

(Breast)milk on Tap: Alternative Organizing, Unintentional Membership,
and Corporeal Commodification in the Milk Banking Industry

by

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ABSTRACT

In this study, I used critical, qualitative methods to explore how the material and symbolic dynamics of milk banking complicate expectations of organizing and (in)effective lactation. Guided by theories of alternative organizing, in/voluntary membership, the structuration of d/Discourse, and corporeal commodification, I conducted document analysis, fieldwork, and interviews with hospital and milk bank staff and maternal donors and recipients. Results trace the (her)story and protocols of the milk banking industry and examine the circumstances of donation and receipt; the d/Discourses of filth, suspicion, and inadequacy that circulate the lactating, maternal body; and the presence or resistance of commodification within each organization.

Milk banking occurs when mothers provide excess breastmilk to parents with low supply or compromising medical conditions. “Milk banking” is used as an umbrella term for different ways of organizing donor milk; organizing evolved from wet-nursing to a continuum of in/formal markets. Formal markets include for-profit and non-profit milk banks that pasteurize and/or sterilize breastmilk for Neonatal Intensive Care Units. Informal markets involve self-organized exchanges online that are driven by monetary ads or donation. Both formal and informal markets elicit questions regarding flows of capital, labor, reproductive choice, and exploitation. However, current research resides in medicine, law, and popular press, so we know little about how milk banking happens in real time or how participation affects maternal identity.

My analysis makes four contributions to organizational communication theory: (1) alternative organizing punctuates the construction of and conflicts between in/formal markets and shows why such theories should be represented as cyclical, rather than

linear; (2) membership in milk banking is unintentional and distinct from in/voluntary membership; (3) the *obscured organization* is a necessary alternative to Scott's (2013) *hidden organizations*; and (4) d/Discourses of "safety" are used to discipline and indict, not just represent operational differences. Social-rhetorical implications reveal how milk banking operates as an *affective economy* (Ahmed, 2004) and mark where privileges and inequalities are present in the absence of data; practical implications suggest consideration of policy changes. Methodologically, this study also offers insight into *crystallization* (Ellingson, 2009) and *participant witnessing* (Tracy, forthcoming) and challenges the hegemonic underpinnings of fieldwork.

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TABLE OF CONTENTS

	Page
LIST OF TABLES	x
LIST OF FIGURES	xi
GLOSSARY OF ACRONYMS	xiii
CHAPTER	
1 INTRODUCTION	1
Rationale for Communication Research on Milk Banking	3
Audience and Contributions	7
Chapter Overview	9
2 LITERATURE REVIEW	10
Alternative Organizing	10
Hidden Organizing (as Alternative Practice)	11
Research Question #1	12
Organizational Membership as (In)voluntary and (Un)intentional	14
Research Question #2	15
Organizing the Body: Discourse and Commodification	17
Structuration Theory	17
Commodification as Discursive Organizing	19
Research Questions #3 and 4	20
Summary	21
3 METHODS	24
Crystallization as Method	25

CHAPTER	Page
Research Design	27
Sites and Sources of Data	27
Participants	28
Data Gathering	29
Document Analysis	31
Participant Witnessing	32
Interviews	34
Data Analysis	36
Data Review	37
Data Organization	37
Data Immersion and Coding	38
Applying Crystallization	40
Summary	41
4 RESULTS (PART ONE)	42
Origins: Wet Nursing, Lactation Directories, and Floating Hospitals ...	43
The Modern Milk Banking Continuum	47
Formal Markets	47
For-Profit Milk Banks	48
Non-Profit Milk Banks	49
Informal Markets and Online Milksharing Networks	54
The Birth of Online Milksharing	55
Scam and Contamination Risk	58

CHAPTER	Page
Protocol for Handling Donor Milk	61
Non-Profit Milk Banks and NICUs: Processing and Preparation ...	61
Online Milksharing Networks: Best Practices	71
Mapping Alternative Organizing in Milk Banking	74
5 RESULTS (PART TWO)	77
Unintentional Membership (RQ2)	78
Becoming a Donor: “What do I do with all of this?”	80
The Donor-Pump Relationship	80
Excess Supply	83
Out-of-State Travel	85
Becoming a Recipient: Reaching Out and Rewriting “Failure”	86
The Fluidity of Donor-Recipient Membership	89
Discourses of Filth, Suspicion, and Inadequacy (RQ3)	91
Corporeal Commodification (RQ4).....	98
6 DISCUSSION AND IMPLICATIONS	103
Theoretical Implications	103
Alternative Organizing	104
Unintentional Membership	109
Obscured Organizations	112
Safety as Disciplining d/Discourse	115
Social-Rhetorical Implications	118
Affective Economies	119

CHAPTER	Page
Privilege and Inequalities	120
Practical Implications	123
Limitations and Future Directions	126
Conclusion	129
REFERENCES	130
APPENDIX	
A INSTITUTIONAL REVIEW BOARD APPROVAL	138
B FIELDNOTE EXCERPT	141
C INTERVIEW GUIDE SUMMARY	149
D SHIPPING TO MOTHER’S MILK BANK	151

LIST OF TABLES

Table	Page
1. Summary of Data Collected	31

LIST OF FIGURES

Figures	Page
1. Sites and Sources of Data	28
2. Research Call on Human Milk 4 Human Babies – Arizona	30
3. Example of Maternal Nursing Campaign in 19th and 20th Centuries	45
4. The Modern Milk Banking Continuum	47
5. Map of HMBANA Milk Banks	50
6. Area of HMBANA Distribution	51
7. Human Milk 4 Human Babies – Arizona Public Facebook Group	54
8. Standard “Milky Match” Post with “Offers” and “Needs” on Human Milk 4 Human Babies – Arizona	55
9. Basic Page Guidelines for Eats on Feets	55
10. “Milk-Shipping Scammer” Warning on Human Milk 4 Human Babies – Arizona	59
11. Example of Donation Shipment to Mother’s Milk Bank	65
12. Mom’s Membership Stories: Maternal Participants’ Circumstances of Excess or Need	79
13. The Breast Pump Personified: Donors’ Feelings Toward Pumping Breastmilk as Articulated in Participant Interviews	82
14. Mother’s Milk Bank Warning Against “Dangerous” Informal Milksharing	95
15. Moms Protest Donor Recruitment by For-Profit Medolac in Detroit Newspaper	99

Figures	Page
16. “Aspen Grove” in Mother’s Milk Bank Lobby	101
17. The Organizational Evolution of Donor Milk	108
18. The Cyclical Lifespan of “Alternative Organizing”	109

GLOSSARY OF ACRONYMS

AAP – American Academy of Pediatrics

ACA – Affordable Care Act

CDC – Centers for Disease Control

FDA – Food and Drug Administration

FMLA – Family and Medical Leave Act

HMBANA – Human Milk Banking Association of North America

NICU – Neonatal Intensive Care Unit

PSL – Presbyterian St. Luke’s Medical Center

TSA – Transportation Security Administration

WHO – World Health Organization

CHAPTER ONE: INTRODUCTION

...if she had known that there were other moms who just needed her milk,
—Phia Bennin

...she would have gotten *so* much champagne.
—PJ Vogt, *ReplyAll: Episode #57 – Milk Wanted*

The ways in which the human body functions as a vessel to give life and to share life are astounding, but the ways in which the human body and its bioproducts are organized and commodified, whether to assist or to exploit life, are alarming. Four bioproducts of the human body comprise multi-billion-dollar industries in the United States (U.S.): blood, sperm, eggs, and breastmilk. Blood banks comprise a \$1.5 billion per year industry, and sperm and egg banks nearly \$3 billion (Almeling, 2011). Sperm donation has quickly evolved from “customized production” to an industry of “mass manufacturing” (Almeling, 2013, para. 3). Breastmilk does not comprise a centralized industry but a complex web of networks designed to organize the donation and receipt of breastmilk amongst new parents. This phenomenon is known as *milk banking*.

Milk 'Bæŋkɪŋ (v.):

The process by which mothers with excess breastmilk provide that milk to parents with low supply or compromising medical conditions.

The practice of one mom feeding another’s child as her own supply allowed dates as early as 2000 B.C.E. in the Middle East (Fentiman, 2009; Whitman, 2016) and was often the only way to save infants who were abandoned or whose mom died in childbirth. The practice drastically declined by the 20th century due to the advent of formulas and fortifiers. The first record of paying lactating moms to supply breastmilk for hospitalized infants was 1910 in Boston (Swanson, 2014). Express storage and refrigeration were not available, however, until the 1930s (Waldeck, 2002).

Today, milk banking is widely used as an umbrella term for different ways of organizing donor milk. Formal markets include for-profit and non-profit milk banks that pasteurize and/or sterilize donated breastmilk, which they supply to Neonatal Intensive Care Units (NICUs) and sell to parents. Currently, there are three primary for-profits and 27 non-profits in U.S. Non-profit milk banks are accredited by the Human Milk Banking Association of North America (HMBANA), which has more than doubled the number of non-profit milk banks in just five years. Nearly 75 percent of NICUs in U.S. hospitals now dispense donor milk (Schreiber, 2017).

Informal markets involve unregulated, self-organized exchanges via online peer-to-peer networks. Organizations like Only the Breast allow members to list ads selling their breastmilk by ounce, which parents seeking breastmilk can browse and purchase. From 2012 to 2015, online transactions of breastmilk more than doubled, rising from approximately 22,000 to 55,000 (Keim et al., 2015). Other organizations like Eats on Feets and Human Milk 4 Human Babies expressly prohibit any monetary compensation in favor of altruistic donation, a practice simply referred to as “milksharing.” Donation is facilitated through state-specific Facebook groups where moms post an offer or request and connect with one another for pick-up. The opening exchange between producers on Gimlet Media’s podcast, *ReplyAll*, pokes at the mystifying picture of exchange in these markets—one mom hands over bags of frozen breastmilk and the other mom hands back a bottle of “the most expensive stereotypical liquor” (Bennin, Goldman, & Vogt, 2016, para. 7). The suggestion that donor milk is worth “so much champagne” points to the value breastmilk has for women whose bodies struggle with lactation.

Despite the extensive practice of donating and sharing milk, the market is only “lightly regulated” by the Food and Drug Administration (FDA) (Fentiman, 2009, p. 32). The FDA regulates the composition of formula and human milk-based fortifiers (the latter being produced by for-profit milk banks), but there is no federal market regulation for the distribution of fortifiers, the price point per ounce, or milksharing writ large. HMBANA’s voluntary safety guidelines (approved by the FDA and similar agencies) only apply to its member organizations (i.e., the 27 non-profit milk banks in the U.S. accredited by HMBANA). The FDA warns fervidly against “unscreened” donor milk, especially that which is sold and purchased on the Internet. Research on the online sale of unscreened breastmilk has found it can contain high bacterial growth and “frequent contamination with pathogenic bacteria, reflecting poor collection, storage, or shipping practices” (Keim et al., 2013, p. e1127). When looking for donor milk on monetary-centered websites, parents may weigh nutritional deficiencies and financial impossibilities¹ against risks like exploitation or cross-contamination. It is important to note, however, that this research does not represent online milksharing networks like Eats on Feets and Human Milk 4 Human Babies, which prohibit any monetary imprint.

Rationale for Communication Research on Milk Banking

Milk banking has clear benefits for both parents and infants, given the scientifically-proven preventative and protective benefits of breastmilk’s composition.

¹ Because the U.S. is the only developed nation to not offer federally mandated paid parental leave, workplaces are not legally obligated to provide paid maternity or paternity leave. Consequently, only 12 percent of workers have access to paid leave under their employers. This forces the majority of parents to make a claim under the Family and Medical Leave Act (FMLA) of 1993, which was originally passed for the purposes of illness. However, because FMLA only guarantees unpaid leave, over 30 percent of new parents are forced to dip into savings, 15-percent have to go on public assistance, and 25 percent of women quit their jobs or are fired after giving birth (Rosen, 2014).

Yet, the industry is complicated in terms of its organizational structure, its effect on maternal identity, and its commodification of the lactating body. Regardless of which form of milk banking a mom chooses to pursue, complications arise. For example, what about days where there is not enough milk to meet hospital quotas or any leftovers to sell to parents? Do you live near one of the 27 HMBANA banks in the U.S.? If you connect with moms online, do you have the time and means of transportation to make this exchange? Is there a donor that lives anywhere near you? Can you claim it fast enough?

Exploring how medical professionals and moms navigate and make sense of their participation in milk banking contributes to organizational communication theory and holds significant implications for our understandings of organizational membership, d/Discourses around the female body, affective economies, and systematic inequality. Such exploration also bears practical implications for industry policy and practice. Thus, the purpose of this study was to explore the structuration of milk banking in the U.S.— how macro-Discourses of gendered bodies infiltrate meso-level practices, processes, and texts, and micro-level talk about participation in milk banking, such that the organization of milk banking creates subjectivities, formulates identity, and polices behavior.

Indeed, Zoller (2014) has called for organizational communication scholars to go beyond asking how macro-Discourses of inequality are sedimented in micro interactions. Zoller argues that scholars should attend to the meso-level by tying interorganizational politics and policies to macro social structures. We must ask: How do organizations play a political role in society? Despite this call, milk banking remains an unstudied and largely unknown space in the communication discipline and social studies writ large. As will be reviewed in this dissertation, studies on breastmilk donation are primarily found

law, health, women's studies, and popular press. Yet, milk banking is an important context of study in communication because it resides amidst a complex network of organizational and feminist concerns regarding political economy and flows of capital, labor, reproductive choice, and the sociality and commodification of the maternal body. Thus, my study contributes to the burgeoning conversation regarding the organizational commodification and exploitation of the female body (e.g., Wiederhold Wolfe & Blithe, 2015; Blithe & Wiederhold Wolfe, 2017).

Setting structuration theory (Giddens, 1984) as an epistemological frame elicits better understanding of relationships among alternative organizing and membership, d/Discourses around the female body, and commodification or empowerment of the body. Tinting this frame with a postmodern feminist hue is also valuable as a means of disrupting and transgressing the comfort and familiarity of organizational epistemologies and ontologies. For example, Ahmed's (2004) theorizing suggests that *affective economies* circulate in milk banking. Affective economies are circulatory spaces in which emotions bind individuals to community and mediate between the psychic and social; economies are not about money, but about the relation of objects in a system and the sociality of that emotion. If the dynamics of milk banking are raced, classed, and gendered in ways that affect how we understand, discuss, regulate, and politicize milk banking, Ahmed's work could clarify how the industry's response to (in)effective lactation enables and constrains maternal identity. Fixmer-Oraiz's (2013) analysis of *class dynamics* in transnational gestational surrogacy also highlights how Discourses aligned with "global sisterhood" in such economies may be consequential in the ways they characterize those who labor and sensationalize oppressive structures sedimented

through organizing. Glancing toward the rhetorical circulation of organizing donor milk is critical to making the hidden complications of milk banking visible, which is critical to ensuring policy that makes breastmilk more accessible and empowers maternal identity.

At a broader level, this study is significant because it illuminates the complexity of those things we simultaneously stigmatize, take for granted, and hold dear: caregiving, motherhood, reproductive choice, sororal solidarity, and giving to others in times of need. Donating breastmilk is a form of “care work” (Carroll, 2015) with clear benefits for both infants and moms. Even for bereaved moms, donating breastmilk can be a way to process grief (Welborn, 2012). Yet, research from allied fields reveal parts of the industry to be complicated and precarious in terms of issues like cost and geographical access.

Breastmilk in formal markets averages \$4–14 per ounce—lower with non-profit milk banks, higher with for-profit milk banks—and may not be covered by insurance. While the Affordable Care Act (ACA) includes a mandate for breastfeeding support, specific coverage under this “support” is legally vague (ACA, 2010). Even as a bridge while the mom establishes her own milk production, the cost may be unfathomable for some families (Whitman, 2016). Informal markets may not always charge per ounce but can require inordinate amounts of time and money for shipping or the car travel necessary to retrieve the donation, disproportionately affecting parents who are differently-abled or live in low-income areas (which also strongly correlates with race in the U.S.). Some members also worry about scam risk due to the porous nature of online networks (e.g., Bennin et al., 2016). Basic support for breastfeeding moms can also exacerbate barriers. Pro-breastfeeding campaigns that position new moms as solely responsible for childhood health imply that those who do not exclusively breastfeed are morally deficient and

ignore issues such as “systemic economic pressures” or “inadequate legal protection of breastfeeding” (Fentiman, 2009, p. 45). Moms’ struggle to navigate the symbolic and material economies of milk banking and breastfeeding is not uncommon or unique.

Scholars have not yet identified how it is that milk banking and its affiliated organizing processes occur in real time. Organizational communication scholars, especially those committed to theorizing postmodern feminist forms of organizing, are uniquely positioned to examine how the organization of donor milk simultaneously exploits, commodifies, and empowers the maternal body. Therefore, the study is grounded by this overall question: How are the material and symbolic dynamics of milk banking organized in ways that complicate (in)effective lactation? This question is broken down into four more specific questions discussed in the following chapter.

Audience and Contributions

The intended audience for this study is two-fold: (1) organizational communication scholars interested in alternative organizing and membership, as well as scholars interested in the organization and commodification of the dynamic body; and (2) staff in formal and informal markets, whether medical professionals, lactation consultants, activists or advocates who influence the creation of milk banking policy, the distribution of milk, or regularly interact with maternal participants.

Bearing those audiences in mind, the study was designed to be significant in theoretical, social-rhetorical, practical, and methodological ways. Theoretical contributions include an untapped area of study with implications for organizational communication scholarship on alternative organizing, d/Discourse, and membership—implications that also illuminate cultural Discourses that sustain hegemonic ideologies

about the female body. Social-rhetorical contributions include mapping affective economies around the lactating body and marking the privileges and inequalities absent in larger industry Discourse. Practically, organizing the study along macro (cultural organization of difference), meso (discourse cultivating subjectivities and power relations), and micro (performativity in daily interactions) levels helps us understand how to do breastmilk donation better and inch closer to an economy of justice and compassion for agencies implicated in the public sphere (Hayden & O’Brein Hallstein, 2010). Methodologically, this study engages a new qualitative concept proposed by Tracy (forthcoming) known as *participant witnessing*, which acknowledges the sensory embodiment and power-relations inherent in fieldwork (elements not acknowledged in the more common, *participant observation*). Calling upon this term to mark time and space spent with participants illuminates a turn in qualitative design with the potential to “crystallize and motivate research that is directly relevant to the community” (p. 102).

On a larger scale, the study comprised in this dissertation contributes to my research program exploring the power and politics of gender in organizations through critical-qualitative research with rhetorical sensibilities. Basic questions that guide this program include, “How does organizational discourse maintain unequal access to resources?” or “How do constructions of identity have material consequences for policy?” Yet, paramount in my orientation toward exposing structural inequalities and bringing about social change is one central question: “Whose interests are being served?” (Deetz, 1992). Using community-engaged and critical approaches, I seek to understand how hegemonic Discourses around marginalized corporealities and organizational norms create subjectivities, formulate identity, and police behavior—to make the strange

familiar and the familiar strange. Hence, each project within my research program is grounded in my scholarly commitments to feminist theorizing (Ashcraft, 2014), qualitative methodologies (Tracy, forthcoming), and crystallization (Ellingson, 2009).

Chapter Overview

In Chapter Two, I review the state of the field relative to alternative organizing, organizational membership, and organizing the body through Discourse and commodification. I reveal problematics in the literature that necessitate in-depth, qualitative study of the organizing of donor milk. In turn, I propose four research questions. In Chapter Three, I detail my paradigmatic and methodological location(s) and discuss why qualitative methods are best suited to the communicative study of milk banking. In doing so, I summarize my research design, protocols for data gathering and organization, and analysis techniques. Additionally, I consider Ellingson's (2009) *crystallization* within the context of the project as a methodological path to enable the articulation of multiple lived truths and centralize the politics of the embodied.

Chapters Four and Five present the study results—the first on the historical and modern mobilization of the industry alongside organizational communication theories; the second on maternal participants' experience of the industry, including issues of membership, macro-Discourses about the maternal body, and commodification. In Chapter Six, I discuss theoretical, social-rhetorical, and practical implications of these results. I close the chapter with suggestions for future research based on strengths and limitations of the current study and offer a conclusion to the significance of the milk banking research in communication.

CHAPTER TWO: LITERATURE REVIEW

In the following pages, I offer a review of literatures on the study's central concepts of alternative organizing, organizational membership, and organizing the body through Discourse and commodification. At the conclusion of each of section, I offer specific research question(s) focused on that theoretical concept's operation and effects as it relates to organization of donor milk. The scaffolding of these literatures facilitates exploration of the study's central wondering: How are the material and symbolic dynamics of milk banking organized in ways that complicate (in)effective lactation?

Alternative Organizing

Studies of alternative organizing consider the establishment and enmeshment of normative organizational values by asking how organizations might deviate from received views (Jensen & Meisenbach, 2015). Alternative organizations, then, are those whose structures are less hierarchical or bureaucratic and more novel, creative, or untested; in short, current conceptualizations of alternative organizing refer to an organization that has disentangled itself from institutional or cultural constraints and so is radically different from those to which we have become accustomed (Cheney, 2014). Advancements in information technology, for example, made possible developments in leaderless or concealed organizing that may never otherwise have been entertained.

Alternative organizing is inherently fluid because divergent practices can evolve to conventional, but in general, alternative arrangements challenge:

...what constitutes an organization, who its members are, how the members relate to one another, how their roles are established and defined, how decisions are made, how rewards are distributed, what goals are pursued by the organization, what counts as productivity in organizing, what effectiveness and efficiency mean

in a given case, how the organization represents itself, and what is the process of organizing itself (Cheney, 2014, p. 4).

Collectively, these challenges represent what Cheney and Munshi (2017) have called the four principles of alternative organizing: (1) autonomy, (2) equality / equity, (3) participatory democracy, and (4) solidarity and embodied connection with communities.

Alternative organizations may also be more cognizant of human and environmental needs since they are often born out of a response to societal norms, materialities, or discourses.

Societal responses that have direct application to be considered in this project include:

- (1) responding to global capitalism and growing inequalities.
- (5) supporting a variety of identities and differences (transcending identity politics toward new connections and levels of attachment and action).
- (8) taking full advantage of communication technologies for fostering connections (and recognizing the fluidity of organizational boundaries).
- (9) constructing a kind of translocalism (binding local activities and movements to macro issues and trends) (Cheney, 2014, para. 9).

Communication that is less oriented toward maintenance and reproduction of the status quo represents and functions as alternative organizing. Hence, “alternative” suggests a dialectical relationship with hegemonic, institutional arrangements and received views on fundamental organizing concepts (Cheney & Munshi, 2017). To that end, scholars have advocated for structural analyses of system-level maintenance and change, including efforts to bring the biophysical into organizational theory and practice and comparative ethnographies exploring the relationship between alternative organizing and stigma management (e.g., Meisenbach, 2010).

Hidden Organizing (as Alternative Practice)

When organizing works as a response to societal trends, research suggests a link between alternative and *hidden* or *clandestine organizing*. As defined by Stohl and Stohl

(2017), hidden or clandestine denotes “any sort of organizing that is *intentionally* shrouded from view” (p. 1). Groups may keep secret certain affiliations or conceal internal and external activities; even visible organizations may have clandestine counterparts, colloquially known as “black markets.” Jensen and Meisenbach (2015) suggest that partially hidden organizations may function as one way to manage the tensions of “balance[ing] unprofitable goals within a market society” or “achieving a common goal without fully adopting market and bureaucratic values” (pp. 584–585; see also Scott, 2013). Thus, when considering issues of (in)visibility, it is critical to distinguish the organization within its contemporary capitalist economy.

Research Question #1

Calls for additional theorizing of alternative organizing align with the intentions of critical organizational scholarship that circumscribe this project—working toward equitable distributions of power and access to resources. Cheney and Munshi (2017) argue that we should look for these alternative dimensions in already-existing spaces, especially context-specific ones. The mobilization of organizational and community resources around donor milk is a promising context because of the stark dimensions between traditional formal markets and modern-media-based informal markets. Online milksharing networks, for example, reflect initial characteristics of alternative organizing relative to autonomy and participatory democracy. And much like the Cheney and Munshi example of immigrant organizations not associated with or protected by a nation-state as alternative, online milksharing networks are not formally associated with, protected by, or regulated by a governing body, in contrast to non-profit milk banks that adhere to guidelines set by HMBANA.

The milk industry also stands to challenge theories on alternative organizing. First, alternative organizing is typically thought of as a linear process, from corporatized to alternative. But do the ways in which medical and maternal communities mobilized in response to circumstances of (in)effective lactation reflect a linear process? Does the chronology of the milk industry match up with the sequence of events that alternative organizing theories would predict? Second, most literature on hidden and clandestine organizing is based on stigmatized organizations that intentionally shroud themselves and their activities from view. But the stigma surrounding a brothel (e.g., Wiederhold & Blithe, 2015) or an immigrant advocacy organization (e.g., Cheney & Munshi, 2017) is different from the stigma surrounding the lactating and breastfeeding body; that is, brothels are stigmatized in a moral sense, immigrant advocacy organizations in a political sense, and milk banking organizations in another.

Embodied work would suggest that the milk industry is compounded by the “filth” of the lactating body—a body that expels, drips, and leaks from an anatomy society prefers to objectify as sexual. Tracy and Rivera’s (2010) research on “dirty work” also sheds some light. They argue that work is considered “dirty” when it involves physical labor, socially stigmatized work, or moral ambiguity. Milk banking aligns with these categories since the body is used in physical labor (producing and then donating a bioproduct of the lactating body), breastmilk is simultaneously praised and stigmatized (“breast is best” but the breastfeeding woman is unsightly in public), and milk banking practices have involved both exploitation (wet-nursing as slave labor) and profit (breastmilk as a contemporary market economy). If Discourses of “filth” or “dirtiness” influence the lack of public knowledge or support for milk banking, we must consider:

Does milk banking operate as clandestine or hidden because the organization(s) intentionally conceals its affiliations and activities or because the broader public shrouds it from view? Therefore, I also pose the following question:

RQ1: How have medical and maternal communities mobilized in response to circumstances of (in)effective lactation?

