

Breastmilk Exchange and New Forms of Social Relations

By Robyn Lee

The feminist push to socialize the work of mothering is motivated by a desire to share childrearing labour more equally throughout society. Breastfeeding presents a potential obstacle to the equalization of childcare because we currently understand it as an activity that may only be carried out by a mother for her biological child. In this paper I will discuss two general approaches to exchanging breastmilk: commodification and gifting, both of which are problematic. I argue that considering breastmilk as an exchange object obscures the relational nature of its production, while considering breastmilk as a gift is also problematic because mothers are already expected to give selflessly; gifts that are “free” still have a cost to women. While emphasizing the relationality of breastfeeding we must still recognize the time and effort required to produce breastmilk. Therefore, in this paper, I will examine the ways in which the exchange of breast milk challenges the understanding of breastfeeding as work that is not shared by creating and shaping new social relationships beyond that between a mother and her biological child.

Breastfeeding: An Obstacle to Achieving an Equitable Division of Childcare?

Women continue to perform the majority of childcare in Canada (Statistics Canada, 2011). Breastfeeding often leads to ongoing inequalities in childcare,

with women's primary responsibility for infant feeding carrying on into taking on primary responsibility for other elements of caring for children. Law is pessimistic about possibilities for reconciling breastfeeding and equal distribution of household labour (Law, 2000). However, Blum argues that infant feeding can serve as a site for working out paradoxes of female autonomy and argues that breastfeeding has potential for resisting gendered inequalities (Blum, 1993, pp. 305-306). Socializing breastfeeding makes it more visible in the public sphere, and more recognizable as a form of labour requiring substantial time and effort. Nursing children who are not your biological offspring challenges the perception of breastfeeding as "work that is not shared" (Shaw, 2004, pp. 287-8).

It is important for feminist reasons that we value breastfeeding, because it is part of the labour that women perform that has historically been underappreciated and unequal in its burden. Breastfeeding constitutes part of social reproduction, which refers to the processes required to maintain and reproduce people and their labour power on a daily and generational basis (Luxton & Bezanson, 2006, p. 3). But there is a tension between conceiving of breastfeeding as biologic reproduction (lactation) versus social reproduction (breastfeeding) (Law, 2000). Biologic reproduction refers to pregnancy and giving birth, which is limited to one individual woman. If only the biological mother of a child can carry out the work of breastfeeding, then breastfeeding cannot be shared with others. If this is not the case then we can challenge the traditional division of labour where the mother is

the primary caregiver of children. Exchanging breastmilk allows this labour to be performed by women other than the biological mothers.

Privatization of Breastmilk

Breastfeeding is often read as highly sexualized, and therefore something that should only be carried out in the privacy of one's own home. Despite breastfeeding advocacy efforts, breastfeeding in public is still often interpreted as obscene. Breasts have become hypersexualized while motherhood has been desexualized. As a result breastfeeding has become a site for working out these contradictions. Providing breastmilk to children who are not your own is considered taboo, and the use of milk banks is very limited due to anxieties concerning disease and contamination.

Discomfort with breastfeeding in public has been identified as a contributing factor in shaping infant feeding choice and the decision to stop breastfeeding in particular (Boyer, 2011, p. 430). For instance, in Toronto the vast majority of breastfeeding women (93.2%) reported feeding their baby in the presence of family members, while 77.2% reported feeding their baby in the presence of friends. However, fewer mothers (68.6%) reported breastfeeding in public locations. The most frequently reported public locations were malls and restaurants, followed by recreational/cultural facilities, places of worship, parks,

workplaces, and/or public transit (Toronto Public Health, 2010). Interviews with mothers also indicated that women who felt comfortable breastfeeding in public were more likely to continue breastfeeding to six months.

People who support breastfeeding, and yet oppose it when it takes place in public, often argue that breastfeeding should be “discreet”; but behind this call for discretion hides deeply held concerns about women’s sexuality. Based on information derived from the literature of several disciplines, lay publications, and the news media, Dettwyler outlined four fundamental assumptions underlying cultural beliefs about breasts: 1) the primary purpose of women's breasts is for sex, not for feeding children; 2) breastfeeding serves only a nutritional function; 3) breastfeeding should be limited to very young infants; and 4) breastfeeding, like sex, is appropriate only when done in private (Dettwyler, 1995).

The women’s movement has long challenged previously held beliefs about the relationship between the public and the private. According to the famous slogan “the personal is political” social arrangements structuring private life are recognized as not neutral but rather as relations of power, and consequently subject to transformation. By examining breastfeeding we can recognize the political ramifications of this supposedly private activity.

Breastfeeding and Social Class

The bond between mother and child developed through breastfeeding is accorded great importance in the bourgeois nuclear family. However, the economic necessity that mothers work outside the home makes this increasingly difficult. At the same time, the growing popular awareness of the nutritional superiority of breastfeeding, in combination with the trend towards the social investment state, has resulted in a push to breastfeed in order to maximize the health, intelligence, and emotional well being of children.¹ Breastfeeding represents one way in which responsibility for the health and well-being of children is shifted from the state to individual women (Rippeyoung, 2009).

