Sudden Unexpected Infant Deaths in Nevada

In 2023, Nevada's Sudden Unexpected Infant Death (SUID) rate was 147.8 per 100,000 live births, compared to the national SUID rate of 98.1 per 100,000 live births, largely driven by unsafe sleep-related incidents.[1]

In the same year, 23 of 64 accidental child deaths in Clark County were reported and categorized as suffocation deaths. All but one were under 1 year old. (see table below).[2]

Accident child deaths in Clark County, NV in 2023 by age category and injury cause						
	Under 1 year	1 to 4 years	5 to 9 years	10 to 14 years	15 to 17 years	Total
Suffocation	**22**	1	0	0	0	**23**
Motor vehicle traffic	1	3	3	3	11	21
Drowning	3	5	2	0	1	11
Poisoning	1	1	1	0	1	4
Other injury	1	0	1	0	0	2
Natural/environment	1	0	0	1	0	2
Fall	0	0	0	0	1	1
Total	29	10	7	4	14	**64**

To better understand barriers to adopting safe sleep practices, the Southern Nevada Health District (SNHD) conducted listening sessions with parents[1] in Clark County in 2024. Participants discussed knowledge and perceptions of safe sleep, social and cultural influences, interactions and information shared by healthcare professionals, social media influence, overnight feeding and sleep practices, and challenges related to returning to work. The listening sessions revealed that awareness and understanding of the American Academy of Pediatrics (AAP) safe sleep recommendations vary widely, with many participants reporting limited knowledge. Addressing these gaps and identifying supportive strategies are critical to reducing SUID rates.

What We Know

The American Academy of Pediatrics (AAP) recommends the following practices to reduce sleep-related infant deaths:

- Lay infants on their back to sleep, in their own sleep space, without bed sharing[3]

[1] This term is used throughout this document to include other caregivers such as grandparents, foster parents, etc.

- Use a crib, bassinet or play yard with a firm, flat mattress or surface with only a fitted sheet —no other loose blankets, pillows, bumpers or toys[3]

Sleep-related deaths are most common within the first six months after birth,[4] though risk varies based on sleep environment and infant age.[5] Overlay deaths —defined as suffocation that occurs when an adult, child or a pet rolls onto an infant during sleep—pose a risk beginning at birth and peak at two months. [5] Soft bedding-related deaths, involving items such as pillows, blankets, stuffed animals or surfaces like adult beds and sofas, are also a risk at birth and peak at three months.[5]

Key Findings That Impact the Use of Safe Sleep Practices

Access to Paid Leave

In Nevada, about 1.2 million employees (about 75%) lack access to paid parental leave.[6]

Nevada does not have a statewide paid parental leave program, and access is limited to certain public employees who meet specific eligibility criteria.[7] Even when accounting for the federal Family and Medical Leave Act, 66% of Nevadans are not eligible for unpaid leave.[6] The early postpartum period is a critical time for bonding, feeding and establishing safe sleep routines. During this stage, parents often rely on shared responsibilities and consistent routines to support infant safety. Returning to work within the first few weeks or months after birth may disrupt these routines and introduce additional caregiving challenges.

During discussions about returning to work early in the newborn phase, participants described several related challenges, including changes in sleep schedules and feelings of guilt.

Participants raised concerns about getting enough sleep to be able to function at work while also maintaining safe sleep practices. Many described an internal conflict between sharing a bed with their infant for easier nighttime feeding —which increases safety risks—or waking frequently to feed and returning the infant to a separate sleep space, which can increase fatigue.

Some participants also expressed discomfort with leaving their infant in the care of another caregiver while they were at work.

(Insert quote highlight: “There's a guilt and shame that comes in with being a working parent, and I went back to work pretty quickly after both of my infants.”)[8]

Additionally, providing human milk —which is associated with reduced risk of SUID/SIDS[5]—may be affected due to an early return to work. For those eligible for FMLA, three months of job-protected leave does not align with the AAP and Healthy People 2030 recommendation to exclusively feed human milk for the first six months.[9]

Current Nevada policies support reasonable breaktimes for nursing mothers to express breastmilk, however, these protections do not apply to employees of smaller companies (fewer than 50 employees) and do not require compensation for break time. [10]

This may create additional stress and potential stigma for employees who need to express milk multiple times during the workday. In 2025, 45% of Nevada employees worked for small businesses, many of whom may be affected by these limitations.[11]

Social and Cultural Influence

Family, friends and other support systems play a significant role in infant care, particularly during the newborn phase.

Participants described the importance of having trusted individuals who can provide physical and emotional support, especially during periods of exhaustion. These support systems often shared advice and personal opinions about infant sleep practices.

Participants, particularly those who identified as Hispanic, described receiving advice from parents or older generations that were influenced by cultural behaviors and norms. Some of this advice encouraged practices that are no longer recommended, such as bed sharing or using loose blankets, even when participants expressed a desire to follow current safe sleep recommendations.

Participants described feeling pressure, guilt, and conflict when navigating differing perspectives between cultural practices and current guidance.

While cultural traditions and lived experiences are important to acknowledge, these findings highlight the need for clear communication and shared understanding among parents and support systems to promote safe sleep practices across all sleep settings.