RQ1a: How does the organization of donor milk reflect, extend, or complicate notions of alternative organizing?

Organizational Membership as (In)voluntary and (Un)intentional

In everyday talk and policy, organizational membership is assumed to be voluntary or intentional; we apply for a job, pick up a hobby, join the fight for some cause, or set some personal goal that requires organizational resources, such as equipment at a gym. Yet, scholars now contend that the largely employment-based perspective in organizational communication and management research on membership has privileged membership as voluntary—“willful belongingness to or affiliation with” a collective, community, or organization (Peterson, 2014; Peterson & McNamee, 2017, p. 194). Past research in interpersonal communication also suggests that a byproduct of social and community life is the creation of nonvoluntary relationships: relationships “in which the actor believes he or she has no viable choice but to maintain [them]... at present and in the immediate future” (Hess, 2000, p. 460). Outside communication scholarship, practitioners and educators express that leading groups of mandated clients like those in correctional facilities, rehab centers, or court-mandated therapy is more challenging than leading voluntary groups where motivation tends to be high (Schimmel & Jacobs, 2011).

Peterson and McNamee (2017) define involuntary membership as “a relationship between an individual and a group, community, or organization that is compulsory or mandatory in nature and typically enforced against individual will or choice” (p. 194). Consequently, the very concept of involuntary membership not only challenges the synonymy of employment and membership but also undermines traditional theories of organizational or group membership that deflect identification and power issues inherent in involuntary arrangements. Involuntary members can still participate in the negotiation of organizational or group membership (Scott & Meyers, 2010), but the constrained choice of affiliation complicates the quality and means of participation and identification in all phases of membership (Berkelaar, 2013).

Peterson and McNamee (2017) propose a continuum-based understanding of membership, where membership is communicatively constructed through members’ agency over their physical environment, mobility, relationships, engagement, and body. In short, they argue that membership should be reframed as *(in)voluntary*. To that end, Peterson (2016) holds that “all membership has various gradations of (in)voluntariness that can be understood along a continuum of voluntary to involuntary” (p. 1049), whether in a correctional facility or an antepartum unit. Importantly, Peterson also notes that the implications of involuntary membership in healthcare contexts are consequential; that is, constrained affiliation complicates agency and can manifest in disempowerment.

Research Question #2

Examining the transferability of findings from existing critical cases of (in)voluntary membership (i.e., group leadership of mandated clients, correctional officers and inmates in the prison system, or patients in an antepartum unit) to other

organizational settings like milk banking is an optimal opportunity for organizational communication research. Indeed, milk banking as a context of membership is, even on the surface, complicated in its affiliations. Considering issues of (in)voluntary membership in milk banking is also important for the study itself so data do not overlook membership arrangements that eclipse issues of identity and power.

At present, literature on (in)voluntary membership does not define degrees along the (in)voluntary continuum of membership. There appear to be multiple ways of engaging or not engaging in the organization of donor milk (i.e., formal and informal, for-profit and non-profit, selling or sharing, or manufactured formula), but the circumstances surrounding moms' participation in milk banking have yet to be explicated. Exploring the membership stories of maternal participants could illuminate presuppositions of whether milk banking as a context of membership falls along certain degrees of the continuum versus others, or if membership in milk banking even falls along the continuum at all. If identities and power relationships are “intentionally and unintentionally produced, reproduced, and transformed” (Scott & Meyers, 2010, p. 96), can the condition of membership also be intentionally and unintentionally produced? And if so, what would a continuum of (un)intentional membership afford organizational scholarship that an (in)voluntary continuum does not? Keeping these opportunities and challenges in mind, I pose the following question:

RQ2: How is organizational membership implicated by (in)effective lactation?

That is, do the circumstances of moms' participation in milk banking reflect notions of (in)voluntary or (un)intentional membership?

Organizing the Body: Discourse and Commodification

Organizational communication scholarship conceptualizes “organizations” from three orientations, as summarized by Fairhurst and Putnam (2004). Each orientation distinguishes between discourse (i.e., micro—everyday talk and interaction) and Discourse (i.e., macro-level communication that naturalizes the world in certain ways). In an *object* orientation, the organization is already formed. It exists independent of its members, and discourse exists outside the stable, organizational container. Because discourse reflects boundaries, members have little to no agency. In a *becoming* orientation, the organization is in a constant state of becoming; discourse exists prior to organizations but actively shapes organizational contexts, identities, and behaviors because Discourses have constitutive power. In an *action* orientation, organizations are grounded in discursive social practice. Language-in-use is prioritized over Discourses of knowledge or power, and action and structure are mutually constitutive. The discipline (and the orientation of this dissertation) follows the discursive turn, where discourse is not merely an artifact; it is the mode of being and sustainability (Putnam & Cooren, 2004). In other words, discourse is both the foundation for organizing and the very notion of an organization as an entity (i.e., the recursive property of texts).

Structuration Theory

Structuration theory edifies explorations of discursive social practice by scaling how macro-Discourses are reproduced and resisted in meso policy and micro interactions (Giddens, 1984; McPhee, Poole, & Iverson, 2014; Poole & McPhee, 2005). The *duality of structure* principle reminds us that structures (i.e., the rules and resources we depend on that constitute systems) are both an outcome of our interactions and a present creation

in our interactions themselves; we are both enabled and constrained by them. Similarly, the *dialectic of control* principle holds that if and when structures fail us, we might exercise our agency to “push back” and make change by shifting structures.

The duality of structure and dialectic of control are productive frames of study, especially when problematizing organizational communication issues related to membership and organizing the gendered body. With respect to membership, Peterson and McNamee’s (2017) aforementioned study proposing a continuum of (in)voluntary membership used structuration theory as an emergent and interpretive lens, and found that membership is continuously reconstructed based on “the extent to which subordinates are able to enact a dialectic of control where subordinates can influence their superiors to presumably become less involuntary” (p. 206). With respect to gender, Kirby and Krone (2002) used structuration theory to evaluate work-family policies versus “policies in-use” and found that macro-Discourses were reproduced in micro interactions—family leave as “time away” from real work affected perceptions of preferential treatment, and females as primary caregivers affected perceptions of men being rebuked for taking leave. Tracy and Rivera (2010) also used structuration theory in their exploration of male executives as gatekeepers of work-life policy and found that executive talk reified scripts about private/public spheres, family time, childcare, and “good” female employees versus “good” wives and mothers. Each of these studies integrates the principles of structuration with critical sensibilities in ways that disrupt and transgress the comfort and familiarity of organizational epistemologies and ontologies.

Within this dissertation, I also exercise structuration theory’s heuristic value with critical sensibilities. Giddens’ (1984) analysis of action does not do justice to structural

constraints. The theory overemphasizes agency in terms of the politics of the embodied and the ability to act independently. Restrictions disproportionately affect certain groups “whose identities depend on certain assumptions about social structure” (Thompson, 1984, p. 159). For example, in a white hetero-cis-patriarchy, a queer-identifying transgender woman of color is not afforded the same agency as the established cultural hegemony. Giddens acknowledges that structural constraints may reduce someone’s options for action to one, but critical sensibilities clarify that one option is no option at all because there are no other courses of action to pursue, which makes action and structure antagonistic poles instead of complimentary forces.

Commodification as Discursive Organizing

Blood, sperm, and eggs are more than mere bioproducts; they constitute global consumerist economies across multi-billion-dollar industries. Although breastmilk does not comprise a centralized industry—but rather, a complex web of networks designed to organize the donation and receipt of breastmilk—it is inscribed as a marketable commodity or an object of economic value and scientific benefit. Like other bioproducts, breastmilk may be subject to economic laws of supply and demand in which “the producer of the product experience[es] alienation from that product,” and the body is made anonymous (as cited in Carter, Reyes-Foster, & Rogers, 2015). Hence, commodification is a communicative phenomenon that involves the codification of displayed rules and norms to further profitable goals (McGuire, 2010). Negotiations of labor relations shift to the price of purchase for the *result* of that labor and “the workers who perform [labor] disappear from the equation” (Nisim & Benjamin, 2010, p. 221).

Forbes (2009) similarly argues that commodification is a discursive product of organizing “tightly woven in organizational motif and enacted through local and seemingly mundane organizing processes” (p. 578) involving Discourses of gender, sexuality, race, and body politics. In other words, bodies are more than physically present in organizing; bodies are called upon and marked as visible and invisible by “seemingly mundane” organizing processes that make bodies a site and an outcome of social regulation and complex relations of disciplinary power. In their work on corporeal commodification and transnational feminisms, Hassan (2010) also notes that “by employing metaphors of intimacy and maternal goodness, contemporary corporate and scientific interests circulate, represent, and profit from breast milk at the expense of women” (p. 211). Feminist rhetorical sensibilities also reveal that problematics of corporeal commodification go beyond a moral hue to that which is colored by essentialist authority and capitalist proprietors of power, such that the marketed mother’s body is the objectified and devalued one. Thus, one of the ways commodification might be visible within milk banking is in hegemonic discourses that de-center female corporeality.

Research Questions #3 and 4

Structuration theory and literatures on corporeal commodification in organizations serve as important conceptual backing for the study. First, structuration theory as an emergent and interpretive lens clarifies how participation in milk banking (and the organizational practices of banking and sharing breastmilk) condition subjectivities and police social behavior. I use “condition” as a metaphor; much like athletes do “conditioning” to prepare and shape their bodies and improve endurance, d/Discourses

surrounding participation in the milk industry undoubtedly condition participants' subjectivities, both internalized and observed.

Second, perhaps no more than any other substance, breastmilk is inextricably connected with the nourishment of human personhood. Therefore, milk banking as a site of study is implicated in commodification. As Hassan (2010) notes, rhetorics of altruism might be “placing the work of American women at the center of a neoimperial model of global exchange,” masking commodification (p. 211). Commodification could also be implicated when manufacturers advertise formula products as “the closest possible thing to [breastmilk]” (Fentiman, 2009, p. 34). It is not just breastmilk that is inscribed as the commodity, but the female body itself. Therefore, I pose two final questions:

RQ3: What macro-Discourses about the maternal body and (in)effective lactation are reproduced and resisted in milk banking, and how do these Discourses manifest in everyday talk and social support?

RQ4: In what ways does milk banking commodify and/or empower the maternal body?

Summary

My research program explores the power and politics of gender in organizations—how does it affect the way we see the world? ... the way we understand ourselves? ... how we create policies? ... how resources are distributed? ... how we interact with others in a work setting? I study these processes because I am passionate about creating equitable and inclusive workspaces across situated and embodied experiences. This is a productive area of study because gender (or even the self-identified absence of gender) is inextricable from our corporealities because knowledge is produced

in the body (Ellingson, 2009). Gender is also cyclically implicated in structural politics, history, and culture. It is an always-already existing force in communication interactions.

Because the body is implicated in organizational discourse (i.e., Forbes, 2009) and because gender is inextricable from the realities of our body, the gendered body is also present in organizing contexts. The U.S. Department of Labor estimates that the average American spends 90,000 hours at work (assuming a 40-hour work week from ages 20–65), or roughly one-third of their lifetime (BLS, 2018). Gender is inevitably implicated in these workplace interactions, just as our bodies as sites of gender are also implicated in workplace policy (e.g., maternity leave). The gendered body is both a site and outcome of corporate and social regulation (Trethewey, 1999), making organizational epistemologies and ontologies both personal and political.

In sum, this study explores milk banking through qualitative study of alternative organizing, organizational membership, and the organization of the body through Discourse and commodification. To review, my four research questions are as follows:

RQ1: How have medical and maternal communities mobilized in response to circumstances of (in)effective lactation?

RQ1a: How does the organization of donor milk reflect, extend, or complicate notions of alternative organizing?

RQ2: How is organizational membership implicated by (in)effective lactation?

That is, do the circumstances of moms' participation in milk banking reflect notions of (in)voluntary or (un)intentional membership?

RQ3: What macro-Discourses about the maternal body and (in)effective lactation are reproduced and resisted in milk banking, and how do these Discourses manifest in everyday talk and social support?

RQ4: In what ways does milk banking commodify and/or empower the maternal body?

The answers to these questions, both theoretical and practical, are of interest to organizational communication scholars and those involved in the milk banking industry.

CHAPTER THREE: METHODS

My paradigmatic and methodological locations are centered in postmodern feminist theory. As the dominant turn in feminist organizational communication theory, postmodern feminism assumes a constitutive model where gender and its enactments are generated by discourse, which then cultivates particular subjectivities and power relations amongst them. In other words, communication is the force that produces difference in and around organization on micro, meso, and macro levels—the performativity of gender in everyday organizational interactions, making sense of ourselves through organizational processes, and the discursive construction of organizational culture through difference (Ashcraft, 2014). Feminist rhetorical criticism sensibilities can provide tools to understand discourse as tactical, symbolic strategy that make categories of identity and difference meaningful and reveal the possible collusion of various discourses (Carrillo Rowe, 2009; Fixmer-Oraiz, 2013). But because gendered privilege and oppression are material, it is important to consider how materialism is manifest in embodiment when reconstructing alternative modes of organizing within the larger scope of qualitative methodology (Ashcraft, 2005).

Qualitative methods edify the paradigmatic intentions of critical, postmodern, and feminist theory because they provide a complex, messy, and complicated portrait of the world—of life as lived. The goal of inquiry is rooted in honoring local meanings while acknowledging our involvement and impartiality (Ellis, 2007). By immersing ourselves in a cultural space (context), vividly describing background and context (thick description), and being ever-aware of our bodies as instruments (self-reflexivity),

qualitative approaches are best suited to answer phronetic questions focused on the production of practical wisdom (Tracy, forthcoming).

For the critical theorist, a phronetic approach means encountering a world where power and politics regulate knowledge claims and social relations (Flyvbjerg, 2006). For the postmodernist, this means encountering a world where distortions have been imposed on others' experiences and resulted in totalizing narratives. For the feminist theorist, this means encountering a world constructed by Discourses of patriarchy and misogyny that have situated women with less power, which translates to fewer rights, which then shapes and is shaped by representation in the public and political sphere, which leads to issues of access (Meyer, 2007). For the critical, postmodern feminist theorist, qualitative approaches provide the tools to illuminate hegemony at work, to interact with the world in a way that acknowledges all individuals as having the ability to speak knowledgably, and to create social, economic, and political forms of justice.

My paradigmatic and methodological locations are rooted in a passion for exposing and addressing injustice (Ellingson, 2011). This means that I approached the study as a *bricoleur*—a quilter, piecing together a mirage of partial and mismatched representations across sensitizing concepts to discern a complex situation and deliver a meaningful research synthesis (Tracy, forthcoming). Such an approach attends to needs of diverse audiences and increases opportunity for positive change (Ellingson, 2011).

Crystallization as Method

Because this dissertation was informed by a variety of sensitizing concepts, it was important that the methodological path enabled construction and articulation of multiple lived truths. Ellingson (2009) developed crystallization as method for this very purpose:

Crystallization combines multiple forms of analysis and multiple genres of representation into a coherent text or series of related texts, building a rich and openly partial account of a phenomenon that problematizes its own construction, highlights researchers' vulnerabilities and positionality, makes claims about socially constructed meanings, and reveals the indeterminacy of knowledge claims even as it makes them. (p. 4)

Two primary characteristics of crystallization were crucial for the meaningful coherence and execution of this project. First, crystallization deconstructs and reclaims qualitative research. Traditional approaches to qualitative inquiry are rooted in positivism, as evidenced by the "research report genre" and the field's reliance on technical language (Ellingson, 2009, p. 5). Crystallization provides a platform to disrupt the disciplinary norms of a Cartesian dualism and its totalizing constraints, to test the generic limits of traditional qualitative approaches, to acknowledge the multiplicity of incompleteness and the partiality of any one story, and to recognize the impossibility of neutral choices in the presentation of qualitative findings. Making claims or offering recommendations, suggestions, or theoretical insights are also made more probable with crystallization because of the depth required to produce a crystallized text.

Second, crystallization centralizes the body while remaining critically aware of the politics of the embodied. The notion of the research as *disembodied* is not only masculinist but also inherently privileged because our claims about the studied are inseparable from our beliefs about what counts as knowledge and knowledge production. To that end, knowledge and writing as embodied are distinct benefits of qualitative approaches that keep scholars rooted in awareness of their own influence in all phases of the research process. Jensen and Meisenbach (2015) engage this awareness through what they call a "performative ethnographic lens," or "one in which the researcher and

research participants' bodies feature heavily in the gathering of data and the construction of research" (p. 570). Throughout the project, I attempted to embody an awareness of this lens by adopting Ellingson's strategies to ensure ethical representation (e.g., fostering reflexive consideration, resisting easy categories, conducting member checks, exploring ambiguities by sharing research process(es) through any variety of texts, etc.).

Research Design

The purpose of this study was to explore the structuration of milk banking in the U.S.—how macro-Discourses of gendered bodies infiltrate meso-level processes and texts and show up in micro-level talk about donor milk, such that the organization of milk banking creates subjectivities, formulates identity, and polices behavior. Therefore, the research design mimicked some elements of LeGreco and Tracy's (2009) *discourse tracing*, a method for applied, critical-interpretive work to analyze the "formation, interpretation, and appropriation of discursive practices across micro, meso, and macro levels" (p. 1). Procedures were developed from Tracy's (forthcoming) recommendations for qualitative design and Ellingson's (2017) recommendations for interviewing.

Sites and Sources of Data

I cultivated partnerships with local and national organizations to conduct document analysis, engage in participant witnessing (Tracy, forthcoming), and facilitate in-depth interviews. Across all of these sites, twelve organizations are represented, including Mother's Milk Bank of Colorado, where I completed a four-day immersive site visit. Figure 1 illustrates each site's situatedness in in/formal markets and role across key points of data collection.

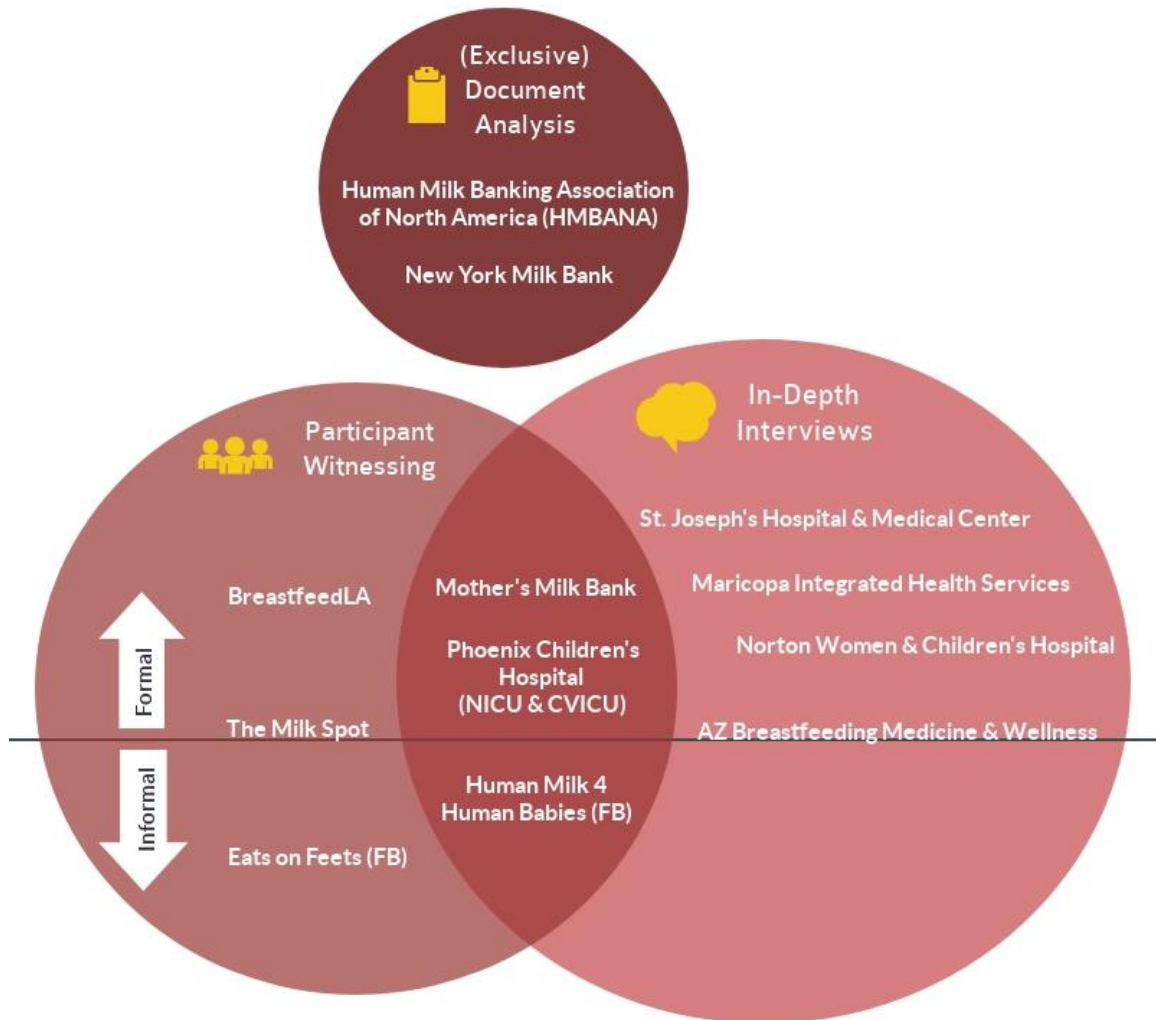


Figure 1. Sites and sources of data.

Participants

Participants included two primary groups: (1) donors and recipients, and (2) milk staff (i.e., medical professionals like NICU physicians and lactation consultants plus milk bank employees and admins for online milksharing networks). Sampling was purposive in that I sought out specific individuals to speak with based upon their roles as they fit parameters of the project's research questions, a strategy aligned with Berg's (1989) recommendation that researchers utilize "special knowledge or expertise about some

group to select subjects who represent this population” (p. 110). For example, I specifically sought out NICU physicians or nutritionists who worked with donor milk in Phoenix Children’s Hospital and Norton Women and Children’s Hospital, among others. Within certain sites, my strategy also involved snowball sampling—using an initial contact to pass the research on to others and expanding the sample as the study progresses. Tracy (forthcoming) writes that this strategy is especially helpful for groups that are difficult to access or populations that are hidden. For example, after conversing via Facebook Messenger for two weeks, an administrator for Human Milk 4 Human Babies approved my call for participants and posted the image on the Arizona chapter’s main page (see Figure 2). This call was viewed over 2,000 times and resulted in over 60 contacts via Facebook comment, text message, and e-mail.

Data Gathering

I gathered data in the form of data texts, fieldnotes, and in-depth interviews. In total, I spent 50 hours engaged in participant witnessing and facilitated 37 interviews that resulted in 725 single-spaced, typewritten pages of data. I also selected 62 core data texts for document analysis (286 additional pages). Gathering a variety of data is supported by Ellingson’s (2009) concept of crystallization; doing so not only allows for multi-textured understanding but also centralizes the body while facilitating the construction and articulation of multiple lived truths. Table 1 provides a comprehensive summary. Below, I describe each data type in terms of utility, execution, and alignment with specific research questions.



Human Milk 4 Human Babies - Arizona

17 minutes ago · 🌐

Sarah is a Doctoral Candidate at ASU, she is looking for people willing to share their experience donating and receiving breastmilk through our organization. If you are willing to participate in an informal interview, please contact her. Thank you!

(posting with permission from group admins)



Hi, HM4HB mommas.

My name is Sarah Jones. I'm a new member of the Facebook community and a doctoral candidate at ASU studying organizational communication under Dr. Sarah Tracy. I research issues of gender in the workplace because I care deeply about women and moms getting the organizational and legislative support they deserve. My dissertation is about breastmilk donation and exchange—I want to understand how moms navigate the complications and opportunities of lactation.

Would you be willing to participate in an informal interview about your experiences donating breastmilk or receiving donations? I'm especially interested in how these exchanges online affect your experience of motherhood. You must be 18 or older to participate.

Interviews would last approximately 1 hour and could take place either in-person (at any valley location convenient to you) or by video chat (Skype, Zoom Meeting, Facebook Messenger, Google Hangouts, etc.). Interviews will be audio recorded to accurately capture your responses but can be stopped at any time, and your real name will not be used in transcription, analyses, or findings. As a thank you, I will provide you with the final transcript of your interview, so you have a permanent record encapsulating your story; please also let me know if there is anything else I can do to contribute to the group in support.

Your participation is 100% voluntary and I am more than happy to answer any questions you may have. Please don't hesitate to contact me by commenting on this post, messaging me directly, or using any of the other methods below:

- E-mail: s [REDACTED]
- Call or text: [REDACTED]
- Instagram [REDACTED]

Thank you for your presence and for considering this conversation!

Sarah E. Jones, M.A.

Figure 2. Research call on Human Milk 4 Human Babies – Arizona. Call for participants approved by group administrators and screenshot captured June 26, 2018.