Fox argues that intensive or attachment parenting is only possible in middle-class families. Breastfeeding is a key component of intensive mothering because it is believed to enhance the bond between mother and child. Middle-class parents are more likely to endorse attachment parenting because it is believed to inculcate the traits necessary for professional employment when children grow up. Fox notes that intensive mothering may also be viewed as a way of maximizing children's quick development and high IQ, and thus future success, and assuaging their guilt about returning to work. By breastfeeding, women may be trying to ensure the intergenerational reproduction of social class (Fox, 2006, p. 259). Recent studies indicating that breastfed children have higher IQs play a

¹ For a description of the growth of the social investment state, see (Saint-Martin, 2007).

role in these beliefs (Petherick, 2010); (Kramer et al., 2008); (Anderson, Johnstone, & Remley, 1999).

For these reasons, breastfeeding poses questions of social justice. Since white women and women of higher socioeconomic status are more likely to breastfeed, breastfeeding could be considered a class-based and race-based privilege rather than a viable infant-feeding decision (Ahluwalia, Morrow, Hsia, & Grummer-Strawn, 2003; Ryan, Wenjun, & Acosta, 2002). The health benefits of breastfeeding will therefore not be distributed equally to all infants (McCarter-Spaulding, 2008, p. 210).

Inequalities in the distribution of breastmilk are not contemporary in their origin: the history of wet nursing has been a history of poorer women feeding the children of richer women. The quality of milk provided by wet nurses in twentieth century America were classified according to race and the characteristics assumed to accompany it (Golden, 2001, pp. 191–2). Blum notes that for African-Americans breastfeeding often has strong negative associations with slavery, since white landowners frequently handed over their children to be wet nursed by black slaves (Blum, 2000, p. 171).

Wet nursing and Cross-nursing

Wet nursing and cross-nursing both involve the breastfeeding of a baby by someone other than the baby's biological mother; however, wet nurses are

usually paid employees, while cross-nursing is between peers, is usually unpaid, and can be reciprocal (Thorley, 2008, p. 88). Recently, a return to wet nursing has begun among upper-class Americans: in Beverly Hills, clients of Certified Household Staffing can order a wet nurse from the company's website, along with their cleaning ladies and nannies, for around \$1000 per week (Pearce, 2007).

Wet nursing was widely practiced from ancient times and continues to be common in many traditional societies, most commonly with poor women nursing the children of upper-class women (Golden, 2001); (Riordan, 2005); (Fildes, 1988). Wet nurses were popular among upper class families because they increased the fertility and sexual availability of wives. Galen, in the second century, said semen in a woman's body soured her breastmilk, a belief that persisted until the middle ages. Until the 18th century the Catholic church encouraged the use of wet nurses so that women could pay their husbands their "conjugal due"(Cassidy, 2007, p. 237). Wet nursing was never widespread in North America, where it was used primarily in cases of maternal death or illness, and was more common in the American South, where enslaved black women nursed their masters' children (Fildes, 1988, pp. 128, 141).

Wet nurses were often chosen according to strict guidelines for morality and physical health, since it was widely assumed that breastmilk could pass on any deficiencies to the child. The lower socioeconomic status of wet nurses was often an obstacle since it often signified moral or physical degeneracy to upper class

parents. Wet nursing was often problematic since most wet nurses were women from the margins of society: poor, often unmarried, and therefore morally suspect. Respectable families did not want wet nurses in their homes, and the wet nurses' own infants, deprived of their mothers' milk, often quickly perished (Pineau, 2011, p. 16). Objections to wet nurses centered on their presumed promiscuity and their lower socioeconomic class: in both ways they presented a challenge to the middle-class family.

Golden argues that wet nursing did not "lose" to formula feeding but that it lost favour because of growing social class divisions between the women who were employed as wet nurses and the families in which they worked, the changing cultural perceptions of motherhood and infancy that were linked to the rise of America's middle class, the growing authority of medical science, the expanding role of physicians in shaping child-rearing practices, and the profound ethical dilemmas raised by the practice of wet nursing in the nineteenth century (Golden, 2001, p. 2).

Commodification of breastfeeding has historically led to a symbolic association with prostitution. The lactating breast has been analogized with the syphilitic penis, in both cases as the point of contact between illicit sexuality and prostitution, and the family circle (Richter, 1996, pp. 17–8). Wet nurses perform their work not out of a sense of maternal duty, but for a wage, and it was widely assumed that illicit sexuality led to their having milk to sell. As a result of suspicions about the moral integrity of wet nurses, criteria for testing the moral

and physical health of the women was developed, however there remained great doubtfulness of the effectiveness of screening for possible contagion (that is, venereal disease).

During the seventeenth and eighteenth centuries wet nursing began to fall out of favour as the bourgeois model of the family became generally accepted, in which closeness between parents and children was valorized and children were accorded special consideration. With this privatization of the family, closeness with the bodies of those outside the family unit became unacceptable (Hedenborg, 2001, p. 400). Richter notes that wet nursing was associated with monetary payment and illicit sex (Richter, 1996, pp. 17–18). Breastfeeding one's biological child, however, was thought to be reflective of maternal duty, purged of economic gain or sexual pleasure.

Cross-nursing and milk banking have been limited by fears of contamination. There is great discomfort, even disgust, with exchanging breastmilk (Shaw, 2004). Breast milk sharing has been discouraged by discourses that labeled other women's breastmilk, like other bodily fluids, as dangerous, especially in the 1980s when fears were heightened by the emergence of HIV (Zizzo, 2009, p. 103). Within the monogamous family, breastmilk is considered to be "clean" and "safe": women are not routinely screened for HIV or other sexually transmitted illnesses before they breastfeed their biological children. However, the nature of bodily fluids is to create feelings of discomfort in people, because bodily fluids challenge our understanding of selfhood as discrete, distinct, and self-contained

(Shildrick, 1997). Shaw argues these fears may be alarmist considering that HIV-positive women would be unlikely to offer to cross-nurse (Shaw, 2007, p. 440).

