with families and caregivers."

Felicia Clark, CPASS Chicago

Scan the QR code to hear Destiny and Kaiden's story and learn safety tips from experts

rush.edu/suid

Resources

Chicago Resources

CPASS Chicago joins trusted community partners to share safe sleep guidance and resources at fairs, events, parent groups and more. If you would like CPASS Chicago to join an event in your community or to inquire about our safe sleep training for staff, please contact our Prevention Coordinator Felicia Clark at feliciaclark798@yahoo.com.

Lurie Children's Hospital Safe Sleep Program places a strong emphasis on individual education and offers a Safe Sleep Ambassador training for laypeople and partners on the impact of unsafe sleep practices in our Chicago community. During the training, ambassadors are educated on the risks associated with unsafe sleep practices, recommendations from the American Academy of Pediatrics and how to build trust to deliver the message to families.

For more information contact Dominique Johnson at djohnson@luriechildrens.org.

Family Connects Chicago is a public health, nurse home visit service available to Chicago families with newborns. Currently in its final phase of expansion, Family Connects Chicago is led by the Chicago Department of Public Health in partnership with Chicago birthing hospitals and Regional Alignment Boards anchored at Everthrive IL, Sinai Community Institute, Sinai Urban Health Institute and Metropolitan Family Services to provide a comprehensive spectrum of in-home support, guidance and connections to resources that offer family support inclusive of safe sleep guidance and resource support. https://www.chicago.gov/city/en/sites/onechifam/home/family-wellness/family-connects.html

For more information, please contact Family Connects Chicago at fcc@cityofchicago.org.

The Fetal Infant Mortality Review (FIMR) study in Chicago is a community-based approach to identifying services and support system issues families experienced that may have contributed to fetal and infant losses. In addition to ensuring family access to grief and bereavement services, FIMR Chicago interviews families who have lost an infant, analyzes those experiences, and makes system recommendations to promote better outcomes in the future. FIMR's Interdisciplinary Community Action Team works to create meaningful change by addressing gaps in services and programs, and advocates for supportive policies. https://www.fimrchicago.org/

The Fussy Baby Network provides in-home or virtual support from infant developmental specialists, who support families struggling with infant crying, feeding and sleeping. erikson.edu/fussy-baby-network/

Regional resources

Illinois' Home Visiting programs support healthy, thriving pregnant and parenting families with young children through support services that include parent coaching, education and connections to infant and early childhood health and early learning resources. Home Visiting programs routinely incorporate safe sleep education for families with infants, and the Illinois Maternal Infant Early Childhood Home Visiting program has supported infant safe sleep through the development and tracking of safe sleep benchmarks since 2018. igrowillinois.org

SIDS of Illinois, Inc., is committed to helping Illinois families who have lost a baby under the age of 1 year, regardless of cause or manner of death, as well as providing gentle, culturally appropriate, and accessible safe sleep education to all families to lower sleep related deaths in Illinois. sidsillinois.org

Illinois Safe Sleep Support is a program for families in Illinois to learn about the safest ways for their babies to sleep, get answers to their sleep safety questions and access to items they need to keep their babies safe. https://www.dhs.state.il.us/page.aspx?item=146357

National Resources

American Academy of Pediatrics Safe Sleep Toolkit: https://www.aap.org/en/patient-care/safe-sleep/

American Academy of Pediatrics policy statement: Find the latest recommendations for infant sleep from the AAP's Task Force on SIDS. bit.ly/aap-policy

Charlie's Kids Foundation, established on what would have been Charlie Hanke's first birthday, honors his memory and prevents other parents from experiencing sleep-related infant death loss. The foundation combines medical expertise and personal experience to educate parents and the medical community about safe sleep practices. It offers simple, short videos in English and Spanish that explain safe sleep for babies.

- charlieskids.org/our-videos/
- Order books: charlieskids.org/order-books/

Cribs for Kids: Find cribettes and safe sleep education resources for families in your communities, as well as information on how to become a safe sleep champion at this resource for health care and community providers. cribsforkids.org/

Healthychildren.org: Find information on your infant's sleep concerns from this American Academy of Pediatrics web resource. healthychildren.org/English/ages-stages/baby/sleep/Pages/default.aspx

Safe to Sleep: Find education resources and campaign materials at this National Institutes of Health web resource for organizations. safetosleep.nichd.nih.gov/

Left: Kimberly Rowe, SIDS IL; Felicia Clark, CPASS Chicago. Right: Christie Lawrence and Felicia Clark, providing a safe sleep demonstration at the Rush Adolescent Family Center's Community Baby Shower, May 2025

The data in this report are from the Sudden Unexpected Infant Death-Case Registry (SUID-CR) system for Cook County, which is housed at Rush University Medical Center in close affiliation with the Cook County Medical Examiner's Office. The details of each case are extracted from the Medical Examiner's Lablynx data system. The categorization of each case with regards to cause (e.g., suffocation, possible suffocation or undetermined with unsafe sleep factors) was determined in a CDC-defined process during the discussion of the case at the Child Death Review.

There were 222 SUID in Cook County from 2019-2023. This report focuses on the 208 sleep-related SUID that occurred during this time.

Throughout this report, percentages are reported for those sleep-related infant deaths for which the variable was known.

For more information, please email Rojin Ahadi, MPH, at seyedeh_r_ahadi@rush.edu.

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Left to right: Felicia Clark, Rojin Ahadi, Meredith Reynolds, Gina Lowell, Christie Lawrence, Kyran Quinlan. Not pictured: Sumihiro Suzuki

We extend our deepest gratitude to the 222 Cook County families who lost their treasured infants. Their willingness to participate in the investigations into the causes of these tragic deaths has been invaluable. Without their contributions, we would not have gained a thorough understanding of the circumstances surrounding these losses, which is essential for preventing similar tragedies in the future.

rush.edu/suid