Table 1

Summary of Data Collected

DATA COLLECTED	Document Analysis	Participant Witnessing	In-Depth Interviews
Amount	62 items		37 interviews* 21 donors + 12 recipients + 11 milk staff *Some participants fit more than one category.
Duration		50 hrs 4 days (29 hrs) shadowing / volunteering at Mother’s Milk Bank 16 hrs (ongoing) volunteering at The Milk Spot 2 hrs touring Phoenix Children’s Hospital 3-hr seminar with BreastfeedLA **Virtual fieldwork converted to data texts.	33.32 hrs 629-mi driven in AZ, + air travel to CO for Mother’s Milk Bank Interviews at libraries, coffee shops, participants’ homes, and video chat.
Total Data	297 pages	65 single-spaced pages (typewritten fieldnotes) 39 pages from Mother’s Milk Bank 26 pages from BreastfeedLA + The Milk Spot + Eats on Feets + Phoenix Children’s Hospital + AZ Breastfeeding Medicine & Wellness	660 single-spaced pages (transcripts) Completed via transcription service (www.gotranscript.com).

Document Analysis

I collected meso-level data texts to answer RQ1 and RQ1a, which ask how medical and maternal communities have mobilized in response to circumstances of (in)effective lactation. To answer these questions, I also considered the rhetorical crafting of milk banking in formal and informal markets and contemplated a feminist response to their political economies. The Human Milk Banking Association of North America (HMBANA) and New York Milk Bank were used exclusively for document analysis, but data texts were also gathered from Eats on Feets, Human Milk 4 Human Babies, Mother’s Milk Bank, Phoenix Children’s Hospital, Maricopa Integrated Health Services,

The Milk Spot, AZ Breastfeeding Medicine and Wellness, BreastfeedLA, and popular press. Documents include press releases, announcements, PowerPoint slides, screening forms, signage, or objects like Mother's Milk Bank's book of donor stories, Swanson's book on the history of milk banking, "Banking on the Body," and spreadsheets or pictures from participants.

Participant Witnessing

Per Tracy's (forthcoming) recommendations, I use the term participant witnessing instead of participant observation to describe time and space shared with milk banking or milksharing organizations and their staff. Whereas participant observation assumes fieldwork to be an objective and unobtrusive third-person endeavor, participant witnessing acknowledges the sensory embodiment and attending power-relations inherent in fieldwork. Participant witnessing also brings meaningful coherence to my paradigmatic and methodological locations as a critical-qualitative scholar. Rather than standing innocently on the sidelines, I absorbed the scenes and participated with those I researched as they shared their work days and lives.

In total, I spent 50 hours engaged in participant witnessing. This data helps answer RQ1, RQ1a, and RQ3, which look toward alternative organizing practices and macro-Discourses about the maternal body and (in)effective lactation in those organizing processes. Sites of witnessing included The Milk Spot, Mother's Milk Bank, Phoenix Children's Hospital, BreastfeedLA, Eats on Feets, and Human Milk 4 Human Babies. Two sites involved volunteering, two involved seminars or tours, and two involved virtual fieldwork.

At The Milk Spot, where I volunteered for one year, duties included logging, packing, and arranging shipping for donor milk, observing and assisting with setup for “Breastfeeding 101” class, and facilitating a community-wide and globally recognized event called, “The Big Latch On!” At Mother’s Milk Bank, volunteer duties included packing promotional materials, delivering thank-you packages to nearby collection centers, serving as a Mother’s Milk Bank representative at the annual “Bumps & Babies” event, building and stickering shipping boxes, sorting and sanitizing glass bottles and packaging material, logging donor milk, and working in the lab dispensing milk.

At Phoenix Children’s Hospital, I was given a tour of the NICU by a lead nurse and lactation consultant. The tour included preparation stations and freezer rooms where medical staff log, store, and prepare donor milk for NICU babies based on doctors’ prescriptions, as well as incubators and private rooms. I also attended a seminar hosted by BreastfeedLA titled “At the Forefront of Human Milk Handling,” which brought together physicians, lactation consultants, and community advocates to learn about best practices for mother’s own milk and donor milk and included a presentation by the Director of Mother’s Milk Bank’s satellite in San Jose, California.

Eats on Feets and Human Milk 4 Human Babies involved virtual fieldwork. Both groups are public and therefore did not require formal approval procedures from admins or members for witnessing everyday activity in the group. I did, however, seek official consent from Human Milk 4 Human Babies admins for posting my call for participants (Figure 2). Since I “liked” their Facebook page, regular posts showed up on my own Facebook newsfeed, and anytime I “liked” a post or replied to comments on my call for participants’ post, all members were able to see and access my response and information.

Hours spent engaging in virtual fieldwork was not included in total hours for participant witnessing (listed in Table 1). Instead, hours were converted into data texts for document analysis, meaning I took screenshots of core, public posts or announcements and redacted any visible member names.

At each site, I used fieldnotes—a combination of writing, participating, and observing—to record and reflect upon nuanced rituals or social conventions (Emerson, Fretz, & Shaw, 2011; Gobo, 2008). An excerpt is available in Appendix B. As access to each site took form, ethical considerations for relationships were ever-present, including considering how writing influenced shared spaces and seeking structured consent outside of volunteer or witnessing activities (Murchison, 2010). I also sketched diagrams of each room or working space for tours and fieldsites. Even as rich data was not gleaned from every page or sketch, my role as a volunteer and advocate allowed for ethical engagement. My involvement also made interviews richer by facilitating networking and enabling me to ask efficient questions while engaging in live member-checking (e.g., “Several other moms have mentioned... does that resonate with your experience?”).

Interviews

I conducted 37 in-depth interviews to answer RQ2, RQ3, and RQ4. These questions asked about the nature of membership, macro-Discourses about the maternal body and (in)effective lactation, and how the industry commodifies or empowers the maternal body. To answer these questions, I facilitated 37 in-depth interviews with two sets of participants: (1) donors and recipients, and (2) milk staff (i.e., medical professionals like NICU physicians or lactation consultants, plus milk bank employees and admins for online milksharing networks). In total, interviews included 21 donors, 12

recipients, five medical professionals, four milk bank employees, and two online administrators. Some participants fit multiple categories.

To include a multiplicity of voices, I participated in key informant, ethnographic, and respondent interviews using semi-structured approaches. My goal was to understand how participants made sense of and navigated milk banking or milksharing and how their participation affected their identity as a community member, medical professional, or mother. Situating my interviewer stance as that of a deliberate naïveté was appropriate insofar as I was open to new, unexpected findings and remained committed to dropping presuppositions (Tracy, forthcoming). I also sought to embody a *responsive model* of interviewing (Rubin & Rubin, 2011) by actively listening for meaning as participants described their worlds, taking note of and owning the dyadic emotional effect, and answering questions about my research throughout. Finally, I guided my overall practice using Ellingson's (2017) recommendations on interviewing bodies, which center on the active and fluctuating meaning of interviews, the sensuous interaction and enmeshment of rapport, socially constructed expectations, and embodied knowledge construction.

Interviewees were recruited through the Arizona chapter of Human Milk 4 Human Babies (see Figure 2) and through snowball sampling. Julianne, for example, expressed her interest via e-mail after seeing the Human Milk 4 Human Babies call. As a lactation consultant for St. Joe's Hospital and Medical Center and a donor for Mother's Milk Bank, she connected me with milk staff and made the introduction to the Outreach Director at Mother's Milk Bank that resulted in my four-day site visit. Interviews took place at local libraries, coffee shops, participants' homes, and via video chat. In total, I drove 629 miles round-trip across Arizona, plus air and car travel to and around Colorado

for the Mother’s Milk Bank site visit. While I initially tracked these numbers for curiosity, I note them here because they show the physical and temporal extent of data gathering. Indeed, geographically moving our bodies can be seen as a form of data collection (Wiederhold Wolfe, 2015). The routes I drove mimicked trips moms make in order to pick up a donation, from north Scottsdale to Chandler or Glendale to Tucson.

Interviews were transcribed using the service GoTranscript (www.gotranscript.com), which guarantees security, privacy, and confidentiality. All transcribers are required to sign a Confidentiality Agreement and use 2048-bit SSL encryption. Clients are given the option of personally removing completed transcriptions from the GoTranscript database and data is also removed from the computers of the transcribers. Pseudonyms were used to better ensure anonymity.

An interview guide summary is included in Appendix C. The delineation of interview questions across interviewee type were strongly guided by Malvini Redden’s (2013) interview protocols for TSA employees and air travel passengers. Additionally, Tracy’s (forthcoming) chapter on interview planning and design was used for question rationales. With each subsequent interview, I made minor to moderate adjustments to question wording and overall question sequencing.

Data Analysis

I approached this project as a multi-layered study that embodied an iterative approach to analysis by integrating the etic use of sensitizing concepts with an emic relationship to the data. Put differently, an iterative analysis asks: “What are the data telling me?” “What is it I want to know?” and “What is the dialectical relationship between [them]...?” (Srivastava & Hopwood, 2009, p. 78). By holding existing theory

and guiding research questions together with emergent data, I am better able to capitalize upon previous interests and past literatures in ways that inform rather than impose and identify spaces in the data that could extend theory or address practical problems.

Data Review

I began reviewing my data as soon as possible and tweaked initial outreach e-mails and Facebook messages based on response time, interest, and feedback. Throughout interviews, I adjusted my approach to question blocks, expanded some inquiries, and dropped others (until eventually, I did not have to look at the interview guide during the interview). Before the tour at Phoenix Children's Hospital or volunteer shifts at The Milk Spot, I kept a bullet-pointed list of questions or things to look out for. While driving home from site visits or to and from interviews, I recorded voice memos on my cellphone, which included a summary of the visit and initial thoughts on how the experience connected to larger wonderings. During my fieldsite visit to Mother's Milk Bank, my shadowing and volunteer duties wrapped up mid-afternoon, after which I spent hours transposing handwritten jottings into typewritten, formal fieldnotes, and digitizing pamphlets and sketches from the day's fieldwork. These strategies facilitated a focused and efficient analysis process and allowed me to discern promising directions.

Data Organization

Tracy (forthcoming) argues that organizing data is part of analysis. Therefore, I carefully considered which forms of technology could meaningfully assist with my analysis. All original data were organized in my personal Dropbox account, which is accessible offline. Data texts, fieldnotes, and interviews were organized in separate folders. Fieldnotes and corresponding voice memos were then organized by site.

Interview transcripts were organized chronologically, and file names distinguished each participant type (i.e., milk staff, donors, recipients). Finally, I created a “master list” to document interview dates, durations, locations, transcript IDs, and pseudonyms.

Data Immersion and Coding

I first printed my fieldnotes along with a range of interviews to read and mark up with multicolored pens during road trips and plane rides. When submitting interviews for transcription, I re-listened to excerpts to confirm audio quality, an opportune way for my mind and body to recall what that space of conversation looked, felt, and sounded like. I played with manual data analysis approaches, drawing flow charts or word clouds on scratch paper and filling my Moleskine notebooks with diagrams and outlines. I talked with others (e.g., committee members, colleagues, friends and family) about what I believed were the most interesting or perplexing findings. When I presented preliminary findings at the 2018 Organizational Communication Mini Conference, faculty offered suggestions that were useful in finding my scholarly voice. Systematically immersing myself in the range of data little by little—reading, listening, talking—was essential to quality analysis.

I utilized NVivo 12 for Mac, a qualitative data analysis software, for coding the data. NVivo offers some advantages over manual methods, namely, allowing me to code images or the same pieces of data with multiple labels. Coding followed primary-cycle, secondary-cycle, and hierarchical processes, where I made use of attribute, process, *in vivo*, concept, and emotion coding (Saldaña, 2016). In the first stage of analysis, I open coded approximately 80 percent of each transcript to describe “what” was happening in the data, punctuated by *analytic memos* (Clarke, 2005). I frequently used gerunds as *first-*

level codes to best capture the essence of action (Charmaz, 2011). For example, when seeking to understand how maternal identity is constructed and performed as women navigate the industry and its macro-Discourses, I asked participants, “What did it feel like to navigate it all as a new parent? Was it easy or difficult to figure out where to start?” First-level codes included gerunds like “invigorating,” “exhausting,” and “failing.”

In the second stage of analysis, I wrote *second-level codes* or analytic and interpretive revisions that answered “why” data are significant and made use of attribute, process, *in vivo*, concept, and emotion coding methods, as well as theming the data (Saldaña, 2016). This began with grouping first-level codes according to similarity and using *hierarchical coding* to create “conceptual bins for emergent claims” by assigning each similar set a categorical name (Tracy, forthcoming, p. 200). Next, I organized hierarchical codes under the central concept from the corresponding research question (e.g., “mobilizing” for RQ1 or “empowerment” for RQ4). I repeated this cycle multiple times to refine codes and finally, created a codebook with approximately 30 codes.

I noted the meanings and connections among codes and emerging themes through *memoing* (Creswell, 2013) and using the *constant comparative method* to ensure data were applicable to codes and emerging themes (Charmaz, 2011). Memos were stored in the “Notes” section of my NVivo project file. I continued to play with advanced data analysis strategies, including visual displays to think creatively about the data and show rather than tell. Finally, I organized the data in a *loose analysis outline* (Tracy, forthcoming) to guide the writing process and evaluate the completeness of analysis by ensuring emergent themes were salient to the interests of each research question.

Applying Crystallization

In line with my commitment to critical-qualitative approaches, I utilized principles of crystallization in analysis. As outlined in the opening of this chapter, crystallization combines data types, analytic strategies, and genres of representation into a coherent text(s) in order to build “a rich and openly partial account of a phenomenon” (Ellingson, 2009, p. 4). This is a strength of crystallization—it shows clearly the partiality of texts and reminds us of the multiplicity of incompleteness. In other words, the analyses presented in this study do not comprise *the* story, but *a* story that extends and complicates our expectations of organizing and our ideas about (in)effective lactation.

Like my overall approach to analysis, crystallization was an *iterative* process. Thus, I worked to consider how principles of crystallization influenced my research design, data collection, and analysis at each turn. Throughout the “summer” of data collection and “winter” of analysis (González, 2000), I engaged *integrated crystallization* or pursued a woven or patched multigenre text, since a dissertation is most traditionally designed as a single, coherent text. This involved: (1) writing in a journal during and after data collection on what I most want my audiences to get out of the text and then choosing examples or incidents that embody those messages; (2) indulging by selecting some of my favorite moments, quotes, or examples for lengthy representation; (3) choosing additional stories or examples that are comprehensive and transportable; and (4) consciously working to illustrate themes with differing forms of data from a wide range of participants. Each step is enabled by the research design given the multiple forms of data collected (i.e., documents, fieldnotes, and interview transcripts across macro, meso, and micro levels of d/Discourse).

The “patches” in this dissertation include a combination of visual and narrative elements woven throughout analytic interpretations of the data. The purpose of engaging such alternative forms of representation is to “offer the reader an aesthetic and evocative” interpretation of the data, in addition to that which is expected in social science writing (Meyer, 2017, p. 40). In Chapter Four (Results, Part 1), I use *concrete research poetry* (Meyer, 2017) and a *constructed vignette* (Tracy, forthcoming) to make visible the lived, political conditions that gave rise to online milksharing networks. In Chapter Five (Results, Part 2), I use a sketch obtained online of a double-electric breast pump to frame maternal participants’ feelings toward and metaphors of their relationships with their breast pumps, the actual method by which breastmilk is obtained for donation.

Summary

Understanding how milk banking complicates our ideas about (in)effective lactation answers central questions about the power and politics of gender in organizations: how does it affect the way we understand ourselves? ... how we create policies? ... who has access to resources? Engaging scholarship on alternative organizing, organizational membership, and the organization of the body through Discourse and commodification makes the hidden complications of organizing donor milk more visible. Through critical, qualitative methods and crystallization, the results extending from document analysis, participant witnessing, and interviews challenge the fragility of those things we simultaneously stigmatize, take for granted, and hold dear—issues of caregiving, motherhood, reproductive choice, and embodied social support.

CHAPTER FOUR: RESULTS (PART ONE)

To understand how the symbolic and material dynamics of milk banking and milksharing complicate (in)effective lactation, I posed four research questions, each focusing on a distinct area of organizational communication theory. In this chapter, I offer an answer to RQ1, which asked:

RQ1: How have medical and maternal communities mobilized in response to circumstances of (in)effective lactation?

RQ1a: How does the organization of donor milk reflect, extend, or complicate notions of alternative organizing?

To answer this tiered question, I present an extensive (her)story of the milk banking industry and its protocols, as informed by extensive document analysis and fieldnotes, as well as select statements from milk staff. Next, I retrace pieces of this (her)story with organizational communication theory and illustrate how the industry shares characteristics of both traditional and alternative organizing.

Offering a thick description of the industry in and of itself is a contribution—describing in detail an industry with which most organizational communication scholars (and many social scientists) are not familiar. An in-depth understanding of industry tensions is also important for discerning the presence of alternative and hidden organizing in milk banking. In each section, I use acronyms for two institutions unique to milk banking: the Human Milk Banking Association of North America (HMBANA) and Neonatal Intensive Care Units (NICUs). Both acronyms are accompanied by their full names upon first mention in the results. I also use acronyms to identify well-known federal agencies like the American Academy of Pediatrics (AAP), Centers for Disease

Control (CDC), Food and Drug Administration (FDA), and World Health Organization (WHO). Names for all other institutions, organizations, or titles are spelled out in full. A glossary of acronyms, if desired for periodic reference, is also available in this dissertation's front matter.

Origins: Wet Nursing, Lactation Directories, and Floating Hospitals

The practice of milk banking evolved from wet nursing—lactating mothers nursing non-biological infants at the breast. Legal scholars mark its origins in 2000 B.C.E. Middle East, but industry professionals argue the Codes of Hammurabi in 1800 B.C.E. governed the attributes and activities of wet nurses (Sakamoto, 2017). Prior to the invention of formula, wet nursing was the only way to save infants who were abandoned or whose mother died in childbirth (Waldeck, 2002), as made famous in Charles Dickens' 1846 novel *Dombey and Son* (see Hassan, 2010, for literary analysis). Studies conducted in 1700s Europe showed a decrease in infant mortality and morbidity for those who were breastfed, whether by their biological mother or a wet nurse (Sakamoto, 2017).

In indigenous communities, wet-nursing was a sacred performance of sororal support and provision. However, wet-nursing also hides a sinister history exploited in slavery and propagated by nobility. As recently as 18th century, slave labor included wet nursing owners' infants and consequently neglecting their own (the origin of "mammies" as an institution of oppression; Fentiman, 2009). The profession of wet-nursing in European aristocracies evolved from ancient Greek societies to meet the demand of elite women who saw breastfeeding as too common or low-status. Indeed, participants in "body product exchange" have always "relied upon their assumptions about power hierarchies in American society as they reinterpreted [these] profoundly intimate acts,"

whether nursing an infant, sharing blood, or making a baby via sperm or egg donation (Swanson, 2014, p. 6). Wet-nursing exposed the proprietors of power and the class stratification of their political alignments.

In later years, wet-nursing was regarded as a profitable occupation rooted in altruism and social solidarity. In a culture that offered few safe, lucrative jobs to uneducated women, wet-nursing provided financial security (Waldeck, 2002). Because wet-nursing confounded financial boundaries and afforded stability to pre-suffrage women, feminist scholars have been reluctant to condemn the historical practice altogether. What those feminist scholars may have missed, however, is the subtle but unmistakable structuration over the 19th and 20th centuries of wet nursing as mechanized exploitation and moral management often of desperate and impoverished women.

In her book, *Banking on the Body* (2014), law professor Kara W. Swanson traces the evolution of the professional donor. She explains that the late-19th century decreases in breastfeeding rates (due both to women's work outside the home and increased participation in social and civic life) led to the dairy industry's development of infant foods, which led to an increase in bottle-feedings. But when infant death tolls rose across the U.S.—many parents mixing formula only had access to *unrefrigerated* cow's milk—pediatricians argued that infant feeding should no longer be left up to mothers. Instead, motherhood should be approached as a science like medicine. Pediatricians curated “pure milk” campaigns to improve the safety and supply chain of cow's milk, and public health officials built depots to provide milk supplies to the poor at a subsidized price or farm-inspected, medical board “certified milk” for middle and upper classes. Nurses and breastfeeding advocates, including a prominent Boston doctor named Fritz Talbot,

continued to promote “maternal nursing” and explicitly inscribed breastfeeding as “duty” in public health advertising. One such campaign in Chicago targeting immigrant mothers read, “Don’t kill your baby!” (see Figure 3; see also Wolf, 1998; Wolf, 2001).



Figure 3. Example of maternal nursing campaign in 19th and 20th centuries. Adapted from “Wordless Wednesday: Don’t kill your baby,” by Elita, April 21, 2010. Retrieved from <http://blacktating.blogspot.com/2010/04/wordless-wednesday-dont-kill-your-baby.html>

Still, the lack of expert lactation support (and more broadly, pervasive ignorance of the female body in medical literature and practice) frequently led to failed or insufficient breastfeeding experiences, necessitating again the need for a wet nurse who was most often “an unwed mother or an otherwise desperate, impoverished immigrant woman and in Boston, frequently Irish Catholic” (Swanson, 2014, p. 21). This presented a dilemma. Swanson (2014) explains,

As both an immigrant and an unwed mother, she entered a middle-class household with two strikes against her: perceived as lacking in morals and in the sociocultural assumptions of her Anglo-Saxon, native-born, Protestant employers. Employers and doctors not only worried about the nutritional content of her milk

but also feared the transmission of disease, such as syphilis, as well as undesirable ethnic traits, individual moral failing, or personality flaws. (p. 21)

Dr. Fritz Talbot moved toward remaking these “slatternly women” into ideal “milk-producing units” (Swanson, 2014, p. 21). At the suggestion of his colleague Dr. Francis Denny, who ran a human milk registry treating adults with typhoid, Talbot created the “Directory for Wet Nurses” in 1910 (one year after Europe’s first milk bank was established in Vienna, Austria; Steele, 2017). By virtue of being on the list, lactating women looking for employment were strictly managed in dress, diet, sanitation, and scheduled activities, and were paid 60 cents a quart (though some refused the money). Despite the efficiencies the directory afforded, doctors could not easily detect the quantity and quality of milk a wet-nursed baby received, leading Chicago pediatrician Dr. Isaac Abt, to design the first electric breast pump in the 1920s. The wet nurse’s job changed from putting an infant to her breast to expressing a specific volume of ounces per minute aided by a “human milking machine” (Swanson, 2014, p. 24).

In 1910, Boston Floating Hospital became the first institution to purchase milk from the directory’s onshore “suppliers” and so is widely considered the first-ever “milk bank” in the U.S. Breastmilk was made standard, anonymous, and interchangeable—“the first body product to be institutionally organized in disembodied form” (Swanson, 2014, p. 17). In 1929, over 20 cities had established milk banks or stations, including cities like New York City, Kansas City, and Detroit where prescribed milk was sold to supplement women’s household income at 14 to 30 cents per ounce (Swanson, 2014). Women’s clubs and the Junior League began sponsoring local milk stations, which involved more middle

and upper-class women. Milk banking was publicly reborn as a space of empowerment and advocacy. Today, there are over 500 milk banks in over 37 countries (Steele, 2017).

The Modern Milk Banking Continuum

The milk banking industry falls along a market continuum (see Figure 4). On the leftmost end are formal markets, which include for-profit and non-profit milk banks. On the rightmost end are informal markets made up of online marketplaces where breastmilk is sold and milksharing networks where breastmilk is donated within communities.

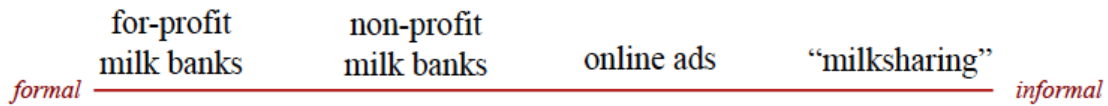


Figure 4. The modern milk banking continuum.

Formal Markets

The main function of formal milk markets is to supply screened, pasteurized donor milk to fragile infants in the Neonatal Intensive Care Units (NICUs) and, in some hospitals, also cardiovascular intensive care units or pediatric intensive care units. For legal reasons, only pasteurized donor milk is typically permitted. The AAP, United Nations Children’s Fund, and WHO all support the use of pasteurized donor milk when mom’s own milk is not available (Weller, 2015). Mom’s own milk may not be available for a multitude of reasons, including maternal mortality, premature birth or emergency surgery causing delayed lactation, or conditions like “insufficient glandular tissue,” all of which showed up in interviews with maternal recipients.

Hospital donor milk programs are becoming a NICU standard of practice due to breastmilk’s proven clinical benefits (Weller, 2015), including support for proper growth,

oral health, and protection against devastating diseases like necrotizing enterocolitis, a fatal gastrointestinal infection that occurs in nearly 10 percent of premature infants. Despite absorbing the cost of donor milk, hospitals with donor milk programs ultimately save money due to breastmilk's preventative and protective benefits. However, it remains uncertain whether insurance companies offer reliable coverage for donor milk.