The moral outrage surrounding a case of so-called “non-consensual” cross-nursing in New Zealand in 1996 demonstrates the panic that surrounds the breastmilk of other women (Shaw, 2003). According to the mother of the infant, professional babysitters allowed a relative stranger to breastfeed her baby ‘without consent’ and this was a moral outrage. The mother publicly denounced the actions of the breastfeeding woman, accusing her of violating the child’s rights and putting the child’s health at risk and demanded that she undergo blood tests (Shaw, 2003) .

The idea of a lactating woman feeding and bonding with a child who is not her biological offspring is viewed negatively (Shaw, 2004). Zizzo found in her qualitative research that women had no issue with sharing breastmilk as long as it was delivered through pumping and bottle feeding, not direct breastfeeding: distance from the body that provided the milk was preferred so that emotional bonds between the child and the lactating woman who produced the milk were not formed (Zizzo, 2009, p. 103). Breastmilk is not inherently unpleasant but “when it is brought into contact with our body through the mouth, then this proximity is felt as offensive” (Springgay, 2011, p. 72). Breastmilk is acceptable when understood to be nutritious food for infants, but disgust arises through the proximity with other bodies. Outside of the biological mother-infant dyad it is an abject substance, the exchange of which produces anxiety (Longhurst, 2001).

Milk Banking

There are only a few non-profit milk banks in North America. These are usually affiliated with hospitals, and supply breastmilk only for premature or ill infants. In milk-banking breastmilk is pasteurized and collected en masse and the characteristics unique to individual milk donors disappear. These include antibodies a woman has developed through exposure to pathogens, different tastes due to variations in diet, and nutritional and consistency differences due to age of her child. Due to increasing awareness of the nutritional superiority of breastmilk and low rates of breastfeeding, there has recently been an increase in the sale of breastmilk by for-profit milk banks as well as between individual parents via the Internet. Consequently, there have been warnings from public health agencies and breastfeeding advocacy groups about the health risks posed by sharing breastmilk. Along with these warnings, there have been concerns expressed in the media about the commodification of breastmilk in private milk banks and the sale of breastmilk online. Milk banking continues to be uncommon in North America despite the WHO and UNICEF's strong support for the practice, dating back to 1980. Even after reports were published indicating that HIV could be transmitted through human milk, the WHO and UNICEF continued to support donor milk banking, with the precautions of pasteurizing and, when possible, screening donors for HIV.

Article 24 of the Convention on the Rights of the Child states that breastfeeding is an activity for the whole society (United Nations, 1990, sec. 2e). Mothers are

not mandated to breastfeed, but governments are mandated to educate all mothers and parents so that they can make informed choices. Arnold notes that by extension, this means that parents should also be educated about the uses of banked donor milk and its benefits, so that they know about this option and can request it if necessary (Arnold, 2006, p. 3). However, the FDA warns against using donor milk that is not obtained through a milk bank that screens. It lists risks for the baby that include exposure to infectious diseases, including HIV, to chemical contaminants, such as some illegal drugs, and to a limited number of prescription drugs that might be in the human milk, if the donor has not been adequately screened. In addition, if human milk is not handled and stored properly, it could, like any type of milk, become contaminated and unsafe to drink. The FDA specifically warns against human milk obtained directly from individuals or through the internet, saying that the donor is unlikely to have been adequately screened for infectious disease or contamination risk, and that it is not likely that the human milk has been collected, processed, tested or stored in a way that reduces possible safety risks to the baby (U.S. Food and Drug Administration, 2010).

The La Leche League also cautions women about sharing breast milk, forbidding its leaders from ever suggesting an informal milk-donation arrangement, including wet-nursing or cross-nursing. If a mother asks to discuss these options, the Leader's role is to provide information about the risks and benefits so that the mother can make her own informed decision based on her situation (La Leche

League International, 2007). The League's concerns include the possibility of transmitting infections, a decrease in supply for the donor's own baby, psychological confusion on the part of the infant and the fact that the composition of breastmilk changes as children get older.

The Commodification of Breastmilk

The commodification of breastmilk is linked to the neoliberal discourse of the perfection of children and medicalized understanding of risk. Although it may have the potential to transform the economy of the nuclear, patriarchal family, it may also reinforce it by drawing on the labour of poorer women for the benefit of wealthier families. Online milk exchange has become more popular, providing women with substantial economic rewards. For instance, on the website Only the Breast the asking price is between \$1 and \$2.50 per ounce, which can net a productive woman \$20 000 in a year (Dutton, 2011).

Feminist views on the commodification of reproductive labour vary. Some of the reasons why feminists think receiving money for reproductive labour is dignifying for women include the fact that within capitalism, being paid to do things for other people is a sign of respect, and getting paid to do reproductive labour for others can also enhance women's autonomy by fulfilling autonomous desires they may have to sell that labour. Such payment can also disrupt patriarchal ideals of motherhood or womanhood (McLeod, 2009, p. 271). The commodification of breastmilk gives women market power, which is power under capitalism. It also

helps out women who are in economic hardship, an important consideration given that women, particularly mothers, are much more likely than men to live in poverty.

