



National Black Nurses Association, Inc.  
8630 Fenton Street, Suite 910, Silver Spring, MD 20910  
Phone: (301) 589-3200 • Fax: (301) 589-3223

---

**President**

*Dr. Eric J. Williams*

**1<sup>st</sup> Vice President**

*Lola Denise Jefferson*

**2<sup>nd</sup> Vice President**

*Patricia Lane*

**Treasurer**

*Trilby Barnes-Green*

**Secretary**

*Kendrick Clack*

**Immediate Past President**

*Rev. Dr. Deidre Walton*

**Historian**

*Dr. Martha Dawson*

**Parliamentarian**

*Dr. Patricia McManus*

**Ex-Officio**

*Dr. C. Alicia Georges*

**Board Members**

*Edward C. Bennett*

*Sasha DuBois*

*Dr. Sheldon Fields*

*Thomas Hill*

*Deborah Jones*

*Joni Mae Lovelace*

*Marcia Lowe*

*Sabrina Newton*

**Executive Director**

*Dr. (Hon) Millicent Gorham*

**National Black Nurses Association Announces  
Breastfeeding Resolution**

SILVER SPRING, MD, August 14, 2018, The National Black Nurses Association announces the passage of its resolution “**National Black Nurses Association Promotes a Healthy Start: Supporting Exclusive Breastfeeding and the Provision of Human Milk for Newborns and Infants**”. The resolution was approved at the business meeting on August 3, 2018 during the NBNA 46<sup>th</sup> Annual Institute and Conference in St. Louis, Missouri.

“NBNA firmly believes that mother’s breast milk is best for babies, providing important nutrients for a healthy baby”, stated Eric J. Williams, DNP, RN, CNE, FAAN, NBNA President. “The data show and several major organizations advocate that breastfeeding contributes to the growth and development of infants and favorable health outcomes for both the baby and the mother.”

**NBNA Resolution**

**National Black Nurses Association Promotes a Healthy Start:  
Supporting Exclusive Breastfeeding and the Provision of Human Milk  
for Newborns and Infants**

**Whereas**, breastfeeding is the gold standard for infant feeding. Breastfeeding provides the optimal nutritional benefits for ideal growth and development,

**Whereas**, it is recommended that an infant is breastfed for at least the first year of life and exclusively for the first six months by the American Academy of Pediatrics, Department of Health and Human Services (DHHS), Association of Women’s Health, Obstetrics and Neonatal Nurses, and American College of Obstetricians and Gynecologists,

**Whereas**, Healthy People 2020 has set national breastfeeding goals of 81% ever breastfeed, 51.8% at six months, 30.7% at 12 months and 44.4% exclusive breastfeeding for 3 months,

**Whereas**, January 2011, the United States Surgeon General reiterated a public health goal of optimal breastfeeding practices and had a "Call to Action to Support Breastfeeding",

**Whereas**, Joint Commission has added exclusive breast milk feedings to its National Quality Measures to encourage hospitals and other health agencies to create a culture that consider and support parent’s choice,

**Whereas**, the World Health Organization recommends breastfeeding for at least the first two years of life,

**Whereas**, breastfeeding has known health benefits and is linked to favorable health outcomes for babies, infants and children across the lifespan,

**Whereas**, infants who are breastfed have a significant reduction in risks of lower respiratory tract diseases, asthma, gastroenteritis, otitis media, atopic dermatitis, obesity, diabetes, childhood leukemia, sudden infant death syndrome, and necrotizing enterocolitis,

**Whereas**, breastfeeding has maternal benefits that include lower risks for hypertension, hyperlipidemia, postpartum depression, breast and ovarian cancer, and reduced risks for the development of cardiovascular disease and type 2 diabetes,

**Whereas**, breastfeeding reduces specific health outcomes and aids societies by reducing health cost,

**Whereas**, over 15 years ago, the Surgeon General issued a call to action to reduce racial and ethnic disparities in breastfeeding,

**Whereas**, racial disparities in breastfeeding persists; initiation rates among African Americans are significantly lower than their counterparts,

**Whereas**, increasing breastfeeding rates in the African American community can play a vital role in reducing poor infant health outcomes,

**Whereas**, structural and social changes are needed to improve breastfeeding education, support and resources in the African American community,

**Whereas**, there is a lack of racial and ethnic minority nurses in the lactation consultant industry,

**Therefore, Be It Resolved:** The National Black Nurses Association, Inc. (NBNA) believes in the promotion of breastfeeding, the protection of an individual's ability to breastfeed and increase breastfeeding support.

**Therefore, Be It Resolved:** The NBNA supports exclusive breastfeeding and use of human milk to promote a healthy start for all newborns and infants to one year of age.