Media and Medical Provider Influence

As access to technology has increased, parents are exposed to a wide range of information sources related to infant care and safety.

Social media, parenting websites and mobile applications, and search engines are widely used sources of information for parenting tips and child safety. Various participants identified Facebook parenting groups, Instagram and TikTok influencers as platforms they engage with for information. Participants described that these groups and social media influencers created a sense of community where they felt connected, understood and sometimes received advice. Although participants expressed that these resources are helpful, many noted they are more likely to trust information provided by a health care provider. However, participants also reported that safe sleep guidance was often not discussed until after childbirth, and some recalled not receiving information about safe sleep during prenatal or routine medical visits.

These findings highlight an opportunity for health care providers to introduce safe sleep education earlier and more consistently, allowing parents to develop a plan before the infant is born. Early engagement may also help address myths or risky practices encountered through media sources, where advice is not always evidence based. As access to media continues to expand, health care professionals remain a critical and trusted source for early safe sleep education.

Supportive Strategies for Safe Sleep

Multiple community-level factors influence whether parents are able to consistently implement safe sleep practices. These factors include access to home visiting programs, infant product safety regulations and policies that affect caregiving conditions, such as access to leave and workplace support.

How other states use paid leave to support families

Currently, 13 states in the U.S. offer mandatory paid family and medical leave programs, including western states such as Oregon, Colorado, Washington, and California.[12] Oregon and Colorado provide up to 12 weeks of paid leave to employees who have earned at least $1,000 and $2,500 in wages, respectively, in the prior year,[12] [13] while Washington provides similar leave to employees who have worked at least 820 hours in the previous year.[12] California's eligibility is not impacted by the length of time worked at a current company or citizenship and immigration status.[14] Additionally, a 2020 study that reviewed the effectiveness of California's paid family leave found that post neonatal mortality decreased by 12% following the paid family leave policy in 2004.[15]

Infant Sleep Product Regulations

The Consumer Product Safety Commission (CPSC) has established regulations that align with safe sleep recommendations for products such as basinets, cradles, play yards and bedside sleepers. Under the revised June 2022 federal rule, these products must meet safety standards that limit the incline of sleep surfaces to 10 degrees or less for infants up to 5 months of age.[16] Products labeled as "infant sleep products" must be tested to meet these standards, and it is unlawful to sell products that do not comply.

These regulations reinforce safe sleep guidance and help ensure that products marketed for infant sleep meet established safety criteria. Additional labeling requirements for non-sleep products, such as blankets, toys or crib attachments, may further support parents in maintaining clear and safe sleep environments.

Home Visiting Programs

Community-based maternal health programs play an important role in supporting families and promoting infant safety.

Home visiting programs, which are typically free and voluntary, assess family needs and provide education, resources and connections to care. These programs are often delivered by community health nurses or community health workers who are trained to help parents develop healthy behaviors and minimize safety risks while building strong connections and trust.

Safe sleep education is commonly included as part of these programs, with guidance provided throughout pregnancy and the first year of life. At the Southern Nevada Health District, programs such as the Nurse-Family Partnership follow first-time mothers from pregnancy through the child's first two years, with safe sleep discussed during third-trimester visits and reinforced during follow-up visits. These early discussions support parents in developing a plan for a safe sleep environment prior to birth and preparing to implement recommended practices from the start. Visits may occur weekly or monthly, allowing for ongoing assessment and reinforcement of safe sleep practices.

Better access to these types of programs can be made possible with Medicaid coverage. Bill AB297, introduced in 2025, outlines home visiting services to be covered for eligible Medicaid recipients who are pregnant or have given birth within the last 24 months and for the first 24 months of the life of the child.[17] Expanding access to home visiting programs may help address gaps in awareness and support families in communities with higher SUID rates.

Reducing SUID in Nevada

Although efforts across Nevada have aimed to increase awareness and reduce sleep-related infant deaths, SUID rates have increased by 6% across the state and 8% in Clark County from 2019 through 2023.[1] Prevention strategies may be strengthened by addressing both individual behaviors and broader community and policy-level factors that influence caregiver decision-making. The strategies described in this brief represent opportunities to support parents in creating safer sleep environments.

Sustained progress in reducing SUID rates will likely require coordinated efforts across education, community programs and supportive policies at the state and local level.

Policy Considerations

Findings from this brief highlight several factors that may influence parents' ability to follow safe sleep recommendations. These findings may help inform ongoing discussions related to state and local policies and programs that support infant safety in Nevada.

- **Access to early and evidence-based safe sleep education:** Opportunities to support safe sleep education through prenatal care, pediatric visits and hospital settings, allowing parents to plan for a safe sleep environment before birth
- **Community-based home visiting support:** Continued investment in home visiting and maternal-child health programs that provide education, resources and reinforcement of safe sleep practices
- **Workplace paid parental leave:** Consideration of how paid parental leave policies, return-to-work timing, and workplace support may reduce parental fatigue, and the ability to effectively execute safe sleep recommendations for infant safety
- **Infant product safety and awareness:** Support for enforcement and communication of infant sleep product safety standards and parental awareness of safe sleep environments

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