However, commodifying the work of social reproduction does not mean that individuals who perform this work will be fairly compensated. When valued by the market, social reproduction is “gendered, often racialized, and poorly remunerated” (Luxton & Bezanson, 2006, p. 6). When childcare is commodified, less affluent women are paid low wages to care for more affluent women’s children (Taylor, 2011, p. 901). Shaw notes that breastmilk was poorly compensated in early milk banks (Shaw, 2007, p. 443). Commodifying breastmilk may also have the unfortunate effect of further limiting its availability to wealthy parents. In addition, the buying and selling of breastmilk could lead to exploitation of women who make their breastmilk available to purchase, particularly women who may be forced into commercial breastmilk production as their only means of economic exchange (Zizzo, 2009, p. 106). The price of breastmilk online fluctuates depending on women’s willingness to provide blood work confirming their good health, as well as on the healthiness of the women’s diets. Given the additional costs of eating a healthy diet, there is potential for stratification of the value of women’s breastmilk.

Commodities and gifts are generally considered to be opposites. Malinowski first proposed the dichotomous notion of gift versus commodity in 1922, whereby gift exchange must be understood as an oppositional economy to that of market

exchange. Gift giving as moral economy is distinguished from the political economy of monetary transactions (Giesler, 2006, p. 284). The exchange of commodities is assumed to happen between strangers, not between kin or friends (Belk, 2007, p. 127). Gifts, on the other hand, establish a relationship between people: the debt is generally not annulled, but gives rise to further gifting between them. Belk describes the body of the mother as the ultimate expression of sharing because she generally neither sells her womb or her breastmilk, nor is it usually considered a special gift (Belk, 2007, p. 129). Nevertheless, Belk acknowledges surrogate motherhood and wet nursing as exceptions to the gift of the maternal body.

The Gift of Breastmilk

Breastmilk is unusual in that it has been commodified for centuries through wet nursing, but then underwent a transition to a gift economy in North America and Western Europe. When the first breastmilk bank was established in Boston in 1910, breastmilk was treated as it was treated historically: as a commodity purchased from poor women. However, by 1970, the payment for breastmilk was an anachronism, a “symbolic tribute to middle-class donors’ special commitment to their own and other infants’ well-being” (Pineau, 2011, p. 21).

Pineau notes that three trends in American society led to milk banks relying on donors rather than sellers. First, changes in women’s employment meant that poor mothers who had previously sold their milk found alternative work, while the

increase in middle-class mother's employment expanded the breastmilk supply, as mothers began expressing milk at work. Second, with the rise of the ideology of intensive motherhood, breastmilk came to embody the virtue of good mothering. Finally, improvements in breast pumps, refrigeration, medical testing, and shipping, made collection and storage of breastmilk easier and more convenient (Pineau, 2011, pp. 17–18). Mothers' high rate of employment is an important factor in the availability of donors because mothers who pump regularly often express more than their infants need, creating an excess supply they feel uncomfortable disposing of, due to the highly symbolic meaning of the milk. Women's employment therefore allows milk banks to follow an altruistic model (Pineau, 2011, p. 21).

Considering breastmilk as an exchange object obscures the relational nature of its production. In milk-banking breastmilk is pasteurized and collected en masse and its unique character disappears. Genevieve Vaughan opposes gift giving and exchange (Vaughan, 1997, p. 30). She describes gift giving in terms of the nurturing or caring work of mothering and as therefore relegated to the home, whereas exchange is self-reflecting, focuses attention on equivalence between products and the satisfaction of another's needs is a mere means to satisfying one's own needs. Thus exchange creates isolated, independent egos, not community (Vaughan, 1997, p. 32). Giving presents is therefore an alternative to a patriarchal exchange economy.

On the other hand, considering breastmilk as a gift is problematic because of

concerns that mothers are already the foundation of gifting; they are already expected to give selflessly. Banning commodification, or imposing a model of altruism on the exchange of breastmilk, may not be beneficial to women, since women have traditionally been the caretakers of the world and continuing to rely on women's acculturated desire to help others perpetuates sexism (McLeod, 2009, p. 267).

Gifts are never actually "free" because they still have a cost in domestic labour. If the cost of gifts is disproportionately borne by women, than the gifting of breastmilk should be considered unjust. Gifting breastmilk comes at a cost to the women who produce it. For example, time is potentially an important economic cost of breastfeeding, especially if the opportunity cost (that is, wages in employment) of a mother's time spent breastfeeding is high. Another significant issue is how the work of childcare and feeding is shared. Mothers may feel that their leisure time and autonomy is reduced by breastfeeding. Another cost mothers may face in breastfeeding is that of consuming additional calories and maintaining a healthy diet (Smith, 2004, p. 373).

Gifting can also be commodification in disguise, since biotechnology firms and researchers are using breastmilk to produce consumer products. For instance, Prolacta Bioscience, a for-profit enterprise that operates somewhat like a pharmaceutical company, produces its own enhanced breastmilk product, a syrupy fortifier specifically for hospitalized newborns, at a cost of \$135 per baby, per day. With 58 hospital contracts and an ambitious distribution strategy for the

next year, Prolacta has a multimillion-dollar opportunity for its products (Dutton, 2011). Dickenson argues that in instances where donors are unpaid but their donations end up in consumer products this is not 'incomplete commodification' but rather "complete commodification with a plausibly human face" (Dickenson, 2002, p. 56). In this case, it is not women who benefit from this commodification, but rather the producers of consumer products.

