

Taking steps to protect babies where and how they sleep

INFANT SLEEP SAFETY

When we have insights into a problem, we can address it more confidently and effectively. Health care providers, community-based organizations, parenting groups, and others who work with families can use information from the Maternal and Child Death Review Commission to promote safer sleep environments for babies.

Nationwide, about 3,500 infants die suddenly and unexpectedly each year before their first birthday.¹ In Delaware, a multidisciplinary team of experts--the Sudden Death in the Young (SDY) panel--methodically reviews each case of sudden, unexpected infant death to find ways that similar deaths could be prevented. In about 8 in 10 of these deaths, unsafe sleep conditions were part of the chain of events. This brief offers a 5-year analysis of 43 sudden, unexpected infant deaths related to unsafe sleep conditions in Delaware. These cases were reviewed by the SDY panel between 2020 and 2024.

About one infant dies every month in Delaware due to unsafe sleep conditions.



Over the past five years, the number of annual infant deaths related to unsafe sleep has ranged from 9 to 14.

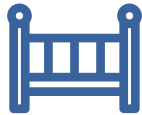
Place of death

48%



of infants were sleeping in an adult bed with other people, blankets and pillows present

24%



of infants were in a crib or basinet with a blanket or other soft item around them

14%



of infants were on a couch or chair, often with another person

83%

of homes had a **crib or basinet present** at the time of death that was either not being used or contained items that made it less safe for the baby.

63%

of unsafe sleep deaths involved **Black babies**, a higher than expected proportion given that they make up 28% of babies born in Delaware.²

The younger the baby, the higher the risk

Based on the age of the infants who died, as shown in this graph, providers and community partners who work with families should be discussing infant safe sleep in the prenatal period and as soon as a baby is born.

56%

0-3 months

28%

4-6 months

16%

7-12 months

Most times an infant was put on their back to sleep, in keeping with safe sleep guidelines. Few cases involved an adult falling asleep while feeding the infant, and this risk was even lower for falling asleep while breastfeeding.

The most common risk factor present was the caregiver being harder to awake due to the use of alcohol, marijuana or other drugs. In 44% of cases, this was associated with an unsafe sleep death, and this risk increased to 60% of cases when considering only those scenarios in which the adult was sleeping next to the baby at the time of death.



67%

of infants were put to sleep on their back



12%

of the time the caregiver fell asleep while feeding the infant, most often by bottle



44%

of caregivers were impaired by alcohol, marijuana or drugs at the time of the death

Some conditions that put babies at risk can be modified.

90%



of infants were sleeping with **pillows, blankets** or other soft items around them

46%



of infants were exposed to **secondhand smoke**

56%



of infants were sleeping next to **another person**, either an adult or child



A family may be dealing with **chronic and multiple stresses** that affect how and where their baby sleeps. Some of the recurring issues identified in case reviews include:

1. **Unstable or overcrowded housing conditions.** For instance, some families were sleeping at a relative or friend's home when the infant death occurred.
2. **Gaps in health care.** Some families lacked regular access to prenatal or pediatric health care, which could have delayed identifying an issue affecting the baby's health and discussing the family's sleep environment.
3. **Household or family challenges.** Some families had a history of domestic violence, substance misuse, or other risks leading to involvement with the child welfare system and/or the criminal legal system.

33%

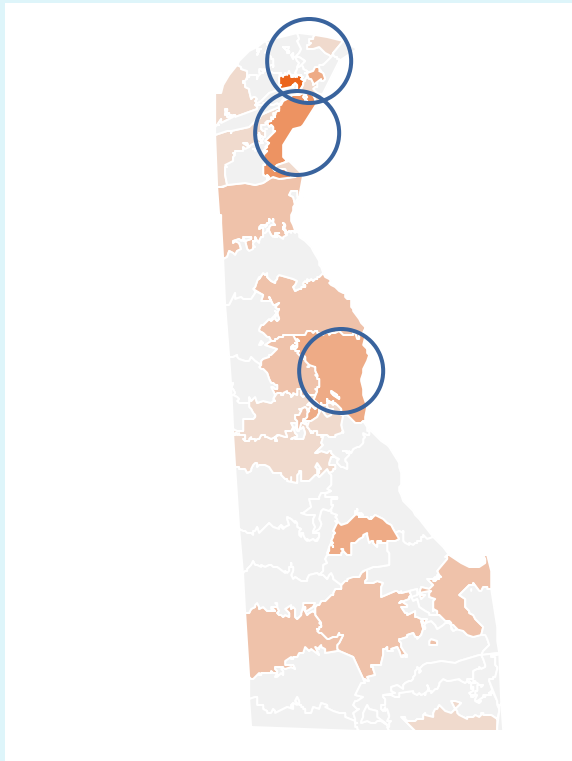


of homes where a death occurred were overcrowded



For more information, please visit the MCDRC website at <https://courts.delaware.gov/childdeath/>.