For-profit milk banks. Prolacta Bioscience, Medolac Laboratories, and Ni-Q are the flagship for-profit milk banks in the U.S. While for-profits were not an intended part of the study, differences in structure and public perception between for-profit and non-profit milk banks are significant and surfaced countless times in each set of data. For-profits pay approved donors \$1 per ounce (Buia, 2015), which companies say goes toward screening and processing, including adulteration testing and DNA matching. For-profits pasteurize and sterilize the milk to make it shelf-stable (i.e., does not require refrigeration or freezing prior to opening) and also manufacture “critical” human milk-based fortifiers, which deliver additional calories important for preemies and micro-preemies. With some exceptions, for-profits do not typically sell directly to parents.²

Hospital administrators like that for-profits' products are shelf-stable, but many remain conflicted. Dr. Danni, a nurse and lactation consultant at Arizona Breastfeeding Medicine and Wellness, shared her impressions of visiting Prolacta in 2015:

A couple of years ago I was out at the Academy of Breastfeeding Medicine conference in California. As part of their conference, they had us tour the Prolacta facility. They had a really ‘fancy pants’ facility. It was pretty nice, and they had this big lunch for everyone to enjoy. It's all sterile rooms and then they showed us these *ginormous* freezers filled with milk that they sent out. It's a *huge* profit because what they do is take women for their milk and fortify it and then send it

² Medolac started a small, donor-owned program called *Mother's Milk Cooperative* that sells processed donor milk directly to parents at a discount with proof of medical need. However, the Cooperative's URL [<http://www.mothersmilk.coop/>] linked through Medolac's website no longer exists.

back to NICU... so that they are marketing it as “this baby is receiving breastmilk.” I was appalled, I’m not going to lie to you. They’re paying moms a dollars-ish an ounce and then charging nearly \$20 in markup.

Despite \$46 million of investment for Prolacta’s \$18 million facility (Buia, 2015; Pollack, 2015), the organization, and other for-profits like it, propagate a discrepancy. Donors “earn” \$1 per ounce, but the bank upcharges the sale to as much 14 times that amount (or more for fortifier). Prolacta Bioscience charges hospitals \$56 for a four-ounce bottle of milk and one bottle of human milk-based fortifier can cost \$125–312, depending on its caloric profile (Whitman, 2016.) Since a term newborn drinks on average up to two ounces per day (AAP, 2017), an infant on for-profit donor milk would cost a NICU \$98–196 in the first seven days after birth. One *Newsweek* report found that a premature infant consumes up to \$10,000 worth of human milk-based fortifier during a 60-day NICU stay (Buia, 2015). For-profits maintain that their mission is to edify standards of care and lead medical innovations to increase access and save the lives of premature and sick infants at low cost. Milk staff and maternal participants in this study, however, generally disapproved and were skeptical of for-profit milk banking.

Non-profit milk banks. Non-profit milk banks include any member of the Human Milk Banking Association of North America (HMBANA), such as Mother’s Milk Bank or New York Milk Bank. As medical technology has evolved, the institution of milk banking has also evolved into a “human tissue standard” (Sakamoto, 2017, p. 6). Prevention of disease transmission and efficient modes of storage and handling are a heightened operational concern and a top priority task. HMBANA has positioned itself as the preeminent line of defense against “potential safety issues,” a point of contention between milk staff in formal markets and maternal participants in informal markets.

Since its founding in 1985, the number of HMBANA banks has exploded (see Figure 5) and there is continued pressure to open more (Sakamoto, 2017). To capitalize on this growth, HMBANA recently hired their first paid, full-time, permanent executive director, further legitimizing their organizational structure and capacity. Previously HMBANA was volunteer-run. While HMBANA is not a physical entity like its member banks, each bank pays a regular fee to remain a member of HMBANA, which supports accreditation, inspections, mock recalls, and the development of new milk banks.

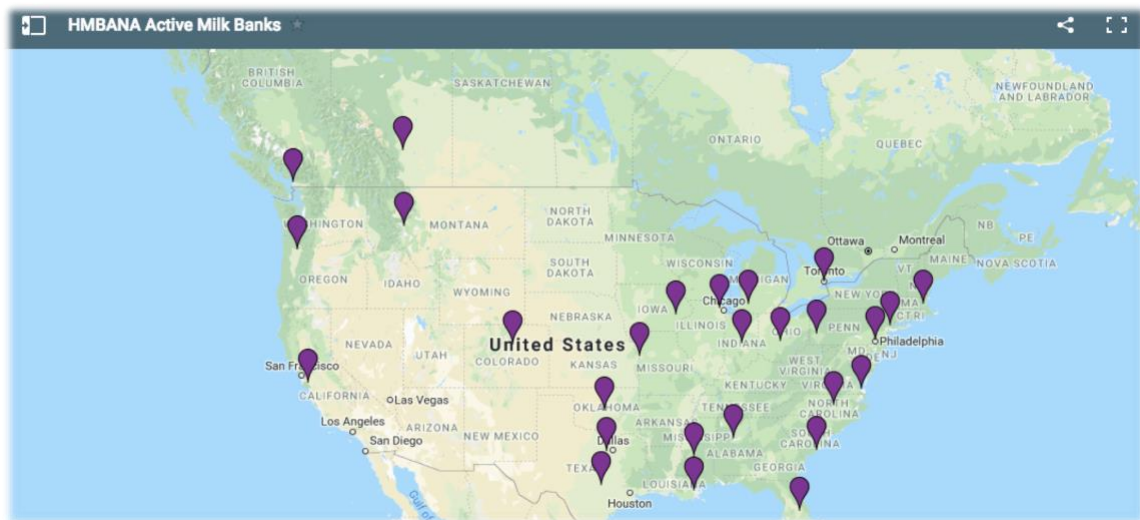


Figure 5. Map of HMBANA milk banks. Adapted from *Find a Milk Bank*, by the Human Milk Banking Association of North America, January 15, 2019. Retrieved from <https://www.hmbana.org/find-a-milk-bank/overview.html>

HMBANA donors go through an extensive, multi-stage screening process facilitated by a donor relations team. Donors are not paid, but do not incur any costs. “It is very important to us that there is no cost to the donor at any point,” explained Jennifer (Outreach Director, Mother’s Milk Bank). Recently, Mother’s Milk Bank has also implemented a curbside “courier service.” If a donor lives approximately 30 minutes from the facility, Mother’s Milk Bank will send a \$40 courier to pick up the milk at no cost to the donor. Donor milk is pasteurized but not sterilized to preserve critical

antibodies. Processed milk is re-frozen and distributed to partnering hospitals based on daily need (see Figure 6), while daily leftovers are made available for outpatients at base processing cost (at the time of study, \$4 per ounce). At Mother’s Milk Bank, parents who cannot afford the cost of outpatient milk can apply as a “charity care patient,” which allows Mother’s Milk Bank to provide donor milk without charge to the recipient.



Figure 6. Area of HMBANA distribution. Adapted from “Landscape of Milk Banking” [PPT], by Pauline Sakamoto (Executive Director of Mother’s Milk Bank and former President of HMBANA), August 28, 2017. Material provided at public seminar hosted by BreastfeedLA titled, “At the Forefront of Human Milk Handling.”

Non-profit milk banks are woven into the fabric of their local communities. Their active social media presence features breastfeeding stations at local flea markets, milk drives, special thanks to specific donors, testimonials, and scientific reports on the benefits of “liquid gold.” During my fieldsite visit, Mother’s Milk Bank explained that the donor relations team uses social media campaigns to keep up milk supply. In late fall

when illness and holiday busyness cause inventory to drop, they encourage donors to “make room for turkey in the freezer... pack up that frozen milk and send it our way!” Outreach also translates to on-site support. Mother’s Milk Bank hosts a weekly “Baby Café” for nursing moms to feed, socialize, and receive free lactation support, regardless of whether they personally donated or received milk (Mock, 2018). Finally, non-profit milk banks contribute to disaster relief like when Mother’s Milk Bank sent 300-ounces of donor milk to two hospitals in Florida regions during Hurricane Michael in October 2018.

Non-profit milk banks use community-based collection to retrieve milk donations. Donors drop-off pumped milk at a local collection site, which is then stored in a deep freezer until enough has accumulated to ship to the nearest HMBANA bank for processing. The Milk Spot in Phoenix, Arizona’s, first donation center where I engaged in participant witnessing and continue to serve as a regular volunteer. Donor milk shipped from The Milk Spot goes to Mother’s Milk Bank for processing before coming back to NICUs in the Southwest and surrounding states. Each site is critical to the integrity of HMBANA’s vision—“a world where all infants have access to human milk through support of breastfeeding and use of donor human milk” (HMBANA, 2019)—and to the self-actualization of banks as community partners. Mother’s Milk Bank has 74 collection sites across 23 states with more in development. Jennifer, the milk bank’s outreach director, explained why community-based collection is so important to their purpose:

Making it convenient and part of their community is very important. Those donation centers are our beloved partners, and most often they’re hospitals, birth centers... that sort of thing. We have some in Alaska, Florida, and surrounding states like Arizona, New Mexico, Kansas, Utah, and Wisconsin. There doesn’t need to be a milk bank in every corner. But we do need people in outlying communities to be able to send it to a centralized place, so that we can do the steps necessary to make sure that it’s safe and meets the HMBANA requirements.

It just makes sense for a community whose hospital has milk on hand for their patients for that community to mobilize and participate in gathering the milk.

Building upon this kind of community resourcefulness cultivates a recursive relationship—a world wherein the 500 ounces of frozen breastmilk dropped off at a local collection site travels to Mother’s Milk Bank for processing and weeks later is shipped back to a micro-preemie born at a hospital one-block away from that same collection site.

By facilitating the organizing of donor milk, non-profits’ community-based collection model is a constantly regenerative way of organizing. In the following fieldnote excerpt, I narrate an afternoon with Jennifer when we visited two nearby collection sites in Denver hospitals and spent time with their milk staff:

Fieldnotes | Mother’s Milk Bank – Colorado | Thursday, September 6, 2018
Featured: Jennifer (Outreach Director)

Jennifer and I scooped up an armful of blue paper ‘thank-you’ bags and a bundle of brochures and piled into her Subaru Crosstrek. A quick 10-minute drive and we found ourselves at Presbyterian St. Luke’s Medical Center (PSL). I met Sharon, a registered nurse and dietician in her mid-50s, who runs the Infant Nutrition room where donor milk, fortifiers, and supplements are stored and prepared. She invited us inside, excited by our surprise visit, and Jennifer handed her a “thank-you” bag containing a gift card, crafts, two brochures, and a rainbow pinwheel. She placed her hand on her chest, touched. As we gabbed about my work, I learned Sharon ran the warehouse at Mother’s Milk Bank... so this partnership was intimate, which is important since PSL has the largest NICU in the state and distributes up to 20 bottles of donor milk per day. Saint Joseph Hospital felt smaller as Jennifer and I meandered through the admin wing. We stepped into a small office met by Pam and Jade, two nurses at computer stations in freshly starched blue scrubs. Jade (who looked about my age) and I devolved into a 15 minute conversation about how milksharing differed from their own operations. Pam said their unit gives “hold-over” milk to every new parent when discharged. They feel conflicted (as would I) about only maintaining supply for critical infants. As Jennifer and Pam “caught up,” it became clear that these visits were not just gestures; they were opportunities for Mother’s Milk Bank to prove its presence and availability and for sites to offer updates on recent activity at the hospital and how successfully the donor milk has been distributed should any changes need to be made. Just like Sharon, Pam and Jade were delighted by the ‘thank-you’ bags.

It is notable how familiar milk staff were with each other, how part of non-profit banks' mission means driving to partnering organizations to say "hello" or "thank you" just because. In contrast, for-profits do not have cause to regularly visit NICUs or sites to which it ships its product. HMBANA banks are unique because they maintain an immediate presence focused on quality and distribution rather than capital gained.

Informal Markets and Online Milksharing Networks

Informal markets fall on the rightmost end of the continuum. While some sites allow members to sell their breastmilk, only milksharing networks prohibiting monetization were included in this study. Sharing is facilitated by region-specific Facebook groups (see Figure 7) where parents with excess post "OFFER" and parents looking for milk post "NEED" (see Figure 8). Members are encouraged to practice "informed choice and consent"—you should feel comfortable asking a donor what medications she takes or how much coffee she drinks. Eats on Feets' four "pillars" of safe milksharing include informed choice, donor screening (know your donor – know thy source), safe handling, and home pasteurization (see Figure 9).



Figure 7. Human Milk 4 Human Babies – Arizona public Facebook group. Screenshot of home page captured September 13, 2018.

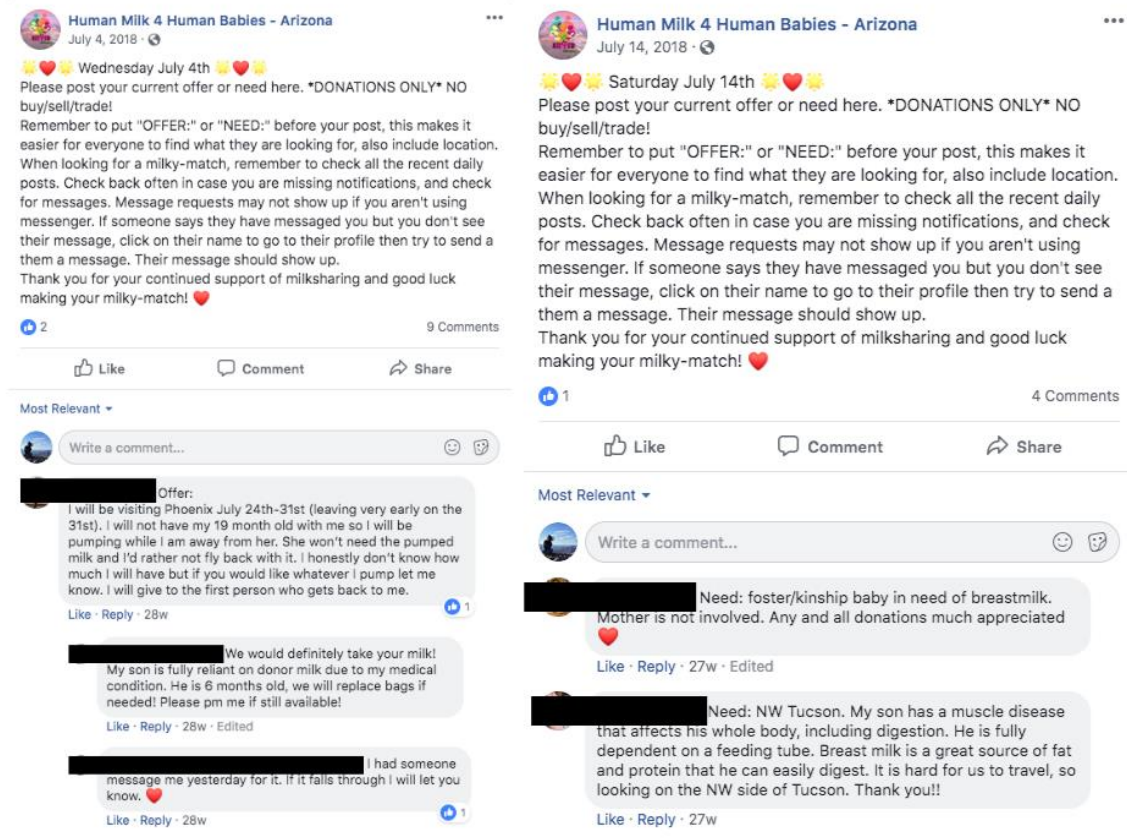


Figure 8. Standard “milky-match” post with “offers” and “needs” on Human Milk 4 Human Babies – Arizona. Screenshots of public Facebook post and comments captured August 27, 2018.



Figure 9. Basic page guidelines for Eats on Feets. Image posted on public Facebook page of Arizona chapter June 2, 2018.

The birth of online milksharing. Milksharing mobilizes social media in an intentional, powerful way and resists the metaphorical association between human bodies

55

and money implied in the term “milk banks” and implications of governed property in capitalist markets. As the now-largest milksharing network in the U.S., the story of Human Milk 4 Human Babies’ conception is an exemplar case of the strategies and communicative processes that sustain the informal organization of donor milk. The case also specifies how milksharing organizes the body in ways not expected, accepted, or prescribed in institutionalized markets of body product exchange, and foregrounds the construction and performance of maternal participants’ identity.

As noted in Chapter Three (Methods), I use integrated crystallization to push the traditional boundaries of a dissertation as a single, coherent text (Ellingson, 2009). One of the ways to pursue a patched, multigenre text is to select a favorite moment in the data for lengthy representation or choose a story within the data that is comprehensive and transportable. The moments shared with Sofia while listening to her story of founding Human Milk 4 Human Babies elucidate the intentionality behind maternal communities’ response to (in)effective lactation. Therefore, I selected these moments, this story, to “patch” analytic interpretations of the data. Patches go beyond mere block quotes; they involve visual and narrative elements that offer an “aesthetic and evocative interpretation of the data” that is accessible to the reader (Meyer, 2017, p. 40; Miles, Huberman, & Saldaña, 2014). Patching traditional forms of social science writing with visual and narrative elements also gives voice to participants in a way that is visible and present, and “change[s] the way we think about people and their lives” (Meyer, 2017, p. 37).

In this chapter, I use a combination of *concrete research poetry* (Meyer, 2017) and a *constructed vignette* (Tracy, forthcoming) to make visible the lived, political conditions that gave rise to online milksharing networks. My intention is to offer a

persuasive, focused description of a series of events that centralizes the maternal body. This patch is also a compelling reminder of how heavily participants' bodies feature in data gathering and research design; it describes Sofia's path to founding Human Milk 4 Human Babies as she shared breastfeeding photos on social media, which were consequently censored and banned.

It's almost okay now. But ten years ago, things were different. I was exhausted, but confident; learning, but proud. Sharing the pictures as I fed two little bodies with my own was a way to honor myself and connect with others... I thought.

Sex vixen.

Photos were removed; accounts banned. And not just me, anymore. Our lives as mothers triggering the simplest of algorithms.

Pornography.

Can you imagine struggling with postpartum depression or anxiety? The basic exhaustion and isolation that comes from your body experiencing a reality only you can understand. This tool that is moms' one, true outlet to remind us that we're not alone.

Disciplined.

You re-establish your presence only for you to be marked 'fake.'

Erased.

'Hey, Facebook. Breastfeeding Is Not Obscene!' we yelled. 250,000 moms across the world standing in resistance and looking for support. I became the scapegoat. Activism, politics, teaching... it all runs in my family; it's in my blood.

My network grew massive. 5000 friends in 60 days.

'Hey, I'm in Iowa,' one mom wrote. 'I'm struggling to breastfeed. Do you know a mom near me who could help?'

American women, Canadian women, Australian women.

Connecting one mom to another—I could be an activist while still mothering young children at home. It consumed me, finding someone who knew someone who knew someone.

Milk to spare? *Found someone.*

Not enough? *Found someone.*

Appropriating social media to edify motherhood, not erase it.

Then Sudir wrote me from a small Indonesian village, Bandung. A gay man, a school teacher... he desperately wanted to be a father. A local woman put her baby up for adoption. He became a father.

‘Do you think it’s possible,’ he asked, ‘to find human milk for my baby instead of using powdered formula?’

No breasts. No lactation. I wasn’t optimistic.

How far could this network go?

A lactation consultant *in Bandung*. That’s how far.

Building this network, I had somehow befriended a woman in the *same* village on the other side of the world. The same village as Sudir. The same village as his son.

Ten Indonesian women lining up to feed Sudir’s son for an entire *year*. I was overcome. This was Sudir’s dream—to give his son the best nutritional care even if he couldn’t produce it himself.

Even if it meant searching the world.

And I am just one person. Sitting in Montreal. Running after my children. Typing behind a screen. What if all neurons were firing? The moms pushing through the early days at home with their children, the moms stumbling through their own breastfeeding journey, struggling to get in just one f*cking load of laundry. We still want to help. How much life could we share?

So, we strategized. Sketching out the structure.

Mulling over our values and the ethical principles at play.

‘Here’s an idea. How does this look?’

Thinking about the consequences. Talking about safety.

Making sure moms were at the center.

Enabling moms with information and the ability to choose.

We launched in 2010, over 300 women. A global network with local presence. Finding *human milk for human babies*.

And this is the amazing part—that thousands of women in nearly 60 countries who speak different languages can facilitate something like milksharing rather easily.

We are immense in our cultural diversity. But having a baby and breastfeeding... helping another mom, that’s universal.

Our sharing of biological capabilities is what rooted us, and it’s feeding a generation.

Scam and contamination risk. Day-to-day correspondence is facilitated through region-specific Facebook groups. Groups are public, which allows anyone to join or to observe communications. In Human Milk 4 Human Babies, over 300 volunteer administrators monitor pages to ensure that those who do not adhere to the organizations’

values and parameters for milksharing do not put others at risk. While scamming is not common, attempts have occurred. In August 2018, Human Milk 4 Human Babies alerted members to the resurfacing of a 2015 “milk-shipping scammer” (see Figure 10).³

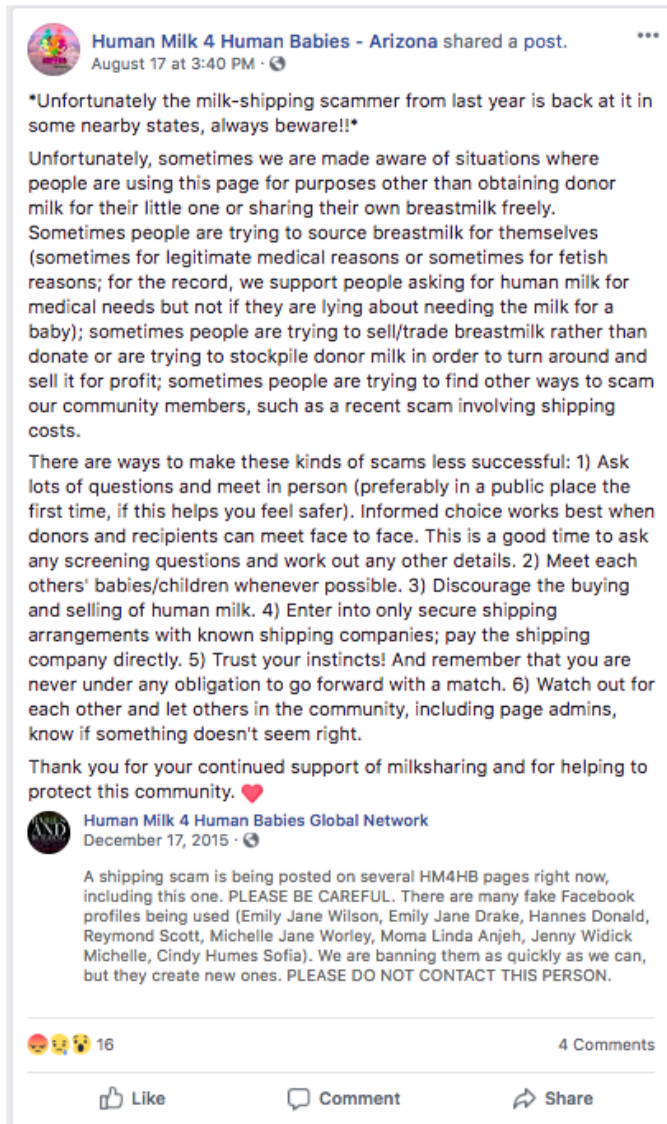


Figure 10. “Milk-shipping scammer” warning on Human Milk 4 Human Babies – Arizona. Screenshot of public Facebook post captured August 27, 2018.

³ This warning is similar to the story told in Episode #57 of Gimlet Media’s podcast *ReplyAll*. The episode titled, “Milk Wanted,” followed Diane who struggled with lactation and whose son did not tolerate formula. Unable to afford milk banks, Diane turned to informal markets but had difficulty keeping up with the supply-and-demand. She drove all over her home state of Pennsylvania and asked out-of-state family to search their communities and ship the milk to her. When purchasing milk online, she was scammed out of hundreds of dollars by a would-be donor who, twice, never sent the promised product (Bennin et al., 2016).

To mitigate potential for harm, Human Milk 4 Human Babies relies on the community's self-sustainability and openness. Kimberley, a group admin, said:

We rely very much on the community to police itself and tell us if they see something. I remind them constantly, 'If you see anything out of the ordinary, let me know. Let each other know. If you see someone offering breastmilk and then message you privately about how much it's going to cost you, say something.'

Accounts are banned only when necessary (e.g., if someone is being harassed), although admins report that this problem has not occurred on the Arizona page. "When we've heard about it happening on others," Kimberley said, "it's usually a fetish case."

Even those interested in milksharing harbor concern about its consequences. One mom who considered donating through Human Milk 4 Human Babies told admins, "...my husband is worried about how I could be liable if something happened to that baby." Milksharing's continued emphasis on "informed choice" is designed to address such risk, something participants and online admins like Kimberley were more than willing to discuss and address (protocol continued in following section):

Human Milk 4 Human Babies started in 2010, so we don't necessarily have a lot of numbers, but at the same time, you can see on every state page what is happening. You've been able to see across the world how many hundreds of babies are getting breastmilk every day for eight years and nothing specific. From what we can see, from what we can find in our own experience, that's never happened; no baby has ever been found to be sick specifically from milksharing.

As mentioned in Chapter One (Introduction), unscreened donor milk can contain high bacterial growth, but these studies only looked at milk purchased online (Keim et al., 2013, p. e1127; Keim et al., 2015). And although the CDC confirms "very few illnesses are transmitted via breast milk" (CDC, 2018), Discourses about bodies, sex, illness and transmission linger as a threat. Kimberley continued,

There is resistance to the idea of milksharing in general, and there are people that are skeptical of something being free, the same way I might be skeptical of breastmilk being paid for or sold. In today's world, it can be hard to imagine someone being purely altruistic, and I get that, too, completely. Maybe milksharing is not for you, then, if you're that skeptical. And that is more than okay. This is all about love and sharing. I have it, you need it, so we'll share it. That's the core of what we do.

Protocol for Handling Donor Milk

Protocol for “safe” handling donor milk is the starkest contrast across the modern milk banking continuum. Differences between protocol in non-profit milk banks versus online milksharing networks shape and are shaped by the respective organizational structures and impressions of the other's benefit or risk to the community, and the rules and resources that constitute these contrasting systems of organizing donor milk both enable and constrain each organization's impact throughout the industry. Consequently, the contrast in protocol is perhaps the most compelling evidence for the presence of alternative organizing in the milk industry. What is more, the details of each protocol—obtained through extensive fieldwork—are not widely known. A comprehensive summary spanning multiple organizations in the milk industry has not been canonized for the public. Thus, the accounts presented in this study also serve as a contribution. For maternal participants, the intricacies within and between protocols also foreground much of how they navigated and made sense of their experiences in the milk banking industry.