Beyond Commodity and Gift to a Politics of Sharing Breastmilk

Donations to milk banks and blood banks are usually predicated on the assumption of a stranger relationship in which the recipient is rarely known to the donor and vice versa (Shaw, 2003, pp. 69–70). However, I will argue that the exchange of breastmilk has the potential to transform relationships between people who live at far remove from each other.

The example of breastmilk demonstrates how gift and commodity systems can no longer be neatly separated from one another. Donated breastmilk is already being commodified. For instance, the International Breast Milk Project represents a hybrid of gift and commodity exchange systems. The company Prolacta collects, screens and ships milk donated to the IBMP, but it actually only sends 25% of it to Africa, selling the other 75% to US hospitals at \$35 US per ounce, as well as using it to develop new therapies based on breastmilk (Boyer, 2010, p. 13). Waldby and Mitchell argue that waste, commodity and gift systems now operate in concert with one another, usually to the benefit of globalized medical

and pharmaceutical establishments (Waldby and Mitchell 2006). One example of this is the emergence of legal mechanisms designed systematically to separate patients from rights to their tissues and other biosubstances removed during surgery (which hospitals can then sell). When produced in excess of what an individual child requires, breastmilk may be viewed as waste, and therefore figure into combinations of gift and commodity systems (Boyer, 2010, p. 12).

Boyer points out that, like other forms of charitable giving, the act of giving to the International Breast Milk Project yields psychic and biophysical benefits for the donor. Donations to the IBMP are not merely altruistic because donors are invited to look at, and presumably take satisfaction from, images of their gifts being received and consumed. As well, by producing the gift (expressing milk) both decreases the donor's chances of getting diseases such as breast cancer and osteoporosis in the long term, and in the short term releases oxytocin, a hormone which generates feelings of contentment and well-being (Boyer, 2010, p. 13).

Sharing is an alternative to the private ownership implied in both commodification and gift exchange (Belk, 2007, p. 127). Alternative ways of exchanging breastmilk present new possibilities for reworking ideas of kinship beyond the heteronormative nuclear family. We have an incentive to share when our extended sense of self embraces other people outside of our immediate family, since when we feel a shared identity with others we feel a common sense of moral obligation toward them (Belk, 2007, p. 135). Consumer gift systems have

developed beyond necessity and mutual dependency to a new basis in individual choice (Giesler, 2006, p. 289). Since breastmilk exchange is now also being carried out over the Internet, between individuals who may never meet, Giesler describes it as having a “rhizomatic” character: flexible, voluntary, with social segments remaining independent.

Cross-nursing has many advantages. The exchange of breastmilk reduces the isolation of the small family unit, blurring the lines of private and public life. Advocates of cross-nursing argue that milk sharing lets women be good moms while fulfilling other goals. One woman who practices cross-nursing describes breastmilk as "a communal commodity around here"(Lee-St. John, 2007). Some mothers say sharing milk helps to alleviate the feeling of being tied down by a nursing infant and creates unique bonds with the children nursed as well as with their mothers (Pearce, 2007).

But contemporary cross-nursing is still race and class-based; it is generally poorer women who sell breastmilk to richer women. Concerns over disease are still associated with concerns about sexual morality and hygiene. White, middle and upper-class, heterosexual, married women are more often assumed to have “pure” milk, while fears of contamination are associated with poor, racialized, queer, and unmarried women who are assumed to be promiscuous and at higher risk of disease (Hausman, 2003, 2010). Describing the exchange of breastmilk as “sharing” rather than as a gift or commodity does not easily overcome inequalities in the production and distribution of breastmilk.

Breastfeeding is about relationships. We have a tendency to separate product from process, breastmilk from the activity of breastfeeding. However, in order to properly value breastfeeding, we need to see it in the context of relationships. Breastfeeding cannot be isolated to specific biological events in a woman's life. It needs to be understood in the broader context of her entire life and all her relationships with others. We place an economic value on breastfeeding only through examining the product. Breastmilk is given an economic value through comparing it to infant formula. Whereas infant formula is a commodity that anyone can buy and anyone can consume, breastfeeding is relationship-dependent. Without the suckling activity of the child, milk cannot be produced, and of course if the mother decides to restrict or stop breastfeeding the child cannot nurse.

Milk Kinship

Milk kinship is a family bond established by breastfeeding an infant you have not given birth to. Breastfeeding was practiced from the beginning of Islam in such a way as to broaden the network of relatives on whom one could rely for assistance and cooperation (Gil'adi, 1999, p. 27). Islamic milk kinship is the most widely known type of familial bond established by breastfeeding, but Parkes points out that it was also practiced by Christians in the Eastern Mediterranean, the Caucasus and the Balkans, and among the Hindu Kush. In addition, the canon law of several non-Orthodox eastern Christian churches recognised

marital impediments of milk kinship created by co-suckling similar to those of contemporary Sunni and Shi'ite Islamic law (Parkes, 2007).

Islamic law defines three different kinds of kinship: relationship by blood (*nasab*), affinity (*musaharv*), and milk (*rida'a*). This additional form of kinship increased the network of relatives that could be relied upon to provide assistance when needed.

In Islam, there is a prohibition against marrying anyone with whom you share milk-kinship. Milk relationships duplicate blood relatives with whom a Muslim man is forbidden to marry (Gil'adi, 1999, p. 24). Milk kinship thus also served as a way to avoid certain marriages (especially between members of unequal classes) while still forging connective family bonds (Parkes, 2005).