The Delaware MCDRC
REVIEW & PREVENTION
OF MATERNAL AND CHILD DEATHS



Infant deaths from unsafe sleep conditions are concentrated in "hot spots"

This "heat map" shows zip codes where sleep-related deaths occurred, with darker shades representing a higher count of deaths.

Infant deaths from unsafe sleep conditions are concentrated in "hot spots" like the City of Wilmington, which accounts for 29% of sleep-related deaths in Delaware despite only 8% of babies born in the state residing there. New Castle and Dover were other areas with 4 or more sleep-related deaths.

Community level risk factors overlap with "hot spots" for unsafe sleep deaths.

The places we live affect health in many ways. Past discriminatory housing policies set residential segregation patterns – and help to explain why Delaware’s majority-Black communities today face heightened hazards known to affect infant health.

- Discriminatory lending and investment in Black neighborhoods limited opportunities to build wealth through business or home ownership, contributing to Wilmington's poverty rate being twice as high as Delaware's.³ Persistent financial strain can cause stress and stress-related health issues.
- I-95 construction exacerbated redlining by damaging these neighborhoods and exposing nearby residents to increased pollution.⁴ Air toxins and particulate matter can harm people’s lungs and hearts, causing or compounding health problems before, during, and after pregnancy.
- Lack of investments to update or renew housing stock can expose people to environmental hazards like lead paint, which is dangerous for children at any level.
- Residential areas in Wilmington are saturated with stores that sell, advertise, and discount tobacco products, increasing exposure to tobacco smoke.^{5,6} There is no safe level of exposure to secondhand smoke and it can be especially dangerous to infants.

¹Centers for Disease Control and Prevention. Sudden Unexpected Infant Death and Sudden Infant Death Syndrome. Accessed at: <https://www.cdc.gov/sudden-infant-death/data-research/data/index.html> on June 30, 2025.

²Delaware Health Statistics Center. Delaware Vital Statistics Annual Report 2022. Accessed at <https://dhss.delaware.gov/dph/hp/annrepvs/> on July 7, 2025.

³US Census Bureau. Wilmington profile. Accessed at https://data.census.gov/profile/Wilmington_city,_Delaware?g=160XX00US1077580 on September 4, 2025.

⁴Brooks MM, et al. Mapping cumulative risk in Delaware: approach and implications for health equity. *J Public Health Manag Pract*, 2024. 30(3):E112-E123.

⁵Pearce M, et al. Smoking and tobacco retail density among neighborhoods in Delaware. *Delaware J Public Health*, 2019. 5(1): 40-48.

⁶Bourke J, et al. Policy recommendations for reducing tobacco exposure for youth and adults in Wilmington, Delaware. *Delaware J Public Health*, 2022.



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Key takeaways for working with families of newborns and infants

- Have in-depth and open conversations with families to explore **routines and circumstances** that affect when, how, and where babies sleep. Data from Delaware shows that most families whose infant died in sleep had a crib in the home but were either not using it at the time or had pillows or blankets in the crib. Most caregivers who lost a baby to unsafe sleep also reported placing their baby on their back to sleep. These findings point to a need to expand on tried-and-true sleep education like ABC (Alone, on their Back and in a Crib). Explore how families might best manage common scenarios--like middle-of-the-night wakeups, or the desire to feel close to their baby--in ways that reduce risks.
- The risk of sleep-related infant death is greatly increased for babies who share a bed with someone who is harder to wake up because of fatigue, medications, or use of alcohol, marijuana, or other drugs. To prevent and reduce infant deaths from unsafe sleep, we can connect families to programs that offer **treatment for health conditions that deepen sleep, nicotine dependence, substance use disorders, or other issues that might make the caregiver harder to rouse.**
- Families under chronic stress could benefit from **referrals for extra supports** to address their most pressing needs. When families are overloaded with stress, decision-making can be weighed down. Services that offload financial pressures can allow families to move forward with safe decisions about sleep.

Connect families to resources that reduce risks of death from unsafe sleep, including:

1. You can let the **Crib for Kids program** know about a family who needs a portable crib at any time by calling (302) 255-1760 or emailing Courtney.Rapone@delaware.gov.
2. More adults who use tobacco want to quit, but many may not realize that there is no safe level of exposure to secondhand smoke and that fumes from "vapes" contain toxic chemicals. Also, smoke lingers on clothes and hair, so it is really hard to reduce secondhand smoke exposure without being truly smoke-free, the "S" in the ABC'S of safe sleep. The **Delaware Quitline** (1-866-409-1858) offers free coaching, nicotine patches, and other resources that make it seven times more likely that a person who wants to quit smoking can quit for good.



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