Non-Profit Milk Banks and NICUs: Processing and Preparation

In non-profit milk banks, milk makes a four-stop journey: screening → collection site → processing → distribution. For each stage, I draw upon a specific organization where I analyzed internal policy documents, completed fieldwork, and/or conducted interviews with milk staff: screening (Mother's Milk Bank), collection site (The Milk

Spot), processing (Mother's Milk Bank), and distribution (Phoenix Children's Hospital, St. Joe's Hospital and Medical Center, and one out-of-state hospital).

Potential donors go through a verbal pre-screening and an extensive written screening facilitated by a donor relations team. Barbara, the donor relations' manager for Mother's Milk Bank, argued that having a multi-stage screening is important for interpersonal, legal, and care reasons. First, a combination of verbal and written elements is face-saving, mitigates contextual noise, and adapts to different learning styles. Second, California, New York, and Maryland all regulate human milk as a tissue, which requires any milk bank receiving milk from those states to have a tissue bank license. Mother's Milk Bank does not, so screening is used to confirm milks' origin. Finally, screenings ensure that donors can donate at least 150 ounces over the course of their journey, up to when their baby is 1 year old (although many donate more than that in their first few donations alone). If a donor can meet this requirement, they are generally already producing enough to meet their baby's needs first.

Reviewing screening forms and donor files is an intimate act. The milk arrives disembodied, but nearly every descriptor of the donor's body and her reproductive journey is collated in a file folder from partner history to birth experience. What follows are examples of questions included in the screening. Donor relations reviews and certifies each answer and counsels donors on how their milk may be impacted by illness or medication; some illnesses and medications require hold-dates marked to lessen chance of transmission. In this dissertation, I indicate any "hold" information in bolded text.

First name. Last name. State of residence. Ongoing or one-time donor?
How many weeks pregnant at birth? Kaiser or military?
Any illness during time milk was collected?

Eczema is okay. Jaundice never matters. Hives are not okay and should be marked with **hold dates**. It is safe to donate right after a flu shot.
Regular medications, prescribed or otherwise?
Most antibiotics prescribed for moms' illness require a **three-day hold**.
Vaccines?
Holds for small period after MMR and Chicken Pox vaccines.
Vaginal birth or Cesarean Section?
If born by Cesarean Section, **three-day hold** due to recovery medications.
Complications and medications given during labor?

The donor's OB/GYN must also provide written confirmation of the donor's medical history and affirm that the mom is healthy enough to produce and donate excess milk. Jennifer (Outreach Director) noted that questions on medications are also "sprinkled throughout the form" and worded in different ways "to be extra sure." In short, she said, "the written screenings ask everything that blood donation screenings ask." Warehouse employees cross-reference hold-dates with dates marked on shipped bags of frozen milk.⁴ The screening form concludes with a donor consent form, and a "Donor Milk Log" is updated with each subsequent donation.

Given the intricacies of screening, Barbara (Donor Relations Manager) stressed that "open communication is key" for their team. However, the intricacies are a serious cause of stress for moms. Of the 21 donors in this study, 19 said one reason they did not ultimately donate their milk to a milk bank was because of the extensive screening process (even as they felt it was necessary at some level in order to get to NICU babies). Even my own perspectives on screening shifted after visiting Mother's Milk Bank, as illustrated in the following fieldnote.

⁴ If milk was pumped during those hold dates, Mother's Milk Bank technically has to throw it out according to HMBANA safety guidelines. However, the donor relations team works so closely with donors that they know ahead of time to not risk shipping that milk to begin with.

The forms are incredibly intricate. I can understand why numerous moms I interviewed from Human Milk 4 Human Babies told me they didn't donate to a formal milk bank because the screening process was 'too much' for them to deal with having a new baby. This does feel like too much; it's absolutely daunting. And yet, I understand the extent of the screening given who this milk is going to.

Indeed, since its opening in May 1984, Mother's Milk Bank has never had an incident on their track record of infectious disease transmission. "Formula companies can't say that," Jennifer (Outreach Director) noted. "Even blood banks can't say that."

Approved donors deliver their donations to the nearest HMBANA-approved collection site to be shipped to the nearest milk bank. The Milk Spot is the only collection site in central Arizona. In the year I served as a volunteer, I: logged donations (dropped-off already frozen in six-ounce sealed bags labeled with the donor's name, number, and time pumped), organized the deep freezer (where milk is stored until the freezer hits capacity), packed boxes (using packing materials, pre-paid shipping labels, and insulated boxes pre-labeled with appropriate stickers, all provided by Mother's Milk Bank), and arranged pick-up times with FedEx (see Figure 11). Each step is essential to ensuring that donations get to Mother's Milk Bank safely (see full instructions in Appendix D).

Throughout summer and fall, I packed donations alongside Milk Spot Director Maura while we discussed the organization's activities and work load, my research, or our families. Since the new year, however, I have been called in twice a month to solo-pack when Milk Spot staff is overloaded with clients or facilitating the weekly "Mom's Group." When I sign the log in each box, I am excited knowing that it will be unpacked and viewed by the same employees I worked with at Mother's Milk Bank.



Figure 11. Example of donation shipment to Mother’s Milk Bank. Screenshot of public Facebook post captured September 13, 2018.

Once boxes arrive at the milk bank, milk is processed for NICU distribution based on HMBANA guidelines, which are updated bi-annually with support from the CDC, FDA, and AAP (Sakamoto, 2017). HMBANA member banks are re-certified annually and complete a mock recall each quarter, which Mother’s Milk Bank says they finish in minutes due to their lab efficiency and meticulous protocol. On top of HMBANA guidelines, Mother’s Milk Bank constructed an ISO-7 certified lab, meaning it is “cleaner than any surgical suite.” “It’s not a HMBANA requirement,” explained Jennifer (Outreach Director). “We just want to make sure we go above and beyond.” Since Mother’s Milk Bank is located in Colorado, it also tests milk for hard drugs. Doing so is

not a HMBANA requirement and other member banks do run this test. However, when recreational marijuana was made legal in Colorado in January 2014, Mother's Milk Bank self-imposed the testing as an extra safety measure. To date, no donor milk has tested positive for marijuana. Yet, as illustrated in the following excerpt, the testing is still treated as a necessity. Sherry, executive director of Mother's Milk Bank, explained:

To a healthy 9-month-old, it might not mean a difference. But to a NICU micro-preemie, it could be a life and death difference, and it's not worth it. It's our reputation, yes, but more importantly, is that baby's life. That's why we do it.

From 2011 to 2015, HMBANA banks experienced a nearly 100-percent increase in annual total distribution. Even with the rising popularity of milksharing, HMBANA's annual total distribution has risen on average 18.49 percent in the past nine years (Sakamoto, 2017). Mother's Milk Bank's Colorado site processes over 700,000 ounces per year of five types of donor milk: colostrum, pre-term, full-term, non-dairy, and non-fat. Colostrum, which is thick and bold yellow in color, is the first form of milk produced following delivery (where breastmilk gets its nickname, "liquid gold") and contains the natural antibodies necessary to protect from disease in the hours and days after birth. Pre-term milk (about 1-in-20 donations according to Mother's Milk Bank) is milk produced prior to 36-weeks' gestation, usually from moms who have had a premature birth. Full-term milk is produced at 36 weeks or later and is the most common type of donor milk. Non-dairy milk (from moms who eliminated all dairy from their diet) is critical for micro-preemies who often have difficulty tolerating dairy proteins. Non-dairy milk is also increasingly requested through online milksharing networks. Finally, non-fat milk is generated in the lab from existing donor milk when the fat in breastmilk rises to the top and is "scooped off." Non-fat milk is critical for infants and children in cardiovascular or

pediatric intensive care units diagnosed with “chylothorax,” a rare condition that can develop after heart surgeries where fat content is not tolerated during recovery.

During my fieldsite visit, I bounced as an honorary member between outreach, donor relations, warehouse, and lab teams; witnessed their work and their collegial banter; and got my own hands “dirty” with a mess of tasks. While in the warehouse, I discovered that HMBANA banks use fun, creative strategies to keep track of incoming and outgoing donor milk. Mother’s Milk Bank mimicked the magic of children’s films by using pictures of Disney and Dreamworks characters instead of numbers to “name” freezers at each stage of processing—milk waiting to be logged was stored in Jafar, logged milk from approved donors was stored in Shrek, processed milk was stored in Ursula, etcetera. While in the lab, I worked with a trained team of lab techs to dispense new donor milk and get it ready for pasteurization. With permission, I strove to document depths of detail that would make visible one of the most important elements of non-profit milk bank protocol. As described in the following fieldnote, this space distinguishes non-profit milk banking from all other forms and is largely hidden from view.

Fieldnotes | Mother’s Milk Bank – Colorado | Friday, September 7, 2018

Featured: Aaron (Customer Care Coordinator)

Rowan (Director of Operations)

Lucy (Lab Tech)

Amy (Donor Relations Team Member)

Aaron and I suited up in the holding room connecting the warehouse and the lab—shoe covers, hair net, lab coat, mask, and gloves. The lab was flooded with stark, sterile white light from florescent bulbs. Rowan and Lucy were already there—Rowan dispensing milk and Lucy working on pasteurization. Amy joined to dispense milk shortly after. Aaron disappeared into the adjoining wash room to sanitize glass bottles.

Working in the lab was both exhilarating and terrifying. An ISO-7 certified lab, cleaner than any surgical suite, life-saving milk... you don't f*ck up. I constantly asked questions and Rowan, Amy, and Aaron, and they patiently answered them.

I worked on the first stage of processing: dispensing milk, which entails pouring logged, partially thawed bags of frozen milk into giant flasks for sealing and refrigeration. As I poured each individual bag into a flask and folded them in half lengthwise to squeeze out every precious drop possible, my glove slipped down the condensation and rattled the metal funnel rhythmically against the glass flask... once so hard the funnel toppled out of the flask and onto the base towel, echoing when it struck the stainless-steel table.

Occasionally, I thought to look at the time of day written on the six-ounce bags.

2:30 a.m. 4:00 a.m.

7:00 a.m. 4:00 p.m.

11:00 p.m.

I don't think there was any hour not written on a bag, all in blurred sharpie from tired, dedicated hands. Some of the milk was pure yellow (probably colostrum), while others were a murky and transparent or thick white consistency. Altogether, I dispensed two batches in total: 1264 and 1267.

Standing across from Amy, I attempted to mimic her every move, straining my eyes to catch the detail in each step. If there were a full sheet of step-by-step instructions, it would have looked something like this:

- 1) Sanitize stainless steel table / working station. Gather supplies: base towel, glass flask, metal funnel, and bin for empty milk bags. Set up on table.
- 2) Select a batch of milk; bring bin(s) to your table and set to the right of the flask. (Each bin includes milk two to three approved donors and the batch number is pre-determined and written on the side of the bin. The bins are small and plastic, similar to a shower caddy).
- 3) Use scissors to cut just underneath the seal on a bag of milk (if you're good, you can do two at once). Dispense the top part you cut off into the pink bin to the left of the flask.
- 4) Carefully take open milk bag with both hands and tilt open mouth of bag into metal funnel. If there are any icy chunks, break apart while squeezing milk out of bag and if necessary, stab the chunks with scissors until it breaks through the funnel and falls into the flask.
- 5) Fold milk bag in half and squeeze sliding downward, fingers on each side, pushing out any remaining icy crystals or drops of milk.
- 6) Dispense empty milk bag in same pink bin to the left of the flask.
- 7) Repeat Steps 1–5 until flask is full (approximately two to three liters). Set flask aside to seal all flasks from that batch in one step when finished dispensing, or seal one at a time.

- To seal: Place flask on base towel on mesh-metal shelving unit, centering the flask in front of the box of Costco plastic wrap. Pull plastic wrap from box over the mouth of the flask and adjust until taut. Cut the plastic wrap at the box using the built-in Ziploc-like slider. Take lower edges of plastic wrap and twist around the neck of the flask to fully seal.
- 8) Write last two numbers of batch number (e.g., 67) on top of plastic wrap sealing the mouth of the flasks with black sharpie.
- 9) Place sealed flasks in freezer. Use a dry erase marker to write the batch number and number of flasks for that batch on the refrigerator door. (Batches are later selected one-by-one with milk from those flasks poured into four-ounce glass bottles for pasteurization.)
- 10) Between each batch, dispense tools and trash and sanitize station. Change gloves before resetting station.

The hours it took to dispense, seal, label, and store two batches were astonishing. Back in the holding room, I stepped out of my mad-scientist scrubs and, per the instructions taped to the wall, stuffed them in the biohazard waste bin. I laughed when the inside of my mask was covered in my concealer and lipstick.

As illustrated in this fieldnote, processing donor milk is perhaps the most intensive element of non-profit milk banking. The depth of detail provided as an outsider working in the lab is important because it depicts movement largely hidden from view and helps us understand what it is that distinguishes non-profit milk banking from all other forms.

HMBANA guidelines recommend the Holder Pasteurization method for pasteurizing donor milk in which glass bottles are gently shaken in a hot water bath at 62.5 degrees Celsius for 30 minutes (Sakamoto, 2017). This temperature kills harmful bacteria but allows the milk proteins to survive and the gentle shaking ensures the milk does not separate. Bottles cool in a refrigeration case before being refrozen and shipped to NICUs based on daily need with any leftovers made available for outpatients. Because NICU orders are fulfilled first, outpatient milk is far from a reliable resource, varying day-to-day and year-to-year. Calls pouring in to Mother's Milk Bank front desk each day from parents searching for milk sounded like a game of Russian Roulette. On Tuesday,

no outpatient milk was available. On Wednesday, 34 bottles (136 ounces) were available but were rationed to three bottles per person. In 2017, staff recalled that there was so much outpatient milk available that “it was as-many-as-you-can-buy.” When outpatient milk was available, visits went smoothly and took little time. I watched as the rotating front desk staff scheduled pick-up times and gathered the frozen bottles in a grocery bag to store in the mini-fridge until their arrival. In each bag, they included printed instructions on how to properly defrost the milk. According to HMBANA, outpatient milk accounted for 22 percent of distribution in 2016 (Sakamoto, 2017).

Even after the processed milk arrives at a NICU, parents must consent to its use; but even those that want it may be barred from receiving it. Most NICUs implement a cutoff where only babies born prior to x-weeks’ gestation are eligible to receive donor milk. St. Joe’s Hospital and Medical Center previously followed a 34-week cutoff—if a baby was born after 34 weeks, they were not eligible to receive donor milk. Milk staff explained that cutoffs prioritize the risk more prevalent in younger infants. Julianne, a lactation consultant at St. Joe’s Hospital and Medical Center, said:

It all depends on the risk of the NEC and some of those types of gut infections; at about 34 weeks, those start to really back off. And since donor milk can be expensive, you have to have that cutoff. Not every single baby could get this for their entire stay. Once a baby turns 34 weeks, we would slowly wean them off of the donor milk and move on to formula [if the mom is unable to produce].

However, some are moving toward making donor milk available to all NICU infants.

Kathryn, a nurse and lactation consultant, reflected:

When we first started using donor milk, it was harder to get it, so we limited it to just the preemie babies or the cardiac surgery babies. Now, we found that babies just do so much better on it that it’s offered to any baby that comes into the NICU. If we’re saying it’s better for babies, we want it to be available to all of them.

A prominent issue for NICUs is the cost of donor milk, which varies between for-profits and non-profits. Current suppliers for NICUs profiled in the study charge between \$4 and \$6 per ounce depending on the type of donor milk requested by the hospital; this does not include shipping (Weller, 2015). Milk staff in NICUs found non-profit pricing to be “completely warranted” because of the machinery and personnel necessary to “get this milk to where it needs to be to be... 100 percent safe for these tiny infants.” In some cases, the total cost can amount to \$70,000 per year, which can bloat when the milk is tied to corporate interests. Libby, a NICU nutritionist, described how her unit was forced to change from a non-profit to a for-profit donor milk supplier when they merged with a new hospital network “because it was what the rest of the hospitals were already using,” even though it was more expensive and resulted in observed declines in infant health. Yet, with few exceptions, NICUs cannot legally permit non-processed donor milk, and most NICU recipients (e.g., preemies, micro-preemies, or infants post-surgery) have little, if any, room for error, which makes non-profit donor milk exceedingly important.

Online Milksharing Networks: Best Practices

Online milksharing networks have high expectations for members’ ethic of interaction. As exhibited in Figure 9 (p. 55) and Figure 10 (p. 59), Facebook groups like Eats on Feets and Human Milk 4 Human Babies expressly prohibit the sale of breastmilk. For Sofia, founder of Human Milk 4 Human Babies, navigating the ethics of cost was an uncomplicated matter of moral conviction:

With the type of women drawn to this project, it wasn’t difficult. It was just like, “Okay, if we paid moms, how would that look?” The complications of that were well beyond our entire being-woken-up-three-times-a-night-with-a-nursing-baby-minds could manage. A lot of woman already had their own experiences sharing milk informally, and there was never money involved. So with those that formed

the base of this group, we were morally on the same page. We didn't fight it out or "duke it out" or even have a long, drawn out discussion. It was just like, "Well, this feels right for most of us" that there can't be money involved.

Milksharing is, at its core, "altruistic mothers sharing their milk... no money should exchange hands," Sofia continued. Indeed, several maternal participants who were offered money or gift cards by recipients outright refused to accept them. Some women still choose to thank their donor in "culturally acceptable ways," such as bringing them food (or in some countries, a whole chicken) or replacing breastmilk storage bags for pumping (something all maternal participants received from or offered to their "match").

Unlike non-profit milk banks, donors who engage in milksharing have no minimum requirement. One mom will simply say, "I need milk," and another will say, "I have milk!" (see Figure 8). Because interactions are direct peer-to-peer, deciding whom to donate to among the mass of needs remains up to the donor. A few donor participants whose babies spent time in the NICU felt "pulled" to donate to babies who also spent time in the NICU. Another donor who was adopted as a child felt an intimate connection with foster or adoptive babies and sought out posts by those parents. The majority, however, approached the issue of "matching" democratically by responding to those who "claimed" the donation first or dividing up the ounces evenly between commenters.

Because "informed choice" is the cornerstone of milksharing, protocol revolves around community dialogue that encourages ownership, transparency, and security. "Frequently Asked Questions" pages on official milksharing websites or "cover photos" on the Facebook groups detail steps and language critical to safe milksharing—what questions to ask about the nature of their milk need or which test results to ask a donor for, should you want them. Kimberley, a Human Milk 4 Human Babies admin, explained:

There are things that don't necessarily end up in breastmilk. There are things that do. We're not going to pretend to be doctors or nurses or pretend that we know everything. We're going to say, "This is where you could find that information. This is what you should ask. If it was me, this is what I would ask."

Ultimately, milksharing protocol assumes active, informed, and selfless involvement from its members. Like Kimberley described, "there is no milk fairy." No one person collects breastmilk en masse and divvies it up by ounce. Because chapters in the U.S. are localized by state and posts are marked by region (e.g., "I have 150oz in Gilbert, AZ..."), moms have face-to-face interaction that enables transparency. The recipient can (theoretically) tell if the donor is a person who "keeps themselves clean," see the donor's baby subsisting off of that same milk, and, if picking up the milk at the donor's home, see if the donor keeps their milk storage area(s) clean. A few maternal participants also became "regulars" with one another and transitioned from "a donor" to "their donor," which resulted in a months-long partnership outside of Facebook.

While the community begins online, the *milksharing* happens in a physical space. This arrangement acknowledges that there are lots of ways to screen a donor, more than formal market protocols might suggest. This, Human Milk 4 Human Babies founder Sofia discovered, was the simplest but most difficult principle to convey to skeptics:

It reminds me of older generations who used to be scared of answering the phone because "Who's on the other end of the phone?" Or when we first got Internet in homes, people would say, "It's all strangers!" But it's not. For us, we grew up with that connection. Some of my best friends I've never met in real life... and what we're finding is that even though that connection happens online, the actual work happens in real life. There's something about coming into a woman's home, seeing her healthy baby on her hip, knowing that she's going to be providing for you. Ask for the prenatal blood tests too but know that there's a lot of assurance and security in seeing how a woman lives in her own space, seeing her children, and knowing that she's feeding her own baby with this milk.

Milksharing, in this sense, is a shared way of living and giving life. Structurally, its protocol offers a grassroots alternative to more formalized, monetized markets and resignifies what it means to organize the maternal body.

Mapping Alternative Organizing in Milk Banking

In this chapter, I presented an extensive (her)story of the milk banking industry and traced its protocols across the modern milk banking continuum. Interweaving such contrasting, thick description built from extensive fieldwork, document analysis, and in-depth interviews with milk staff and member stories is in and of itself a contribution. The rules and resources that constitute milk banking as a network of systems, and the members in those systems, remain unfamiliar to organizational communication scholars (and to many social scientists) though the context exemplifies much of our theory.

Milk banking organizations in formal and informal markets pursue the same bottom-line goal: providing breastmilk to babies in need. Yet, each goes about achieving that goal in distinct ways that often also function as a response to their peers. Human Milk 4 Human Babies organizes itself, at least in part, as a contrasting response to the monetization of breastmilk in for-profits, non-profits, and online ads. Online milksharing networks establish and define roles and make decisions about the donation of breastmilk in starkly different ways than any other space on the milk banking continuum.

For-profit and non-profit milk banks bear stark differences to each other, especially in terms of what counts as productivity and what effectiveness or efficiency look like in a given case. Yet, their geneses are intimately intertwined and complicated. Libby, a NICU nutritionist, described how for-profit milk banks are direct descendants of non-profits (something not easily discernable through online searches or discoverable

through the study's data texts). In the block quote below from Libby, I inserted in brackets reminders of which companies are for-profit and the dates each was founded.

HMBANA is a non-profit system; they were the original milk banks. Moms donate to that system, but they don't get paid for it. There was a person out there who felt like she could do better. Her name was Elena Medo. She went out and created [the for-profit] Prolacta [1999] and put more stipulations in place, more testing. She began paying donors for the milk, and it became a profit organization. From Prolacta, she ended up selling that company and moved to create a [for-profit] company called Medolac [2009], which is a shelf-stable company. Then some of her salespeople decided they could do better. They moved out and created the [for-profit] company called Ni-Q [2014], which is also shelf-stable, and that's the milk we use.

What Libby revealed is not just a complicated relationship between for-profit and non-profit milk banks (both representing formal markets) but the wide and confusing range of suppliers NICUs face when starting a donor milk program. What is more, her story also reveals the enduring tensions that gave rise to for-profits and continue to emerge in discourses surrounding protocol and participation in milk banking across the continuum.

Degrees of conflict between formal and informal markets, are evident in how each talk about the other—institutional to alternative. Formal see informal as dangerous, high-risk, and those who participate as medically illiterate. The side-by-side quotes from milk staff and maternal participants show these tensions, with the quotations espousing the worries that formal organizations have about informal milksharing.

It's [online milksharing] kind of like a dating site. You can say whatever you want, and you can put a picture up of whoever or whatever you want to look like. But we don't know that. You just don't.
– Sherry (Executive Director, Mother's Milk Bank)

It's ultimately her decision. We don't mean to judge, but we want to make sure she's making an informed decision and recognizes the risks she may be imposing. The state health department is working on marketing materials to address informal milksharing because it's been recognized as an issue. There have been babies that have gotten sick as a result, so those materials will be helpful.
– Elise (Communications & PR Director, Mother's Milk Bank)

Informal markets generally see formal as important to NICU care, especially given hospitals' legal restrictions, but otherwise find them to be inaccessible, restrictive, and financially incentivized, as illustrated in these quotations:

When we were first released from the hospital, we were super weary about milksharing because he was such a preemie. So, we got connected to a milk bank and my mom bought us the first round for \$400. Then, when we were running low, we spent another \$400. We broke down and just realized, 'We aren't going to be able to keep up with this.'

– Nina (Recipient,
Mother's Milk Bank and
Human Milk 4 Human Babies)

I went into labor and there was nothing. He didn't make it. I was so engorged and in so much pain. I just wanted to get help. But I'm not even eligible to donate to [milk] banks because as a baby, I lived in Germany. My parents were in the military, and if you were living in a handful of countries in the early 80s, you can't donate milk, blood, anything in the U.S. because of potential risk for mad cow disease... even though there's no science that says it's an issue. Of course, we were all upset because of how early my pregnancy was... my milk was full of colostrum they need.

– Sara (Donor, Human Milk 4 Human Babies)

Concerns are also fueled by the fact that formal and informal markets draw from the same "pool." Multiple times during my fieldsite visit, Mother's Milk Bank staff lamented that they had had a more difficult time bringing in donations over the past few years "because of" the rising popularity of informal online milksharing networks.

What we see here is that a dialectical tension between institutional and alternative arrangements—between the enmeshment of normative organizational values versus member-driven use of communication technologies and fluid organizational boundaries—is that while these tensions are understandable, they cloud potential for industry outreach, transparency, and improvements, and could ultimately threaten both organizations' well-being. In Chapter Six (Discussion and Implications), I explicate these results and articulate how they both exemplify and extend alternative organizing theories in ways that make contributions to communication scholarship.

CHAPTER FIVE: RESULTS (PART TWO)

In Chapter Four (Results, Part One), I showed how medical and maternal communities have mobilized in response to circumstances of (in)effective lactation, which reflects institutional and alternative arrangements. In this chapter, I build up that foundation by drawing upon donor and recipient experiences within the industry. In doing so, I offer answers to RQ2, RQ3, and RQ4, which asked:

RQ2: How is organizational membership implicated by (in)effective lactation?