Although milk kinship has waned in popularity, Parkes points to its continuing significance as an "alternative social structure in reserve" enabling diverse groups to enter into relationship with each other (Parkes, 2007, p. 354). Milk kinship has also been mobilized for political action in Saudi Arabia. Milk kinship also historically had the advantage of allowing women to go unveiled while in the presence of their milk kin. In contemporary Saudi Arabia the norms of veiling have become less strict and that consequently milk kinship for the sake of avoiding otherwise compulsory veiling is no longer common (Altorki, 1980). Nevertheless, in 2007 Dr. Izzat Atiyya, a lecturer at Cairo's Al-Azhar University, issued a fatwa stating that gender segregation in the workplace could be

overcome through establishing milk kinship. If a woman breastfed her male colleague at least five times they would establish a family bond and would then be able to be alone together at work. This ruling evoked public outrage, however, and Dr. Atiyya was forced to retract it ("Breastfeeding fatwa causes stir," 2007; Reso, 2010). The issue has not died, as this June two high-profile sheiks recommended that women breastfeed adult men in order to be able to have unfettered social contact with them. Sheikh Al Obeikan recommended that this be done via expressed milk, while sheik Abi Ishaq Al Huwaini argued that men should suckle directly from women's breasts (Reso, 2010). In response to these edicts Saudi women launched a campaign for the right to drive, threatening to breastfeed their foreign drivers and turn them into sons if their demand is not met (Sandels, 2010). This political action not only undermines the patriarchal family structure, but also nationalism.

Strathern argues that anthropological studies of kinship founder on the cultural constructs that are used to identify kinship. Kinship is culturally laden, and yet what else can we use to distinguish kinship from any other phenomenon? The process of searching for kinship demonstrates the connections and disconnections between people who may or may not be considered relatives (Strathern, 2005, p. 7). As I have argued that breastmilk moves between and beyond the categories of commodity and gift, so too does breastmilk make us both strangers and family.

Re-Socializing Breastfeeding

Alternative understandings of breastmilk exchange require that we open up our conception of family and socialize breastfeeding. An example of this is milk kinship, which has historically been practiced in the Islamic world and beyond as a way of binding people together into a familial relationship that is nearly on par with the bonds of blood. Milk kinship provides an alternative to both the commodification and gift models of breastmilk exchange and gives us a way to think about alternative kinds of resulting relationships. I draw on Foucault's concept of "rights of relations" to argue for expanding our understanding of breastfeeding relationships.

It is important to have new forms of relations, according to Foucault, and he suggests the promotion of rights of relations, rather than individual rights. These rights of relations allow for individuals to determine new possibilities for selfhood, while always recognizing that rights are dependent upon relationships with others (Foucault, 1997). Foucault argues

We live in a relational world that institutions have considerably impoverished. Society and the institutions that frame it have limited the possibility of relationships because a rich relational world would be very complex to manage. We should fight against the impoverishment of the relational fabric" (Foucault, 1997, p. 158).

Foucault advocated the development of more kinds of interpersonal relations, and breastmilk sharing can make this possible.

Zizzo argues that breastmilk sharing has the potential to eliminate or reduce biologically based separation between birth and non-birth mothers and the division of labour when caring for children. These alternative ways of sharing breastmilk include inducing lactation in non-birth mothers and having their infant suckle at the breast, and buying and selling of breast milk collected from lactating women other than the biological mother (Zizzo, 2009, p. 96). This may make a “three-way bond” between both mothers and their child easier to establish (Zizzo, 2009, p. 104). Zizzo also notes that this same effect may generate more egalitarian parenting in other types of families, allowing men to become the primary or co-caregivers by bottle-feeding expressed breastmilk. Sharing breastmilk thus has the potential to challenge and redefine maternal and gender roles in families generally (Zizzo, 2009, p. 106). Boyer suggests that milk expression by pump can expand our understanding of caring at a distance both by suggesting ways in which biosubstances can create a care-relation between distant strangers, and by suggesting competing narratives about the conditions under which it is (and is not) appropriate to offer and accept this kind of care (Boyer, 2010, p. 6).

Conclusion

Through new kinds of relationships based on sharing breastmilk we can challenge the understanding of breastfeeding as work that is not shared. Expanding our conception of the breastfeeding relationship exposes breastfeeding as an intrinsically social activity, rather than a merely natural or

biological one. Considering breastfeeding from the two extremes of commodification or freely-given “gift” overlooks the way in which breastmilk is always produced relationally. Opposing milk banks on the one hand with the private mother-infant dyad on the other forecloses on other possible forms of breastfeeding relationships. Without ignoring both of these important forms of breastfeeding relations, there are more possibilities for socializing the activity of breastfeeding. Between the marketplace and the privacy of the family different breastfeeding relationships of kinship and political action are possible. Expanded breastfeeding relationships also have the potential to increase the visibility of breastfeeding, decrease the taboo of breastfeeding in public, and ease the pressure on individual women to carry out all the labour of breastfeeding on their own.

References

Ahluwalia, I. B., Morrow, B., Hsia, J., & Grummer-Strawn, L. M. (2003). Who is breast-feeding? Recent trends from the pregnancy risk assessment and monitoring system. *Journal of Pediatrics*, 142, 486–493.