**Therefore, Be It Resolved:** The NBNA calls for the diversification of the lactation profession.

**Therefore, Be It Resolved:** The NBNA encourages the use of lactation support persons such as Certified Lactation Counselors (CLCs), Certified Lactation Educators (CLEs), Breastfeeding Peer Counselors and International Board Certified Lactation Consultants

(IBCLCs), to assist mothers, families and communities in meeting their breastfeeding goals.

**Therefore, Be It Resolved:** The NBNA calls for the use of racial and cultural sensitivity, and the use of racial equity lens as it pertains to lactation training, education and development of printed and visual material.

**Therefore, Be It Resolved:** The NBNA encourages the use of culturally informed and relevant breastfeeding interventions that focus on the needs and resiliency of mothers, families and communities.

**Therefore, Be It Resolved:** The NBNA promotes Medicaid reimbursement to hospitals that provide human milk as an alternative to commercial milk formula and promotes human milk equity among African Americans and other underrepresented groups.

**Therefore, Be It Resolved:** The NBNA support documentation of exclusive breastfeeding as a part of the Electronic Medical Records of all newborns, infants and parents and the development of a patient centered environment that supports breastfeeding.

**Sponsorship: NBNA Resolution Committee Exclusive Breastfeeding Taskforce**  
(Requires original hand signatures)

Resolution Committee Members  
Kendrick Clack, Chair, NBNA Secretary  
Dr. Martha Dawson, Co-Chair, NBNA Historian  
Victoria Davis  
Marcia Evans  
Thomas Hill-NBNA Board Member  
Deborah Jones-NBNA Board Member  
Joni Lovelace NBNA Board Member  
Gwen McIntosh

Task Force Members Names  
Dr. Cynethia Bethel-Jaiteh-Lead, KYANNA BNA  
Kendrick Clack, NBNA Secretary  
Dr. Martha Dawson, NBNA Historian, Birmingham BNA  
Dr. Betty Baxter, Pittsburgh Black Nurses in Action  
Ms. Renita Irving, Tri-County BNA  
Dr. LeShonda Wallace, Sandhills NC BNA  
Dr. Marcia Harris-Luna, CBNLA

**References:**

American Academy of Pediatrics. (2012). AAP reaffirms breastfeeding guidelines.

Retrieved from [https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/](https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Reaffirms-Breastfeeding-Guidelines.aspx)

[AAP-Reaffirms-Breastfeeding-Guidelines.aspx](https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Reaffirms-Breastfeeding-Guidelines.aspx)

Bartick, M. C., Schwarz, E. B., Green, B. D., Jegier, B. J., Reinhold, A. G., Colaizy, T. T., & Stuebe, A. M. (2016). Suboptimal breastfeeding in the United States: Maternal and pediatric health outcomes and costs. *Maternal & Child Nutrition*, *13*(1). doi: 10.1111/mcn.12366.

Benjamin, R. M. (2011). Public health inaction: Give mothers support for breastfeeding. *Public Health Reports (Washington, D.C.: 1974)*, *126*(5), 622-623.

Centers for Disease Control and Prevention (2016). Breastfeeding Report Card. U.S. Department of Health and Human Services. Retrieved from <https://www.cdc.gov/breastfeeding/pdf/2016breastfeedingreportcard.pdf>

Eidelman, A. I., Schanler, R. J., Johnston, M., Landers, S., Noble, L., Szucs, K., & Viehmann, L. (2012). Breastfeeding and the use of human milk. *Pediatrics*, *129*(3), e827-e841. doi: 10.1542/peds.2011-3552.

Lind, J.N., Perrine, C.G., Li, R., Scanlon, K. S., & Grummer-Strawn, L.M. (2014). Racial disparities in access to maternity care practices that support breastfeeding - The United States, 2011. *MMWR: Morbidity & Mortality Weekly Report*, *63*(33), 725-728.

McClure, C.K, Catov, J.M, Ness, R.B, & Schwarz. E.B.(2012). Lactation and maternal subclinical cardiovascular disease among premenopausal women. Am J Obstet Gynecology, 207(46).e1.

Spencer, B. & Grassley, J. (2013). African American women and breastfeeding: An integrative literature review. *Health Care For Women International*, *34*(7), 607-625. doi: 10.1080/07399332.2012.684813

Street, D. J., & Lewallen, L. P. (2013). The influence of culture on breastfeeding decisions by African American and white women. *The Journal of Perinatal & Neonatal Nursing*, *27*(1), 43-51. doi: 10.1097/JPN.0b013e31827e57e7

United States. Department of Health and Human Services. (2011). *The surgeon general's call to action to support breastfeeding*. Washington, DC; US Office of the Surgeon General. Retrieved from [www.surgeongeneral.gov](http://www.surgeongeneral.gov)

United States Department of Health and Human Services. (2011). *The surgeon general's call to action to support breastfeeding*. Washington, DC: US office of the Surgeon General.

Approved at the NBNA Business Meeting on Thursday, August 2, 2018