That is, do the circumstances of moms' participation in milk banking reflect notions of (in)voluntary or (un)intentional membership?

RQ3: What macro-Discourses about the maternal body and (in)effective lactation are reproduced and resisted in milk banking, and how do these Discourses manifest in everyday talk and social support?

RQ4: In what ways does milk banking commodify and/or empower the maternal body?

To answer these questions, I show how maternal participants' journeys manifest as (un)intentional, not (in)voluntary, membership. Next, I identify and explore three macro-Discourses circulating the lactating, maternal body that affect moms' self-concept and the depth of external social support. Finally, I show how each space along the modern milk banking continuum centers the lactating body in ways that commodify or empower. Hereafter, I use "milk banking" to refer to non-profit organizations and "milksharing" to refer to online milksharing networks like Human Milk 4 Human Babies and use side-by-side block quotes to contrast participant experiences. Exploring each of these elements is

not only important for theoretical expansion in organizational communication but also for elucidating practical transformations.

Unintentional Membership (RQ2)

Short of the staff necessary to run a milk banking organization or supervise an online network, maternal membership in the industry of breastmilk donation is unintentional. The circumstances that give rise to a mom having excess breastmilk to donate or needing donor milk are unforeseen, sudden, and often undesirable. In Figure 12, I trace the different circumstances surrounding maternal participants' membership in different milk banking or milksharing organizations. Twenty-one participants were donors, 12 were recipients, and four out of the 33 were donors and recipients at different points in their breastfeeding journeys; these numbers are indicated in parentheses next to "DONOR," "RECIPIENT," and "BOTH." Underneath the macro categories of "DONOR" and "RECIPIENT," I use purple text to delineate the meso and micro circumstances that led to moms becoming a donor or recipient. Moms became donors for reasons of travel or excess; excess was due to one of five conditions. Similarly, moms found themselves to be recipients for six reasons, one of which was illness; illnesses, in turn, were due to emergency surgery, a diagnosis or medication, or viral infection. Next to each circumstance, I list the number of moms whose stories fit that condition (e.g., 13 moms donated excess had naturally high milk production). Underneath each circumstance, I also list descriptive bullet points for context (e.g., one mom became a recipient via travel mishaps because her pumped milk was confiscated by TSA).

Mom's Membership Stories

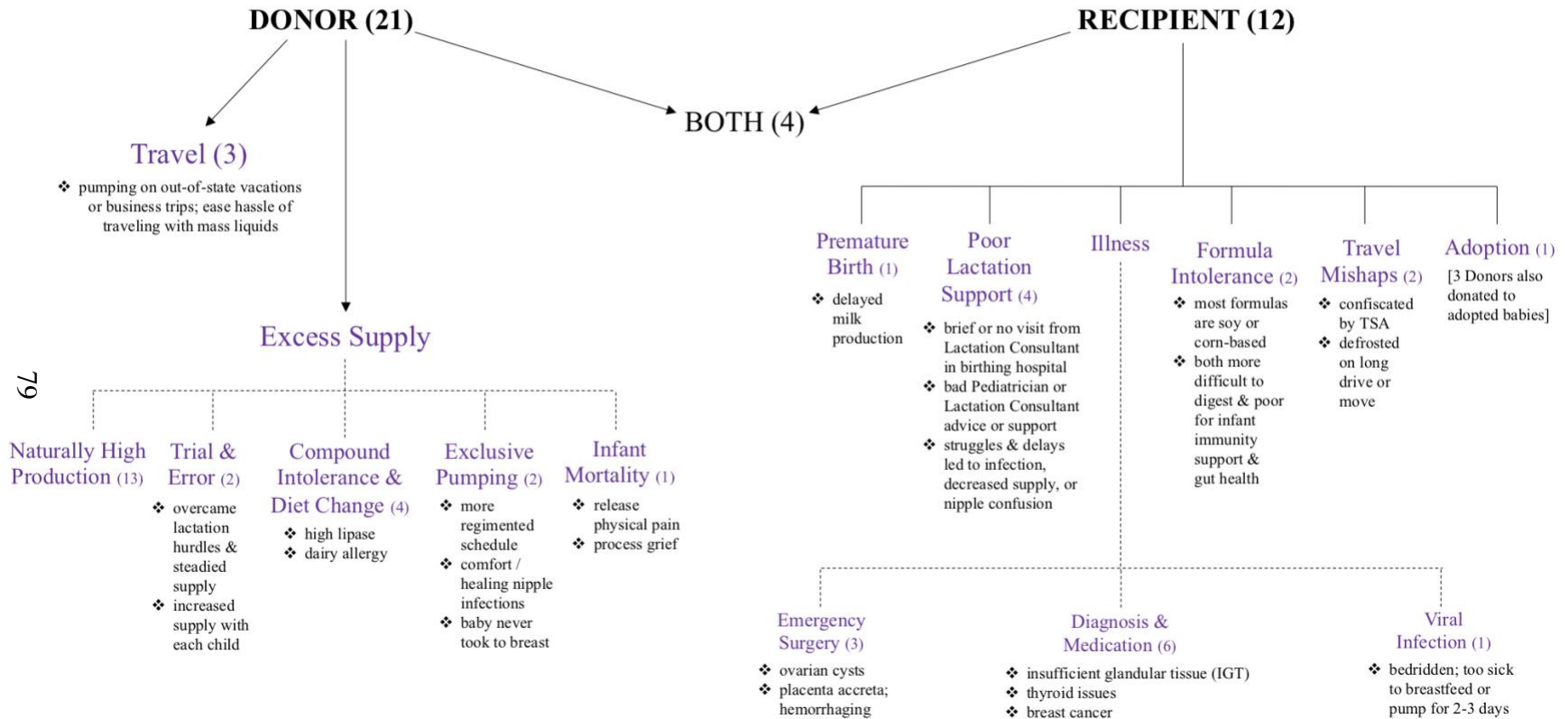


Figure 12. Mom's membership stories: Maternal participants' circumstances of excess or need.

I created this visual in the spirit of play to make aesthetic sense of the data and curate a macro-understanding of moms' membership stories. However, it also offers a contribution to the chapter's findings because it accentuates the unpredictability of what is societally billed as a natural-and-therefore-autopilot process for women. Maternal participants were faced with a choice upon having suddenly excess or needing milk; yet they did not necessarily intend for those opportunities, those trials and tribulations, to occur. In the next pages, I explicate the (un)intentionality in moms' membership stories and show how these spaces define the breastmilk donation experience.

Becoming a Donor: “What do I do with all of this?”

Maternal participants' reasons for donating breastmilk oscillated between excess supply and out-of-state travel. Of the 21 donors, two donated to non-profit milk banks, and 20 donated through online milksharing networks Human Milk 4 Human Babies and Eats on Feets. Understanding the materiality of breastmilk donation and the dynamic body of a breastmilk donor first requires an understanding of donors' relationship with their breast pump(s)—the actual method by which breastmilk is obtained for donation.

The donor-pump relationship. The donor-pump relationship is a relationship always in movement both in space and time. As an object suctioned to their bodies that syphons breastmilk drop by drop by drop, the pump is literally and figuratively an extension of donors' lactating breasts that dictates how they move up, down, left, right, whether they are awake or asleep, mobile or locked down. In the quote from Zoë below, I use bolded text to mark the extended movement of the pumping body in time.

You're more often than not **up** when the baby's **up**, but when the baby goes **down**, it's **time** to pump. If you're trying to keep your supply, you pump every

four **hours**. The baby could go **down**, but then an **hour and a half** later you have to pump and then you're **up** for **30 more minutes**, and then the baby wakes **up**.

The pump cultivates an intimate but often fraught connection that acts upon donors' pre-existing relationships: baby, then pump, then spouse, etcetera.

Your pump is like your girlfriend.
You have a more intimate
relationship with your pump than
you do with your husband
for a really long time.
You don't go anywhere
without it.

— Roberta (Donor and Recipient,
Human Milk 4 Human Babies)

A pump is that annoying friend where
you value the relationship, but it's
exhausting when they're home. 'You
exhaust me and annoy me, but I spend
time with you because the relationship is
important, but you're not the first person
I would call if I had a free night.'

— Olive (Donor,
Human Milk 4 Human Babies)

The pump is like a car—annoying to take care of but necessary to survive. But the pump is also like baggage. Its awkward shape and multiple parts rarely fit inside a normal purse, diaper bag, or work briefcase, so the donor totes around a separate bag to contain the pump parts, adapters, cleaning supplies, bottles, milk bags, ice packs, and more.

"Sometimes I feel like it goes with me more places than my children do," Annie laughed.

Overwhelmingly, donors "hated" and "despised" their "hopelessly annoying" pump. Only two donors felt "neutral" and several found that despite its frustrations, they were grateful for the physical relief the pump can provide. This mass of plastic was a necessary evil, personified and cartoonified in ways that helped donors identify and cope with its effect on their bodies. Donors likened the pump to the Tasmanian Devil or the seagulls in Finding Nemo that screech, "Mine! Mine!" The pump is endearing as "Mommy's Milk Machine," but harsh because "it made me feel like a cow." "I can't do anything," Julianne sighed. "I'm hooked up to this stupid machine!" Figure 13 depicts an electric breast pump, scrawled with donors' most visceral reactions toward the object

during our interviews. The numbers depicted on the buttons of the electric base represent the cost of donors' various pumps, which ranged from \$30 to \$2,000.

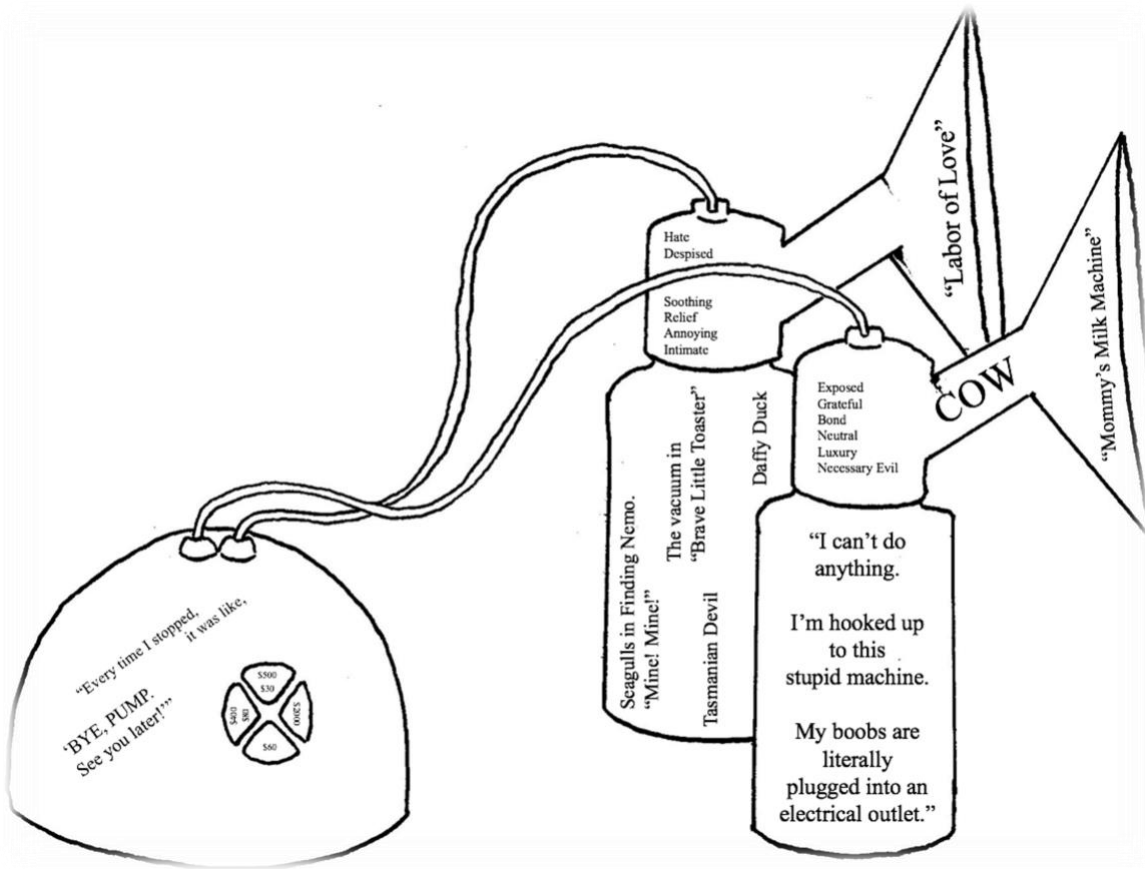


Figure 13. The breast pump personified: Donors' feelings toward pumping breastmilk as articulated in participant interviews. Background sketch adapted from "Breast Pumps: A Beginners Guide," retrieved from <http://loveandbreastmilk.com/wp/breast-pumps-a-beginners-guide/>.

Some donors resignified their relationship with their pump by changing its symbolic function and affective purpose. For Margaret, whose son who never latched (having spent too much time away from her immediately following delivery), the pump was a tool for bonding. "My body biologically created a bond to that thing," she described. "A lot of moms say, 'When I hear a baby crying, I get engorged.' Well, when I walk by a pump, my boobs would go, 'Aw!'" For Olive who worked as an engineer,

there was value in knowing she was being productive; the pump fed her desire for productivity because it was a quantitative measure of “how well” she was doing. The donor-pump relationship was also critical for processing grief. Sara lost her son in early labor. Pumping and later sharing her breastmilk helped her “get through” the initial months. “I would actually pump in his room,” she said, “and it was like my way of being close to him.” Roberta, a donor and recipient with Human Milk 4 Human Babies, noted:

It’s funny because when you pump, they tell you to look at a picture of your baby. That nudges the hormones that increase production. So, a little piece of my heart goes with my breastmilk whenever I’m pumping. No matter what. It’s a huge honor and it’s so touching.

In the end, the donor-pump relationship is a physical, emotional “labor of love.” While it was all-consuming, it was also essential for making the organization of donor milk a reality. “I never had a good relationship with my pump,” Celeste agreed, “but it’s so important for babies that need it. So, it’s not even a question.”

Excess supply. Maternal participants’ main reasons for donating breastmilk circulated around unintentional excess. In most cases, donors experienced naturally high production; they may have more glandular tissue to support milk production or began a rigorous pumping schedule while their baby spent time in the NICU, which resulted in a higher supply. For the two donors who exclusively pumped—meaning they never “put baby to breast” due to scheduling, comfort, healing, or baby’s preference—the regimented schedule propelled increased supply to meet consistent demand, which suddenly left mom with more milk than her own baby would consume. Maternal participants also found themselves with excess after overcoming lactation hurdles or becoming better and better at breastfeeding with each child. Importantly, the point at

which these moms had milk to donate was the result of exhausting and sometimes brutal trial and error involving infant lip-ties, tongue-ties, misalignment, or mom's cracked, bleeding nipples. Carine, a donor and recipient with Human Milk 4 Human Babies, said:

Her tongue-tie was so severe. I was just nursing all day long. Finally, my milk supply just totally dropped off because she just couldn't stimulate enough. She couldn't even get half the amount she needed. I started supplementing with formula. Then, I was connected to these other moms who were having trouble breastfeeding. As soon as we got her tongue-tie revised, she nursed really well. We worked really hard to get my milk back up; I was pumping after every feeding. All of a sudden, I had all this extra milk.

Excess also occurred with compound intolerance and diet change. August, who donated while breastfeeding each of her children, had greater excess the second time around when her daughter did not tolerate the high amount of lipase, a dairy protein, in her breastmilk. Though lipase is not harmful, it makes the texture of the breastmilk taste "filthy," so some babies refuse it. Sabrina's daughter developed a severe dairy allergy, which made all the breastmilk Sabrina had already pumped and frozen unusable while she overhauled her own diet to prevent further transmission of any dairy proteins.

Finally, one maternal participant donated her breastmilk in the most unintentional and tragic of circumstances: infant mortality. Although the baby did not survive, Sara's body recognized that a birth had occurred and so began producing milk. Through a traumatic delivery and loss, the maternal body was dynamic—processing hormones and naturally inducing lactation—which could manifest as a torturous reminder of loss. Sara, a Human Milk 4 Human Babies donor, hung on to this opportunity of lactation, the opportunity to still nourish an infant even if not her own, as a way to honor her son, honor her own body, and better process her grief:

I posted to the group what happened with my son and that I wanted it to benefit another child. In honor of my son, hopefully, out of all of the pain and everything I was going through... that's why I decided to do it. If I have it and it can help another baby, it would help me in my own healing. I pumped for six or seven weeks, something like 200 ounces... no, more than that. The person I donated to was a mom of twins; she had gotten really sick and had major surgery. Me and my mom drove up and met her sister with all of the breastmilk on dry ice. It's hard to even remember exactly how that all went, it was so fast. I really latched on to it as a distraction, knowing then it was something more than just the loss... that something else came from it that was positive.

Infant mortality also affected the process of donation for Celeste, who set aside some of her breastmilk for a friend whose micro-preemie was discharged from a long NICU stay. When the baby went into respiratory distress and passed away only a few weeks after coming home, Celeste found herself with a freezer full of unclaimed milk:

I split it up into four boxes and helped out four families through Eats on Feets. At that point, it wasn't emotional anymore. It was, 'I have this; it's taking up space. It will help you. I don't necessarily need it... the purpose, why it was there, is gone.' He was my little buddy. That was the emotional part. It was, 'The little baby is gone. That's who it was for.' That was my emotional connection.

Whether donors' excess occurred for reasons of happenstance, trials, or tragedies, all were unexpected.

Out-of-state travel. As donors pumped throughout their breastfeeding journeys, out-of-state travel was no exception. Given the volume of supplies necessary to keep milk refrigerated or frozen during air travel and given TSA's illegal but notorious confiscation of travelers' breastmilk, many choose to donate any milk pumped during travels. Peyton traveled to Portland, Oregon, for work; Olive traveled to Kentucky for vacation; and Jade traveled to Indiana for a funeral, all while pumping for their own infants. "I just didn't want to deal with it on the plane," Olive said, "so I found Kentucky's Human Milk 4 Human Babies page and said, 'I'm leaving on a plane tomorrow. Anyone who wants it,

come get it before I leave!” Donors do not intend to create an excess; regular pumping is important for their overall health and keeping up supply for their own baby. Some donors do not even intend to travel a great distance like suddenly attending a funeral.

Nonetheless, having state chapters for milksharing networks like Human Milk 4 Human Babies opens up donation opportunities and eases some of the pumping hassle.

In each circumstance, moms with excess breastmilk found themselves at an unanticipated impasse. Many “stumbled upon” milksharing networks after searching online for ways to use excess breastmilk. Most, however, were referred through interpersonal connection or organizational support—a friend who was fostering, a grandma whose next door neighbor had just given birth but was waiting for milk to “come in,” or a sibling who gave her leftover milk to someone at church, a La Leche League meeting, a mom’s support group at the local birthing center, a conversation with a pediatrician, or a hospital’s own donor milk program. Only one donor knew of milk banking and milksharing ahead of time because they worked as a registered nurse in a hospital with an existing donor milk program. One only wonders how many more donors and donations would be present and available if milk banking and milksharing were openly and widely discussed in medical, familial, and support settings.

Becoming a Recipient: Reaching Out and Rewriting “Failure”

Maternal participants’ reasons for needing milk ranged from premature birth (causing delayed milk production) to poor lactation support, illness, formula intolerance, travel mishaps, and adoption. Just as donors are unintentional members in milk banking and milksharing organizations, so too are those moms who receive those donations. Families do not plan to have a premature birth; families do not plan to engage poor

lactation support; families do not intend for illness to sideline their lives; families do not plan to feed their infant a compound they cannot tolerate; families do not plan for travel mishaps to occur; and even for those families who intend to adopt, they do not plan for a baby suddenly needing a home on this day of that month, not having breastmilk from their birth mom, or the enormous expense and poor nutrition of formula.

Iris, a Human Milk 4 Human Babies recipient, recollected:

We were approached to adopt a baby. We never got pregnant. This just fell in our lap all of a sudden. My husband was finishing school, so I was still planning to work full-time for a while, while he was going to be stay-at-home dad. It just became clear that it made more sense to get donated breastmilk, so he could feed the baby. I went on Human Milk 4 Human Babies, and we were able to get some right before she was born. She has had breastmilk since the very beginning.

Milk banking and milksharing are not organizational communities that participants intended to enter in these ways but ones they rely on nonetheless for proper nutrition, care, support, healing, and overall enactment of motherhood. Even those moms who fully intend to breastfeed, begin pumping, and attempt to connect to resources may find themselves on an unexpected detour. Four maternal participants ended up needing donor milk solely due to poor lactation support. In most cases, hospital lactation consultants did not visit or only briefly visited their room after birth to provide support and answer questions; in others, moms received bad advice from medical staff who misidentified or misdiagnosed an issue, further exacerbating the difficulties. Often, moms like Loretta were not even aware they needed support to begin with. “I was going to breastfeed,” she said. “Throughout my studies and throughout the courses that I took with my husband, you put your breast in the baby’s mouth, and they get milk out. That’s where my research stopped.” Charlie, a young, single mom and Human Milk 4 Human

Babies recipient, also grappled with this deceitfully easy portrayal of breastfeeding in the days after birth:

I felt like I was failing because I felt it was my fault he wouldn't latch, and it's hard constantly asking for help. At the time, I was a young, single parent. I had a C-section. He was so fragile I couldn't be with him until the fifth day. I wasn't pumping. I didn't know how. The hospital didn't even talk to me about pumping until the last day. I left the hospital after five days having barely nursed him and not pumped. He lost so much weight they told me to put him on formula. I didn't know. I was worried about his health, so I did what they said. I ended up calling a friend who connected me with a lactation consultation, and we talked on the phone. But we never talked about options for if I couldn't solely feed him. I tried everything, but I just knew he wasn't getting enough milk. I would nurse him and then pump every hour. It was all I was doing, and it just wasn't enough. Nobody ever looked at my baby; nobody ever checked his mouth. I felt so frustrated like, 'Why can't I do this?!' I felt like the idea of formula was just forced upon me.

Doing some more research and finally finding donor milk, meeting some incredible moms who didn't have the same problems I did, I think, changed my entire experience. What I thought was going to be this easy, blissful time wasn't, so the group made me feel like more of a success. He got solely breast milk until he was about 15 months. I feel like I succeeded. I was able to change my goals, change my whole plan, and it worked. I can't say looking at him that he does this or that well *because* I gave him breastmilk, but I feel like I gave him everything that I could and did everything that I could do to give him the right start.

What we see in this extended excerpt is that organizational membership is implicated by (in)effective lactation, such that milksharing opens up a way for moms to exercise agency within those unintentional circumstances, which can occur despite their best efforts.

Some moms sought complete replacement, while others only needed supplementation. Nina, for example, was diagnosed with Insufficient Glandular Tissue, which results in little to no physiological capacity for milk production. She began taking domperidone to increase her milk supply: "I was able to get up to four ounces a day from using the drops and for me that was a lot... but still not enough." Breastmilk purchased from Mother's Milk Bank in Iowa and later, donated through Human Milk 4 Human

Babies in Arizona, “got him from about one to four months, almost exclusively,” Nina said. “I supplemented with what little I pumped. He’s never had any formula ever. Since we’ve been in Arizona, we’ve received milk from at least 10 women.”

Maternal participants’ reasons for needing milk were as unexpected as they were varied. Moms who had always produced enough breastmilk suddenly needed breastmilk because their deep freezer broke and tragically defrosted their entire pumped supply, or because they were blindsided by a breast cancer diagnosis that brought their own breastfeeding journey to a screeching halt. Suddenly, they had to make a choice.

The Fluidity of Donor-Recipient Membership

Membership in milk banking and milksharing is also fluid (...pun fully intended). Four moms were both donors and recipients, with the same child or across different children. Roberta donated excess made through exclusive pumping but was soon after diagnosed with migraines so severe, she was prescribed an epilepsy medication that prevented direct feedings and consumed her “stash.” Carine needed milk when her supply dropped after struggling through her daughter’s diagnosed severe tongue-tie; but after getting her supply back up with lactation support, her daughter developed a dairy allergy rendering her pumped “stash” unusable (see p. 84). Peyton received donor milk in the hospital for her premature son and later donated excess breastmilk due to naturally high production. Celeste donated excess through Eats on Feets (see p. 85) but later needed breastmilk when diagnosed with cancer. The donor becomes the recipient, and the recipient becomes the donor. The lactating body is always, already dynamic.

In the end, the circumstances that thrust moms into this community are sudden, mystifying, and often undesirable; they punctuate the uncertainty and struggle of

motherhood in a way only donors and recipients understand. Beatrix, a Human Milk 4 Human Babies recipient, explained how this unspoken connection showed up between her and her baby's donor:

She would date the bags of milk and put the time that she pumped them, and it would be like I knew that she had been up in the middle of the night at 3:00 a.m. pumping milk and that we were the beneficiaries of that. It's definitely a sign of the bonds of motherhood. Unless you've had to pump, you don't understand what pumping is all about, and unless you've had the experience of not having enough milk for your kid, you can't understand what that means either.

In each case, maternal participants were faced with a choice. Donors decided whether to dump their excess or donate it. Recipients decided to go the route of formula or find breastmilk from another source. For NICUs with donor milk programs, parents must still give signed consent for the doctor to prescribe it; if not, formulas and fortifiers are stocked and available. In the event that a mom is struggling with lactation at home or in the event that a family adopts a child, there *is* a choice besides breastmilk. Maternal participants all recognized the existence of this choice, though some felt differently about its affordances or validity. Loretta called formula "dead food" and looked to organic goat milk rather than formula before finding milksharing, while Nina simply resigned, "I don't want to formula shame at all. That's an option and it's totally okay. It just wasn't for us."