Altorki, S. (1980). Milk-Kinship in Arab Society: An Unexplored Problem in the Ethnography of Marriage. *Ethnology*, 19(2), 233–244.

Anderson, J. W., Johnstone, B. M., & Remley, D. T. (1999). Breast-feeding and cognitive development: a meta-analysis. *The American Journal of Clinical Nutrition*, 70(4), 525 –535.

Arnold, L. (2006). Global health policies that support the use of banked donor human milk: a human rights issue. *International Breastfeeding Journal*, 1(1), 26.

Belk, R. (2007). Why Not Share Rather Than Own? *The ANNALS of the American Academy of Political and Social Science*, 611(1), 126 –140.

Blum, L.M. (2000). *At the Breast: Ideologies of Breastfeeding and Motherhood in the Contemporary United States*. Boston: Beacon Press.

———. (1993). Mothers, Babies, and Breastfeeding in Late Capitalist America: the Shifting Contexts of Feminist Theory. *Feminist Studies*, 19(2), 291–311.

Boyer, K. (2010). Of care and commodities: breast milk and the new politics of mobile biosubstances. *Progress in Human Geography*, 34(1), 5–20.

Boyer, K. (2011). “The way to break the taboo is to do the taboo thing” breastfeeding in public and citizen-activism in the UK. *Health & Place*, 17(2), 430–437.

Breastfeeding fatwa causes stir. (2007, May 22). BBC News. Retrieved August 1, 2012, from <http://news.bbc.co.uk/2/hi/6681511.stm>

Cassidy, T. (2007). *Birth: The Surprising History of How We Are Born*. New York: Grove Press.

Dettwyler, K. (1995). Beauty and the breast: the cultural context of breastfeeding in the United States. In P. Stuart-Macadam & K. Dettwyler (Eds.), *Breastfeeding: biocultural perspectives* (pp. 167–215). New York: de Gruyter.

Dickenson, D. (2002). Commodification of Human Tissue: Implications for Feminist and Development Ethics. *Developing World Bioethics*, 2(1), 55–63.

Dutton, J. (2011, June). Liquid Gold: The Booming Market for Human Breast Milk | Magazine. Wired. Retrieved from

http://www.wired.com/magazine/2011/05/ff_milk/

Fildes, V. A. (1988). *Wet nursing: a history from antiquity to the present*. Oxford: Basil Blackwell.

Foucault, M. (1997). "The Social Triumph of the Sexual Will" in *Ethics: subjectivity and truth*. (P. Rabinow, Ed.). New York: New Press.

Fox, B. (2006). *Motherhood as a Class Act: The Many Ways in Which "Intensive Mothering" is Entangled with Social Class*. In M. Luxton & K. Bezanson (Eds.), *Social reproduction: feminist political economy challenges neo-liberalism*. McGill-Queen's University Press.

Giesler, M. (2006). *Consumer Gift Systems*. *Journal of Consumer Research*, 33(2), 283–290.

Gil'adi, A. (1999). *Infants, parents and wet nurses: medieval Islamic views on breastfeeding and their social implications*. Leiden, The Netherlands: Brill.

Golden, J. (2001). *A social history of wet nursing in America: from breast to bottle*. Columbus, OH: Ohio State University Press.

Hausman, B. L. (2003). *Mother's milk: breastfeeding controversies in American culture*. New York: Routledge.

———. (2010). *Viral Mothers: Breastfeeding in the Age of HIV/AIDS*. Ann Arbor: University of Michigan Press.

Hedenborg, S. (2001). To Breastfeed Another Woman's Child: Wet-Nursing in Stockholm, 1777–1937. *Continuity and Change*, 16(03), 399–422.

Kramer, M. S., Aboud, F., Mironova, E., Vanilovich, I., Platt, R. W., Matush, L., ... For the Promotion of Breastfeeding Intervention Trial (PROBIT) Study Group. (2008). Breastfeeding and Child Cognitive Development: New Evidence From a Large Randomized Trial. *Arch Gen Psychiatry*, 65(5), 578–584.

La Leche League International. (2007, March). LLLI | Wet Nursing and Cross Nursing. Retrieved September 20, 2011, from <http://www.llli.org/llleaderweb/lv/lvjulaug95p53.html>

Law, J. (2000). The Politics of Breastfeeding: Assessing Risk, Dividing Labor. *Signs*, 25(2), 407–450.

Lee-St. John, J. (2007, April 19). Outsourcing Breast Milk - TIME. Retrieved September 20, 2011, from <http://www.time.com/time/magazine/article/0,9171,1612710,00.html>

Longhurst, Robyn. 2001. *Bodies: Exploring Fluid Boundaries*. New York: Psychology Press.

Luxton, M., & Bezanson, K. (2006). *Social reproduction: feminist political economy challenges neo-liberalism*. Montreal: McGill-Queen's University Press.

McCarter-Spaulding, D. (2008). Is Breastfeeding Fair? Tensions in Feminist Perspectives on Breastfeeding and the Family. *Journal of Human Lactation*, 24(2), 206 –212.

McLeod, C. (2009). For Dignity or Money: Feminists on the Commodification of Women's Reproductive Labour. In B. Steinbock (Ed.), *The Oxford Handbook of Bioethics* (pp. 258–281). Oxford: Oxford University Press. Retrieved from <http://ir.lib.uwo.ca/philosophypub/338>

Parkes, P. (2005). Milk Kinship in Islam. *Substance, Structure, History. Social Anthropology*, 13(03), 307–329.