Moms chose to call Mother's Milk Bank looking for outpatient milk; they chose to come pick it up for \$4 per ounce at the front desk. Milksharing participants, like those on Human Milk 4 Human Babies, chose to enter that group, to research, to look into a recommendation, to post, to comment, to open up their freezer, to drive and pick up, etcetera. In each case, membership in milk banking or milksharing was (technically) voluntary, though it remains a choice that is widely obscured. No one engaged on behalf

of another without consent. But moms did not *intend* to be there. They did not intend for the issue that suddenly left them with excess or with nothing to occur. Even those who “exclusively pumped,” which almost always results in excess, did not do so with the express intent of donating their breastmilk (see Figure 13 on the extent of the donor-pump relationship). The online milksharing network Human Milk 4 Human Babies was, in and of itself, voluntarily created out of unintentional circumstances. Thus, while moms’ membership in milk banking and milksharing is voluntary, it is not intentional.

Discourses of Filth, Suspicion, and Inadequacy (RQ3)

Women’s bodies are suspect. If there’s a liquid coming out of us, it can’t be good.

– Jennifer
(Outreach Director,
Mother’s Milk Bank)

We trust women to be smart enough to make decisions for themselves. We find it based on misogyny in general that people want to say that our milk is “dirty.”

– Kimberley (Admin,
Human Milk 4 Human Babies)

RQ3 asked what macro-Discourses about the maternal body and (in)effective lactation are reproduced and resisted in milk banking and how those Discourses manifest in everyday talk and social support. Answering this question begins with acknowledging the broader picture—that macro-Discourses surrounding women’s bodies exceedingly portray our biological, physiological processes, and capabilities as something dirty or “going wrong.” Every stage of our life is inscribed as sickness; menstruation, pregnancy, infertility, menopause, and leaking are read as impaired and ailing (e.g., Trethewey, 1999). In rhetorical terms, the materiality of women’s flesh is a site out of social order that is pathologized by manifestations of patriarchal control. Spaces of (in)effective lactation are no exception. Discourses of filth, suspicion, and inadequacy circulate the maternal body; each is reproduced and resisted through the

organizing of donor milk. As Jennifer (Outreach Director, Mother's Milk Bank) said, our bodies are suspect: "If there's a liquid coming out of us, it can't be good."

Discourses of "filth" were apparent in the presence and depth of education women receive about milk banking or milksharing. One's OB/GYN or pediatrician may not know about milk banking; and if they do, do they find value in it or is the palette of formula in the corner (sent for free by the formula company) easier? Do they encourage formal market donation but discourage other forms like milksharing? Is there a breastfeeding block in standard medical school curricula gives them specific tools to support moms? (Spoiler: The answer is no, according to milk staff.) Even in my own observation of the Breastfeeding 101 class for expectant mothers at The Milk Spot, milk banking and milksharing were written-but-unacknowledged footnotes; when time ran short, this slide was the first to go. When packing donor milk to ship to Mother's Milk Bank, moms toting their infants and toddlers into The Milk Spot for "Mom's Group" asked what was being taken out of the chest freezer and taped up in giant FedEx boxes, wide-eyed with pleasant surprise and curiosity when I explained the partnerships and opportunities of breastmilk donation. A hidden organization, indeed.

Discourses of "filth" were also reproduced and resisted in external spaces of social support. Twenty maternal participants pointed to specific instances where their co-workers, family, and friends actively resisted any implication of "filth" or "dirtiness" around lactation and the sharing of breastmilk. Carolina's co-worker synchronized his breaks with her pumping schedule so she would have some company and could continue socializing with folks throughout the office; for her, this comradery acknowledged the purity of her work as a pumping mom and her intentions toward

donation. Jade and Beatrix's moms served as intermediaries by dropping off or collecting donations between towns on their behalf. Sabrina's husband regularly cleaned and sterilized her pump, and their children imitated her pumping by wearing nursing covers and "sharing" bottles of milk with one another's dolls. Lina's grandparents kept their freezers stocked with donor milk and her 88-year-old grandma kept a log and prepped donor milk for days she babysat. Wendy's brother-in-law made his self-owned coffee shop available anytime she met a recipient to make an exchange. Polly's husband picked up donations on her behalf when she was too sick to drive.

Each instance validated participants' identities as donors or recipients, and more importantly, as mothers. "My mom and my spouse," Nina recalled, "they never made me feel like it was my fault." Charlie, a Human Milk 4 Human Babies recipient, also found this to be true with her father:

My family all live out of state, so while they didn't actually see any of the process, we talked about it a lot. My dad did a lot of research, and I expected because him to be judgmental. He usually has opinions about everything. I thought he would react in a negative way and shame me for it, but he actually didn't. He completely understood why I sought out donor milk and never acted like it was dirty or gross or questioned my intentions and capabilities. My mom passed away a long time ago, so I had to ask him, 'Did I breastfeed?' I wasn't sure. And he couldn't remember, but he still understood. It really didn't matter if I was breastfed or not. What mattered was that he knew this was important to me, so he supported me, even coming on a business trip with me to prepare all the donor milk and feed my son while I was in meetings.

When loved ones resisted Discourses of "filth" through instrumental support, moms were also to resist the shame circulating the "dirtiness" of the shared, lactating body.

Thirteen participants, however, found themselves navigating a lack of support—subtle and explicit judgments rooted in complacency or "filth." Joëlle often had to pump in storage closets at work; as a company of less than 50 employees, they were not

legally required to provide accommodations. Emma’s husband and mother-in-law were passive in their recognition of her investment in milksharing. “[My husband] was never breastfed,” she said, “so, I guess they didn’t understand my reasoning for donating. They ‘supported’ it, but then would always say, ‘Wait, why are you doing this instead of...?’ but I thought that was clear. It was important to me.” Wendy’s husband thought donating her breastmilk was “fucking weird. He was like, ‘But that’s your milk going into his body...’ He didn’t like it, but I didn’t care!” These stories are important because they illustrate how macro-Discourses of the lactating body infiltrate micro-level talk about participation in milk banking and milksharing.

Macro-Discourses of “suspicion” also infiltrate meso-level practice within the milk banking industry. Milk staff saw milksharing as highly suspicious and risking all sorts of disease. Meanwhile, maternal participants saw informed milksharing as safe but the selling of milk as suspicious, which potentially incentivized moms (especially those in dire financial need) to add water or cow’s milk to their donated breastmilk to increase volume for monetary return. The contrast in participants’ fundamental convictions and foundational beliefs about best practices for organizing donor milk—often influenced by formal training and/or informal experience—bled into public spaces. Throughout the study, participant after participant pointed to “the social media incident” or “the Facebook incident in February,” a Facebook post from Mother’s Milk Bank that drew harsh criticism from milksharing communities all over North America (see Figure 14).

In essence, Mother’s Milk Bank reiterated their commitments to extensive screening and processing and argued that while moms who participate in milksharing might mean well, the practice of sharing milk informally is exceedingly dangerous.

Moms may not understand how to properly collect and store their own milk, so they are complicit in putting fragile infants at inevitable risk for disease and contamination. Whereas the initial post is rooted in a medicalized perspective, the over 300 responses call upon the communal value and longevity of milksharing as a method of organizing and take issue with the “scare tactics” and inaccurate portrayal of risk that does not bear out in the statistics. (As noted by Kimberley on p. 60, *Human Milk 4 Human Babies* has never had a report of illness or disease transmission as a result of milksharing.)



Figure 14. Mother’s Milk Bank warning against “dangerous” informal milksharing. Screenshots of public Facebook post and comments captured October 10, 2018.

Even for those who harbor concern about the lack of processing, milksharing may be seen as the “lesser of two evils” or a more accessible way of organizing breastmilk. Diane, a recipient who shared her story on the podcast, *ReplyAll*, said:

Am I worried that there's a chance my son is getting cross-contamination with blood borne pathogens? Yes, I am. But it's that or he doesn't eat. It's very tough. I will be forever heartbroken if I know that I've given my son something that he can't come back from. Not that I believe any of the mom's that have [or] give milk have AIDS or hepatitis... that's a real, a real struggle. But I have no choice. (Bennin et al., 2016, para. 77)

Unanimously, recipients felt that the kind of mom who would go through the annoyingness of pumping—the inconvenience, the discomfort, the lack of sleep and sometimes sanity—are not the kind of people who would ever try to harm your child.

Finally, Discourses of “inadequacy” show up in our everyday talk around participation in milk banking. Recipients were marked as victims of dysfunctional and misbehaving bodies, states internalized as guilt (see also Carter & Reyes-Foster, 2016).

When their breastfeeding journey took a surprise detour, leading them to scrounge for milk, recipients like Louise and Nina turned to their own body and its in/capabilities.

I had a lot of self-guilt, and my mom guilted me too. She said that wasn't supposed to happen, that even though he was getting breastmilk, he was supposed to be latching to me, and he was missing out on all of bonding. I had like a huge amount of guilt. It wasn't how I pictured it, either. Just not be able to provide yourself despite your passion... I mean you're scrounging for food for your baby. But a lot of the guilt also came from me. You have this picture in your head of what it's supposed to be like. I don't know if you can't not have that picture, whether you see it from social media or TV or from what you see walking down the street... but you have a picture. And if it's not meeting that picture, if for whatever reason your body throws that surprise at you, you're upset with your body. It wasn't supposed to do that.

– Louise (Recipient,
Human Milk 4 Human Babies)

At four weeks to the day postpartum I got my period, which is super unusual. I knew that the little supply that I had was going to drop because of the hormone shift. I asked my lactation consultant to just be honest with me. “Is it because I'm not breastfeeding a lot right now? He's latching, but I hardly have any milk? What's going on?” What she told me just crushed me. She said, “Your body thinks that your baby died based on your low volume of milk production... it wants to have a period to prepare for another baby.” But my baby didn't die. I was still pumping. I'm trying everything I could and then to get my period back so easily was just a huge slap in the face.

– Nina (Recipient, Mother's Milk Bank and
Human Milk 4 Human Babies)

In contrast, donors were portrayed as altruistic heroes whose bodies are sites of the power of motherhood, more than adequate in their capabilities. Indeed, recipients did not hesitate to praise moms who donated their breastmilk. The donor was dedicated, understanding, attentive, a godsend; she was Wonder Woman.

These stories are important because they show that despite the internalized guilt, participation in milksharing provided an avenue by which to heal themselves—a way to acknowledge and appreciate their body, to rewrite its image, to understand that the embodied performance of motherhood meant so much more than their own volume of production. Navigating the unexpected and unknown terrain of milksharing, particularly for recipients, was described as consuming, anxiety inducing, emotionally jarring, and sometimes desperate; but participants unanimously framed its outcome as powerful.

Loretta, a Human Milk 4 Human Babies recipient, said:

It's the one thing I'm most proud of in my entire life and it changed my perspective of me as a mom immensely. In my eyes, I had failed at my birth. I had failed at the breastfeeding. I was not going to fail at this. And when I look back, I know, 'No one could have done this better.'

The sororal network that sustains the structure of milksharing situates mothers as agents of each other's success and creates space to reclaim their own. "I felt very peaceful," Margaret explained. "After all the struggle, I found gratitude like, 'Wow, my body can actually do this. My body can feed six-plus babies, antibodies and all.' That's pure, liquid gold." In calling upon the oldest form of community resourcefulness and bringing a tradition back to mainstream discourse, *milksharing* resists Discourses of filth, suspicion, and inadequacy. The opportunity to share that liquid gold spilled over to recipients like Charlie, which democratized strength and cultivated pride: "Being able to

allow other women to help me feel strong by feeding him was very empowering. It takes a special person to do that.” Milk banking and milksharing did not just transform the lives of participants’ children in material ways; it transformed their own by positioning their maternal bodies as virtuous, trustworthy, and more than adequate.

Corporeal Commodification (RQ4)

I saw a picture of a mom giving her baby a bottle on their first birthday, and she wrote, “Breastfed thanks to...” and listed all the donors. I’m going to do that, and I’ll have an even longer list... more than 10. I’ll never forget their names. When he’s old enough, I’ll tell him about the women who shared life with him.

– Nina (Recipient, Mother’s Milk Bank and Human Milk 4 Human Babies)

My daughter was such a chunk as a baby... and the baby I was donating to was also super chunky. I’m like, ‘Oh my God. I bet it’s my milk!’

– Regan (Donor, Human Milk 4 Human Babies)

RQ4 asked how milk banking (in all its forms) commodifies and/or empowers the maternal body. Results show that commodification is both perpetuated and resisted across milk banking and milksharing. As noted in Chapter Two (Literature Review), something becomes a marketable commodity when it is marked as an object of economic value and scientific benefit and subject to economic laws of supply and demand. Something is commodified when “the producer of the product experience[es] alienation from that product” and the body is made anonymous (as cited in Carter & Reyes-Foster, 2016).

In for-profit milk banks, those who perform the labor disappear. Banks like Prolacta Bioscience, Medolac, and Ni-Q offer severely undervalued compensation (approximately \$1 per ounce; Buia, 2015) and often employ metaphors of intimacy and maternal goodness to increase supply, which some scholars argue allows corporate and scientific interests to garner profits at women’s expense. The most glaring case occurred in Detroit, Michigan, when Medolac constructed a billboard soliciting donor milk for pay

(see Figure 15). The company claimed they were trying to “increase the supply of breast milk to urban mothers,” (even though there is no guarantee the milk comes back to the same area), but critics worried that enticing the area’s impoverished communities with already-low breastfeeding rates would amount to exploitation. In a letter written to Medolac (quoted in the article depicted in Figure 15), the community declared,

We are troubled by your targeting of African-American mothers, and your focus on Detroit in particular. We are concerned that this initiative has neither thoroughly factored in the historical context of milk sharing nor the complex social and economic challenges facing Detroit families. (Erb, 2015, para. 13)

The Black Mothers’ Breastfeeding Association and other local support groups successfully lobbied to have the billboard removed.

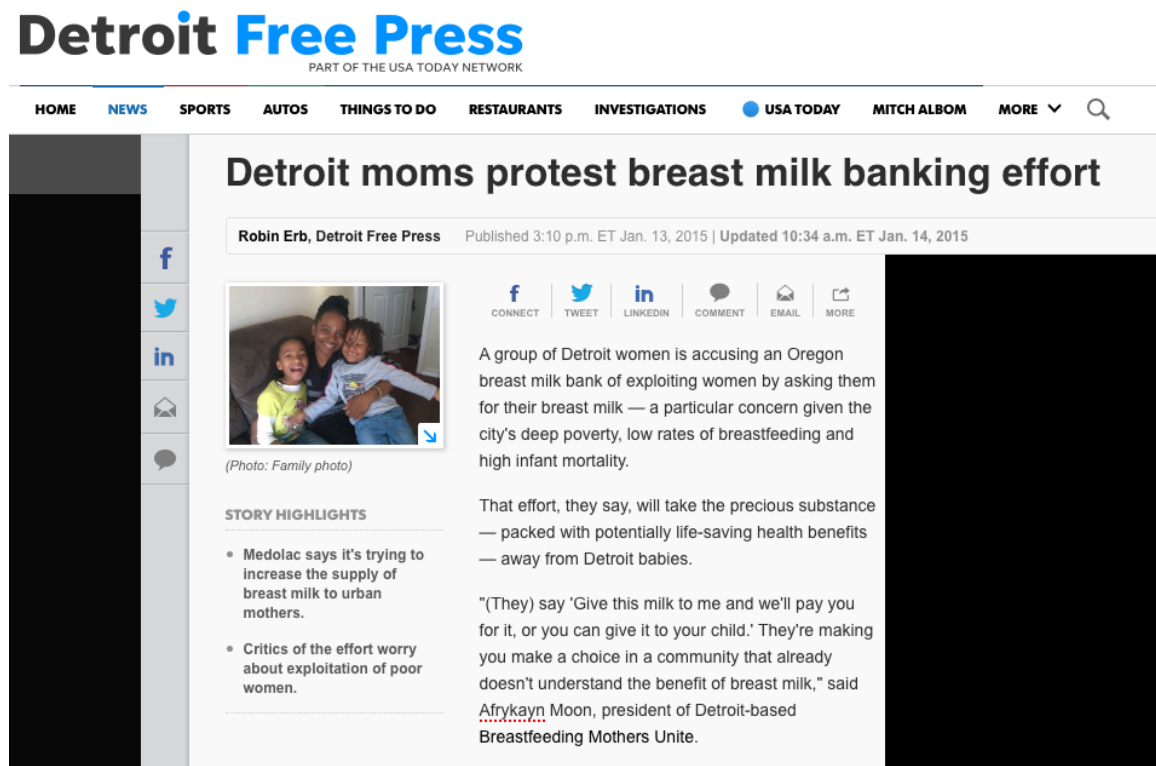


Figure 15. Moms protest donor recruitment by for-profit Medolac in Detroit newspaper. Partial screenshot of online article captured January 9, 2019.

Medolac's approach magnified the inequalities that plague the (her)story of milk banking and milksharing and exposed the de-centering of the lactating body in favor of potential for profit. In Chapter Four (Results, Part One), Libby, a NICU nutritionist also told of how her hospital was beholden to corporate interests. When the hospital merged with a new network, their unit was forced to change from a non-profit to a for-profit donor milk supplier "because it was what the rest of the hospitals were already using." Nonetheless, the for-profit milk supply was more expensive and resulted in observed declines in infant health. In for-profit milk banking, milk is a profitable product.

In non-profit milk banks, the body is recognized. Mother's Milk Bank, for example, acknowledged the risk of commodification but did not see their organizing processes as enabling it. Recipients cannot know the identity of their donor(s) due to the confidentiality of screenings, but donors' bodies are centralized in other ways. To memorialize donors' sacrifices and recipients' triumphs, the Mother's Milk Bank staff self-published a book titled "Milk Stories" that features photos and stories submitted by families. The book is also utilized in outreach efforts. In 2018, Mother's Milk Bank commissioned an "Aspen Grove" dedicated to bereaved donors; a former bereaved donor who was also an artist completed the project (see Figure 16). The Aspen tree is prevalent in Colorado, the home of Mother's Milk Bank, and so is an important symbol across the state. Each branch holds a small ornament made of two gold leaves connected a gold hoop; on one leaf, the baby's name and birth date are imprinted. Parents receive an identical ornament and typically visit the milk bank to hang the other on the tree, some from as far as Idaho. Here, milk is precious medicine that offers preventative and proactive treatment for growing healthy, preemie babies.



Figure 16. “Aspen Grove” in Mother’s Milk Bank lobby. Original photo taken during fieldsite visit September 4, 2018.

Finally, in a #MeToo climate saturated with talk of women’s bodies and resistance to the non-consensual treatment of those bodies, the milksharing community is doing something radical in how it enabled maternal participants to make sense of their lactation experiences and change how they understood its journey. For donors who exclusively pumped by choice or as a medical necessity, the pump was their tool of bonding; pumping to donate functioned as additional bonding time with their own baby. For most, donating also helped them overcome the feelings of isolation in early parenthood. For recipients, it taught them to rewrite what they had been trained to see as “failure” and to reestablish a loving relationship with self. These are radical activities because they allow moms to resist Discourses that mark the maternal body as a working site of invisibility and hypervisibility. In short, milksharing empowers rather than

commodifies by re-writing the script of the female body as a product of consumption and as a site and outcome of social regulation. Here, milk is simple—it is a gift, a communal resource, and a form of sororal support. Emilie, a Human Milk 4 Human Babies donor reflected:

Becoming a mom and becoming a part of a group like Human Milk 4 Human Babies has shown me that we are pretty fucking spectacular. We're not tearing each other apart on social media. We're banding together in unique ways and offer support that really only we can. I've never felt more part of a community. Do you know what I mean? The milk is a huge part of it, but more than that, we're connecting with one another over something that only we can do and that only we can understand... even if we're on opposite ends of the spectrum.

Immersing oneself in participants' journeys allows us to understand the unique nature of membership in milk banking and milksharing, the macro-Discourses that circulate participants' bodies, and the centering of the commodification and empowerment of those bodies in institutional and alternative organizations. In the following chapter, I revisit these results and discuss their theoretical, social-rhetorical, and practical implications.

CHAPTER SIX: DISCUSSION AND IMPLICATIONS

In the previous results chapters, I illustrated how principles of alternative organizing, unintentional membership, and commodification are exemplified in the milk industry. I also outlined Discourses of filth, suspicion, and inadequacy that circulate the maternal bodies donating and receiving milk. Collectively, the study shows how the symbolic and material dynamics of milk banking complicate our ideas about (in)effective lactation and motherhood. In this chapter, I consider the theoretical, social-rhetorical, and practical contributions and implications of these results. First, I discuss how this study contributes to and extends organizational communication theories on alternative organizing and membership and how the macro-Discourses present in milk banking function to discipline alternative organizations and the bodies within them. Second, I discuss how the results contribute to our understanding of affective economies and consider where privileges and inequalities are present in the absence of data. Third, I draw upon Ellingson's (2009) concept of *dendritic crystallization* to outline the study's practical implications and various representations of the data to be constructed post-dissertation. Finally, I discuss the study's limitations and offer directions for future study and conclude with statements on the overall significance of the project.

Theoretical Contributions and Implications

Study results exemplify and extend theories of alternative organizing, challenge our understandings of organizational membership and the consequences of obscurity, and reveal how d/Discourses of safety operate as discipline. Specifically, the study makes three theoretical contributions: (1) the study demonstrates how alternative organizing processes punctuate the construction and conflicts between formal and informal milk

markets and shows why theories on alternative organizing should be represented as cyclical, rather than linear; (2) the study establishes how unintentional membership is distinct from (in)voluntary membership in that it represents a unique relationship between agency and the body; (3) the study provides evidence for *obscured organizations* as an alternative frame to Scott's (2013) hidden organizations; and (4) the study shows how d/Discourses of "safety" are used to discipline and indict, not just represent operational differences. In the next pages, I expand upon and discuss the implications of each contribution in light of the scholarship detailed in Chapter Two (Literature Review).

Alternative Organizing

The construction of and conflicts between formal and informal milk markets exemplify theories of alternative organizing. Analysis shows that each space differs in terms of what constitutes an organization and the process of organizing. While breastmilk donation organizations all pursue the same goal—providing breastmilk to babies in need—each goes about achieving that goal in distinct ways that often also function as a response to their peers. Human Milk 4 Human Babies prohibits the sale of breastmilk in part because they dissent to formal markets' monetization of "body product exchange" (Swanson, 2014). The organization is responding to global capitalism and growing inequalities, a type of societal response characteristic of alternative organizations. It is also challenging a defining dynamic of capitalism—"expansion with absorption of 'alternatives'" (Cheney & Munshi, 2017, p. 3)—by rejecting the absorption of community-sharing and wet-nursing by institutionalized milk banking.

Alternative organizing arrangements also challenge how members relate to one another, how roles are established or defined, how decisions are made, how resources are

distributed, what counts as productivity in organizing, what effectiveness and efficiency mean in a given case, and how the organization represents itself. The role of “donor” in for-profit and non-profit milk banks is subject to gatekeeping; donors are established through organizational-mandated screenings and are managed throughout their donation journey. Online milksharing networks challenge this because the role of “donor” is established through the donor’s own agency; members should abide by basic ethics of online communication, but donors can decide themselves to post an offer. In for-profits, resources are distributed based on orders and cost; in non-profits, resources are distributed based on need and sometimes cost. Online milksharing networks challenge these arrangements because resources are distributed at the community level irrespective of cost by the members themselves.

Cheney and Munshi (2017) have called for exploration of alternative dimensions in already-existing spaces, especially context-specific ones. This study attends to their call by showing that an already-existing, context-specific space like milk banking (which grew from wet-nursing) bears alternative dimensions via the modern milksharing community. Indeed, while the sharing of milk existed before the refrigeration and express storage that define modern milk banking, social media has resignified the context of breastmilk donation. Since 2010, socially-mediated milksharing has become *the* medium for mobilizing milk in ways unique to the medical community. Human Milk 4 Human Babies began as a Montreal-based activist-fueled innovation. Founder Sofia’s grassroots network of women now spans 52 countries and over 20,000 members, all run by 300 volunteer administrators. The rules and resources that sustain milksharing beget a structure that is less hierarchical and bureaucratic, more novel and creative.

Milksharing operates as an alternative organization because it is radically different from the ways in which society expects us to organize bioproducts or engage in “body product exchange” (Swanson, 2014)—its structure is principled by autonomy, equity, participatory democracy, and solidarity, which are themselves imbued with feminist values of nourishment, caring, and sisterhood. The community disentangles itself from the medicalization and commodification of the reproductive body by calling upon one of the oldest forms of community resourcefulness—mom-to-mom—and bringing a tradition back to mainstream discourse. The very experience of milksharing as a community is a “constantly regenerative way of both living and organizing” (Cheney & Munshi, 2017, p. 6) because the alternative communication practices that sustain milksharing shape and are shaped by relational ontology and materialism. Rules and resources donors, recipients, and admins depend on are both an outcome of their interactions and a present creation in their interactions themselves.

In cultivating global connections with a local presence, online milksharing networks have constructed a kind of translocalism that binds local activities and movements to macro issues and trends. Human Milk 4 Human Babies was explicitly born out of a response to the sexualization of the female breast and by extension, technological censorship of mothering. It responds to global capitalism and growing inequalities through body work and the mobilization of maternal reclamation. Most importantly, it takes full advantage of communication technologies for fostering connections and, in doing so, supports a variety of identities toward new levels of attachment and action.