———. (2007). Milk kinship in Southeast Europe. *Alternative social structures and foster relations in the Caucasus and the Balkans. Social Anthropology*, 12(3).

Pearce, T. (2007, May 1). Breast friends - The Globe and Mail. *Globe and Mail*. Retrieved from <http://www.theglobeandmail.com/life/article756126.ece>

Petherick, A. (2010). Development: Mother's milk: A rich opportunity. *Nature*, 468(7327), S5–S7.

Pineau, M. G. (2011). From Commodity to Donation: Breast Milk Banking in the United States, 1910 to the Present. *CSW Update Newsletter*. UCLA Center for the Study of Women, UC Los Angeles. Retrieved from <http://escholarship.org/uc/item/5cq095sn;jsessionid=27EA30AABCAE6535D76D4E617C2CCA9D#page-2>

Reso, P. (2010, June 9). Saudi clerics issue fatwa okaying adult breast-feeding as way of circumventing Islamic law. *New York Daily News*. Retrieved August 1, 2012, from <http://articles.nydailynews.com/nydn-nav.php?c=27066690&p=NYDailyNews&t=ap-NYDN9-G02&s=News&n=>

Richter, S. (1996). Wet-Nursing, Onanism, and the Breast in Eighteenth-Century Germany. *Journal of the History of Sexuality*, 7(1), 1–22.

Riordan, J. (2005). *Breastfeeding and human lactation*. Burlington, MA: Jones & Bartlett Learning.

Rippeyoung, P. (2009). Feeding the State: Breastfeeding and Women's Well-Being in Context. *Journal of the Motherhood Initiative for Research and Community Involvement*, 11(1).

Ryan, A. S., Wenjun, Z., & Acosta, A. (2002). Breastfeeding continues to increase into the new millennium. *Pediatrics*, 110, 1103–1109.

Saint-Martin, D. (2007). From the Welfare State to the Social Investment State. In M. C. Smith & M. Orsini (Eds.), *Critical policy studies*. Vancouver: UBC Press.

Sandels, A. (2010, June 22). Saudi Arabia: Women threaten to breastfeed drivers if they aren't allowed to drive. *Los Angeles Times*. Retrieved August 1, 2012, from <http://latimesblogs.latimes.com/babylonbeyond/2010/06/saudi-women-use-fatwa-in-driving-bid.html>

Shaw, R. (2003). Theorizing Breastfeeding: Body Ethics, Maternal Generosity and the Gift Relation. *Body & Society*, 9(2), 55–73.

———. (2004). The virtues of cross-nursing and the “yuk factor”. *Australian Feminist Studies*, 19(45), 287.

———. (2007). Cross-nursing, ethics, and giving breast milk in the contemporary context. *Women's Studies International Forum*, 30, 439–450.

Shildrick, M. (1997). *Leaky bodies and boundaries: feminism, postmodernism and (bio)ethics*. New York: Routledge.

Smith, J. (2004). Mothers' milk and markets. *Australian Feminist Studies*, 19(45), 369.

Springgay, S. (2011). The Ethico-Aesthetics of Affect and a Sensational Pedagogy. *Journal of the Canadian Association for Curriculum Studies*, 9(1), 66–82.

Statistics Canada. (2011, July 12). General Social Survey 2010: Overview of the Time Use of Canadians. Retrieved July 4, 2012, from http://www5.statcan.gc.ca/access_acces/alternative_alternatif.action?l=en&loc=http://www.statcan.gc.ca/pub/89-647-x/89-647-x2011001-eng.pdf&t=General%20Social%20Survey%20-%202010:%20Overview%20of%20the%20Time%20Use%20of%20Canadians

Strathern, M. (2005). *Kinship, law and the unexpected: relatives are always a surprise*. Cambridge: Cambridge University Press.

Taylor, T. (2011). Re-examining Cultural Contradictions: Mothering Ideology and the Intersections of Class, Gender, and Race. *Sociology Compass*, 5(10), 898–907.

Thorley, V. (2008). Breasts for Hire and Shared Breastfeeding: Wet Nursing and Cross Feeding in Australia, 1900-2000. *Health and History*, 10(1), 88–109.

Toronto Public Health. (2010). Breastfeeding in Toronto - Promoting Supportive Environments. Retrieved from

http://www.toronto.ca/health/breastfeeding/environments_report/

U.S. Food and Drug Administration. (2010, November 30). Use of Donor Human Milk. Retrieved September 20, 2011, from

<http://www.fda.gov/ScienceResearch/SpecialTopics/PediatricTherapeuticsResearch/ucm235203.htm>

United Nations. UN Convention on the Rights of the Child | United Nations | International Treaties (1990). Retrieved from

http://www.canadiancrc.com/UN_CRC/UN_Convention_on_the_Rights_of_the_Child.aspx

Vaughan, G. (1997). *For-Giving: A Feminist Criticism of Exchange*. Austin, TX: Plain View Press.

Waldby, Catherine, and Robert Mitchell. 2006. *Tissue Economies: Blood, Organs, and Cell Lines in Late Capitalism*. Durham, NC: Duke University Press Books.

Zizzo, G. (2009). Lesbian Families and the Negotiation of Maternal Identity Through the Unconventional Use of Breast Milk. *Gay and Lesbian Issues and Psychology Review*, 5(2), 96–109.