In addition to exemplifying principles of alternative organizing, the study also extends alternative organizing theory. Existing theories seem to suggest that alternative

processes are primarily about resisting a pre-existing, corporatized structure. According to Cheney (2014), a key principle of alternative organizing is disentanglement from institutional or cultural constraints. Part of the “alternative” in “alternative organizing” means operating in a way that allows the organization to achieve some common goal “without fully adopting market and bureaucratic values” (Jensen & Meisenbach, 2015, p. 585; see also Scott, 2013). Online milksharing networks do operate in these ways and non-profit milk banks also operate as a sort of “alternative” to for-profit milk banks.

Yet, the current literature delineation of alternative organizing does not help explain the evolution of formal markets in the milk banking industry. This is because for-profit milk banks grew out of a response to non-profit ways of organizing milk. The most corporatized did not exist before the less bureaucratized and less monetized alternative (see Figure 17, constructed from Libby’s story told in Chapter Four, p. 71). Wet-nursing was the first form of breastmilk donation with non-profit milk banks established in the early-mid 1900s. Elena Medo thought “she could do better” than the non-profit milk market, so she created the first for-profit milk bank in Prolacta and later, Medolac; some of her employees defected and went on to create Ni-Q. So, what we see in this instance is that sometimes the “response” is actually the corporatized, profit-focused structure.

Thus, my analysis shows that the opposite chronology represented by alternative organizing theories can also be true: sometimes the “alternative” comes first. Elena Medo’s competing for-profit milk banks did not just adopt market values; they vigorously embraced the dynamic of capitalism and values of “body product exchange” (Swanson, 2014). Instead of managing tensions within a market society, for-profits branching off of HMBANA edified market society, which made the medicine a product and the product

profitable. For-profit milk banking reproduced and built on the familiar structure grown from Talbot’s early-1900s depots by further institutionalizing participation and eclipsing the bureaucracy and hierarchy of non-profit milk banks. So, rather than operating as alternative organizations the way they have traditionally been conceived (Cheney, 2014; Cheney & Munshi, 2017; Jensen & Meisenbach, 2015), for-profits are bureaucratized, monetized cousin—the corporate alternative to the established alternative.

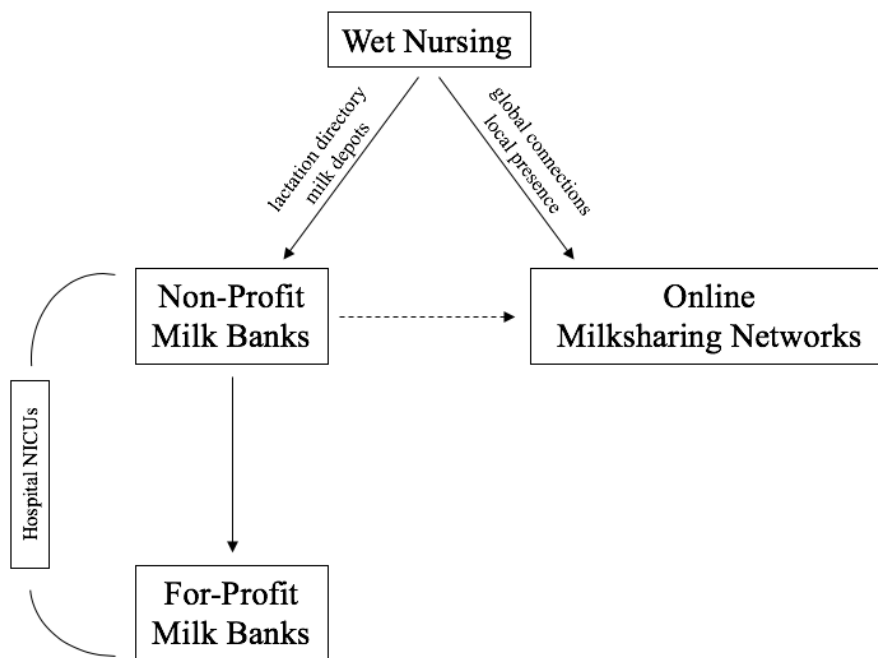


Figure 17. The organizational evolution of donor milk. Original sketch.

Alternative organizing is typically thought of as a linear process from corporatized to alternative, but my analysis shows that such organizing is not always linear. The ways in which medical and maternal communities have mobilized in response to circumstances of (in)effective lactation, instead, reflect a cyclical process. Therefore, I propose reconceptualizing alternative organizing to fit the model below in Figure 18. The implications of viewing alternative organizing as cyclical rather than linear are two-fold:

(1) it allows us to see that organizing is inherently fluid, such that divergent practices evolve to conventional; and (2) it makes clear that while alternative organizations are often *born out of* a response to societal norms, materialities, or discourses, a corporatized alternative may also be born out of such a response, thereby creating some new or more extreme norm, materiality, or discourse. These implications make possible a broader understanding of how it is that institutions (i.e., the tried-and-true rules and resources used over time) are shifted.

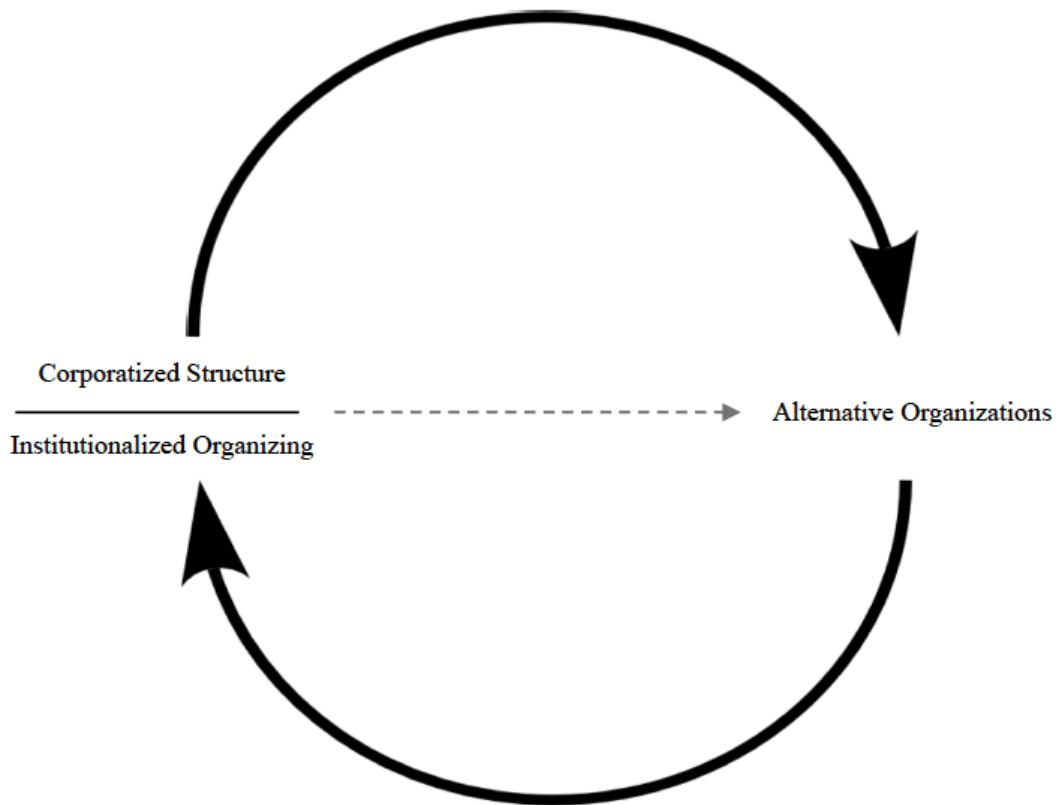


Figure 18. The cyclical lifespan of “alternative organizing.” Original sketch.

Unintentional Membership

With respect to moms’ membership in milk banking or milksharing, I purposefully use the term “unintentional” rather than “involuntary.” Whereas

membership in an organization like a prison (Peterson & McNamee, 2017) or an antepartum unit (Peterson, 2016) is involuntary—“mandatory, compulsory, and conspicuously without will” (pp. 192–193)—membership in milk banking or even more so, milksharing, unintentional. Convictions and sentencing force individuals into a system of incarceration; they are marked as “prisoners” irrespective of will (i.e., Peterson, 2014; Peterson & McNamee, 2017). Similarly, a sudden health scare during pregnancy can necessitate admission to an antepartum unit for supervised care; the mom does not willfully belong to that unit (i.e., Peterson, 2016). Circumstances that lead to moms’ excess or lack of breastmilk are not planned or intended, nor is their eventual membership in the milk donation community, but their response is voluntary. Moms choose to become involved, even as they did not intend to be faced with that choice.

Framing membership as unintentional does not give up the idea that members have agency, which was important to each maternal participant’s story—the ability to “give back,” “pursue,” or “win” by purposefully choosing to donate or seek out breastmilk donations. However, this new framing does make clear the paradoxes of agency. While unintentional members may have agency in choosing to participate in the organization, they may have less agency than involuntary members in resisting the organization. Whereas a prisoner can complain about a correctional facility’s medical treatment, for instance, women who choose unscreened donor milk may not be able to complain about impurities. That is, others can say, “Well, you chose to be a part of this. No one is forcing you to donate your milk” or, “There are other options for solving your problem of low supply.” Other examples of organizational members experiencing this paradox would be people who choose to attend a particular support group, leadership

training, or religious study group. The members have agency to choose that space but perhaps less agency to dissent to a particular practice or principle of the organization since they were not technically forced to join it.

This is not to say that agency cannot be co-opted. Glancing toward for-profit milk banks (i.e., Prolacta, Medolac, and Ni-Q) that pay donors \$1 to \$2 per ounce, agency might look like, “I have breastmilk and I need money, so I’m going to get money from something I have.” In this case, the mom is an agent in getting money; however, the organization is exploiting that mom’s corporeal and economic agency, similar to exploitation of the body in sex work. The Medolac billboard constructed in Detroit, Michigan, which encouraged moms in an already-low-income, predominantly minority area with already-low breastfeeding rates to donate their breastmilk for money is one example of such exploitation (see Figure 15).

Framing membership as unintentional versus (in)voluntary also buys theoretical ground in that it represents a unique relationship between the body and macro-Discourses members must navigate and resist. Moms’ membership stories (see Figure 12) revealed a variety of unexpected struggles with lactation that foregrounded internal struggles with motherhood and feelings of inadequacy, especially for recipients. Moms frequently recalled their bodies “failing” or “falling apart,” which marked their body as the responsible party and site of dysfunction or misbehavior. This could be further exacerbated by a lack of social support and manifest in feelings of guilt. Because their choice to pursue milk banking or milksharing grew out of unintentional circumstances surrounding their bodies (making their membership ultimately unintentional), judgments, criticisms, or hardships felt targeted to their bodies more than the choice to pursue milk

itself. In contrast, the presence of social support and feeling “successful” in finding donor milk via milksharing helped them learn to acknowledge and appreciate their bodies and re-write “failure” or rid themselves of “guilt.” When membership is unintentional but voluntary, there is greater space for embattled corporeality and redemption.

Obscured Organizations

In Chapter Five (Results, Part Two), I identified and outlined how macro-Discourses of filth, suspicion, and inadequacy infiltrate meso-level practice and micro-level talk in milk banking. Filth, for example, was reproduced and resisted in spaces of social support. Suspicion foregrounded tensions between formal and informal markets, which boiled over to public communications and outreach. But these d/Discourses have a broader consequence; namely, they compound to further obscure the industry as a whole.

Jensen and Meisenbach (2015) state that as communities negotiate tensions across organizing practices, those communities operate as visible-but-also-hidden. Being partially hidden allows an organization to achieve common goals “without fully adopting market values,” much like the lack of federal market regulation in the milk industry and the public obscurity of milk banking writ large. Yet, in this case, ignorance is not compounded by intended secrecy; the fact that the milk industry is partially hidden is not motivated from within, as theories of hidden organizing suggest (Scott, 2013; Stohl & Stohl, 2017). Rather, it is such that unless circumstances of birth and breastfeeding-support (or lack thereof) necessitate participation, people have the outsider’s privilege of not having to know, navigate, or think about any aspect of this topic, which carries immense community consequence; namely, it unintentionally harms those who could benefit from a more expansive understanding of breastmilk donation.

I propose the term obscured organization as an alternative to Scott's (2013) hidden organization. The obscured organization is one in which members' proximity to stigma(s) influences enforced degrees of concealment. My analysis shows that despite being obscured, milk banks and milksharing networks want to be visible. Online milksharing networks want parents in need to know where to find resources, banks need donors, and pumping moms deserve social support and accommodation in the workplace. Yet, public knowledge is compounded by the stigmatization of the lactating body, and these spaces of silence remain a luxury.

The framing made possible by the obscured organization provides insights to certain issues that might otherwise be unavailable with what has heretofore theorized using the frame of hidden organization. First, it acknowledges that organizations may not choose to be partially hidden, even as they are. That is, the framing of an obscured organization sets us up to discover the precise reasons why that organization or the industry writ large is partially hidden to begin with. Second, since the obscured organization is one in which members' proximity to stigma(s) influences enforced degrees of concealment, the framing of an obscured organization centers the bodies being organized and remains aware of the politics of the embodies. Third, the framing of an obscured organization reveals how enforced degrees of concealment ultimately bar a three-dimensional, empathic understanding of the organization's process or its effects. That is, when an industry or practice like breastmilk donation is obscured, even well-meaning people may have difficulty engaging in perspective-taking or showing empathy. A male executive who has little knowledge of electric breast pumps may not know that there is a thing to be plugged in. The practice is obscured, so he does not ask questions

(or think of the questions). The organization then offers the pumping mom returning to work, “Here’s a room! I think that’s all you need!” if they offer one at all.

Obscured organizations are also more prone to issues of invisibility because they do not fit cleanly within a contemporary capitalist model of commodification and profit. Of the different ways of organizing donor milk, online milksharing networks fit this profile the least, and for multiple reasons. Society remains generally uncomfortable with female-led organizing and in particular, organizing that recognizes women’s bodies as knowledgeable sites of power. We simultaneously praise the childrearing mom as the ultimate fulfillment of destiny but chastise the performative nature of and needs around mothering (e.g., telling a breastfeeding mom to “cover up” as if it is no different than “whipping out your genitalia” or only offering four weeks of maternity leave).

Milksharing also dissents to the monetized banking of the maternal body and the technological censorship of mothering. Non-profit milk banking also does not fit cleanly within a contemporary capitalist model since its financial structure is not designed to “line pockets.” Non-profit milk staff were hesitant to even call for-profits “milk banks.”

Ferrell’s (2014) work on small-scale organizing and redistribution of waste can help us understand the obscured, stigmatized organizing around breastmilk. Breastmilk is read as synonymous with “waste” via macro-Discourses that mark women’s bodily fluids as dirty. Breastmilk is both consumed and disposed—consumed by corporations and by infants; disposed by accidental spill, “pump and dump,” or donation. Breastmilk is also symbolically disposed in communities with low breastfeeding rates and poor lactation support, and by corporate interests advocating for the convenience, ease, and “safety” of formula (the latter of which is unequivocally not supported by scientific research).

Laying this analysis on top of Ferrell's (2014) work highlights how breastfeeding mothers, donors, and recipients negotiate societal tensions as stigmatized communities:

...marginal as they may be, those who scrounge the material discards of contemporary society are not simply passive recipients of this waste. Instead, they regularly organize themselves into small-scale communities; they invent mechanisms by which to store, repurpose and redistribute the waste they salvage; and they develop shared structures by which to turn this reclaimed waste into dynamic forms of mutual aid and social change. In this way, contemporary scroungers not only organize themselves and their lives around waste reclamation, they reorganize the waste itself and begin to shape alternative forms of social and economic life. (p. 295, emphasis added)

In sum, maternal participants and milk staff have strategically reclaimed or redefined biological, social, and economic life in ways that exemplify and extend theories of alternative organizing, use discourses of safety to discipline, and challenge our understandings of organizational membership and the consequences of obscurity.

Safety as Disciplining d/Discourse

Results indicated that “safety” was the core value in both formal and informal protocols. For non-profit milk banks like Mother’s Milk Bank, “safety” translated to screening and processing; for online milksharing networks like Human Milk 4 Human Babies, “safety” translated to informed choice and prohibition of selling. Organizational communication literature clarifies that these discourses of safety are not merely artifacts; they are the modes of being and sustainability (Putnam & Cooren, 2004). Because organizations are grounded in discursive social practice (Fairhurst & Putnam, 2004), these discourses of “safety” and their respective translations are both the foundation for organizing and the very notion of organizations as entities.

Disagreement about these foundations foreground the organizational tensions seen in Figure 14 (Warning against “dangerous” informal milksharing from Mother’s Milk

Bank). Through this heated exchange, it is clear that the problem for milksharing participants lies not in the screening, processing, and receipt itself. Rather, the problem lies in using the emphasis on screening, processing, and “safety” as a disciplining (and sometimes patronizing) discourse: Women “may mean well...” but “they could unknowingly spread...” and “may not understand proper collection and storage...” and “seriously jeopardize an infant’s wellness.” The implication is that anyone who does not participate in the corporatized structures of organizing donor milk is not as concerned with babies’ lives or are satisfied with “remaining blind” to irreparable harm.

This implication can trickle down to misperceptions and misinformation. One who only reads popular press coverage or industry texts on donor milk might reasonably conclude that milksharing participants are naïve and at great risk for exploitation. Indeed, in initial proposals for this study, I wrote that “scammers frequently infiltrate the porous networks to con desperate parents out of money and potentially life-saving food for their child.” After spending significant time with milksharing participants and admins and engaging in first-hand observations of a group like Human Milk 4 Human Babies, it became clear that my initial impression was skewed. While there is inherent risk in any form of donation or exchange, I conflated milksharing with the online networks where breastmilk is sold via posted ads, not taking into account members’ lived experiences and the organization’s best practices. My impression was curated by and limited to formal market discourses of “safety” that were operating as discipline; discourses on bodies and sex, illness and transmission that lingered as a threat.

In fairness, non-profit milk banking and its protocol are essential for NICU donor milk programs. It is unrealistic to expect or rely on anything other than processed donor

milk in the NICU. With very few exceptions (e.g., the “informal milksharing consent form” lactation consultant, Julianne, created for her NICU) an unscreened product will simply not get into a hospital setting to be administered to its patients. For NICU babies, the most critical and fragile of all, the emphasis on screened and pasteurized donor milk is understandable and valid. Non-profit milk banks bear good intentions.

The gap between intention versus effect with respect to “safety,” however, is important. There is a distinct but fine difference between a “concern for safety” and “safety as a disciplining force” or “good reason” for policies, practices, and communication that ultimately benefit the non-profit institution and taint individual moms’ altruism. The ways in which “safety” is used to discipline also reveals a slight but possibly unintentional misunderstanding of the origin, purpose, and protocol of online milksharing networks like Human Milk 4 Human Babies. By and large, babies receiving milk from milksharing are not necessarily fragile, other than the fact that they are tiny humans; these are not the same babies that are in the NICU requiring intensive care and treatment. Data represented in Figure 12 (Mom’s membership stories) shows that in all but one category, formula intolerance or allergy, milksharing parents requested milk for reasons related to their own bodies (i.e., delayed lactation after premature birth, travel mishaps, emergency surgery, etc.), not their babies’.

In the Facebook post (Figure 14), the non-profit Mother’s Milk Bank also appears to conflate milksharing and milk selling (i.e., “Women who share or sell their milk...”), which leads them to the conclusion that “informal milk sharing can be dangerous.” This conflation was also present in fieldwork and interviews with milk staff. Yet, online milksharing networks like Human Milk 4 Human Babies expressly prohibit the sale of

breastmilk and maternal participants unanimously felt the selling of breastmilk was potentially dangerous and inherently riskier than sharing. The only maternal participant who purchased donor milk (Nina) purchased it from a non-profit milk bank in Iowa and before she knew of online milksharing networks where she later sought donor milk.

Safety as a disciplining discourse is not isolated to Mother's Milk Bank. During fieldwork at the BreastfeedLA seminar held at Cedars-Sinai Hospital in California (featuring hospital and non-profit milk bank staff), milk staff also argued that informal milksharing groups "confuse and entice" women and families. Safety as a disciplining discourse pervades the industry and is often used as a strategy for responding to alternative organizing practices. What this implication tells us about organizations writ large is that discursive and material differences in operation are not just modes of being and sustainability; they are also active ways of disciplining bodies that exist within, alongside, and outside that organizational context. "Safety" becomes a god-term that goes unquestioned. Ethical questions arise when an organization creates obstacles for potential clients yet simultaneously critiques the alternative.

Social-Rhetorical Implications

Milk banking and milksharing reside amidst a complex network of organizational and feminist concerns regarding political economy and flows of capital, labor, reproductive choice, and the sociality and commodification of the maternal body. Exploring the social-rhetorical implications of this study are important for making the dynamic and hidden complications of milk banking and milksharing visible, which are critical to ensuring policy that makes breastmilk more accessible and empowers maternal identity. To that end, this study makes two distinct social-rhetorical contributions: (1) the

circulation of the dynamic, lactating body constitutes an *affective economy*; and (2) the dynamics of milk banking are raced, classed, and gendered in ways that complicate (in)effective lactation. In the next pages, I discuss the implications of each contribution, which are of particular interest for critical and feminist scholars, and those interested in the rhetorical organization of the body.

Affective Economies

At the outset, the study was heuristically sensitized by Ahmed's (2004) concept of affective economies given its application in allied areas of study, including Fixmer-Oraiz's (2013) work on transnational gestational surrogacy. Affective economies are not, by definition, about money, but the relation among objects in a system. In the case of milk banking and milksharing, the milk, the pump, the donor, the recipient, the milk staff, etcetera are all objects in the system that is the milk industry. Each of these objects are actants with agency, things of power with no such state as a static or stable embodiment.

Thus, as an economy, milk banking is dynamic. One day you have a freezer full of milk, but the next day you do not; one day your body is freely producing milk, but then gradually it stops, or vice versa; one second the piston in the electric breast pump moves up to siphon milk and the next it moves down to release the nipple; you used to live near sources of social support and organizational networks, but now you do not; you had a premature birth, so your milk has not come in, but donor milk is available in the NICU to "hold you over" while you wait for your own milk to come in; outpatient milk at milk banks varies day-to-day and year-to-year. The dynamic organization is constructed on the dynamic body. As an economy, milk banking is dynamic because there is a wealth of constant circulation between each of these objects in the system, as traced throughout the

study's results. Indeed, a dangerous pitfall of the data in this study would be to overrepresent a static process. It is always a dynamic and fluid one.

As an economy, milk banking is also affective, due in large part to the fact that membership is unintentional. Beyond circulation of objects in a system, affective economies are also about the sociality of that emotion. In this context, the sociality of emotion is being part of a community (if you discover it) because of some unexpected hurdle, tragedy, emergency, excess, or waste, all wrapped up in macro-Discourses that punctuate the uncertainty and struggle. The unintentional circumstances that construct donors' and recipients' identities and bind them together in a circulatory space of emotion are innate in how they navigate, reproduce, and resist the structures and opportunities present in modern milksharing.

Privilege and Inequalities

The racialization, class dynamics, and cis-sex-ness of milk banking are necessary facts of the industry. Yet, the document analysis, participant witnessing, and interviews within in this study did little to bring up or discuss these intersections. Here, I take up a profoundly critical orientation via McKerrow (1989) and other critical rhetoricians who argue that empirical data necessarily hold a present-ist bias (i.e., “these are the things that were said and done”). Sometimes, what is absent is more important than what is present.

Looking at things not stated and analyzing for absences begs certain questions: Why are folks not thinking of milk banking as a racialized experience now? Part of this may lie in the research design—who I talked to, who makes up larger organizational memberships, and who self-selected to participate in the study. But it is also such that in macro-Discourses, any discussion of the racialization, class dynamics, and cis-sex-ness of

the industry's circulation are quite absent. Could the story of the relation of objects in the system be different if it was not missing part of people's discourse about it?

The (her)story of wet nursing magnifies this absence. The racialization and class dynamics of milk banking are not just a thing of the past. Contemporary practices are also always racialized. Maternal participants were all heterosexually partnered, and along with milk staff, were predominantly white. One milk staff member, a Native woman named Naira, declared that in Native communities, there is nothing informal about “informal milksharing.” The sharing and giving of breastmilk in Native communities is and always has been a way of life. Only after colonizers institutionalized breastmilk was milksharing considered “informal.” Thus, the very language of this study could be seen as exclusionary because it is based on Western notions of what counts as “formal” and “informal.” Naira also noted that the curriculum for becoming an Internationally Board-Certified Lactation Consultant is white-centric—the language that stories the certification process does not take into account Native understandings or language around breastfeeding and mothering and does not address larger Discourses and challenges around breastfeeding faced by moms of color.

These implications find their way into micro and meso-level communication. Celeste, a donor and recipient training to be a La Leche League leader, witnessed a hospital lactation consultant justify the lack of attention to a new, breastfeeding mom by admitting, “Well, we just find that if they're young and Hispanic, there's really no point because they're not going to stick with it.” The Medolac billboard (see Figure 15) encouraged moms in an already economically disadvantaged area to donate their breastmilk for money. “Economically disadvantaged,” of course, refers to class but also

strongly correlates to race in the U.S. and to breastfeeding rates. Medical literatures show that Black women continue to have lower rates of breastfeeding initiation (60 percent) and continuation (28 percent at six months, 13 percent at 12 months) when compared with all other racial-ethnic groups in the U.S. (Jones, Power, Queenan, & Schulkin, 2015). Hispanic women also have lower rates of exclusive breastfeeding. Black women are 2.5 times less likely to breastfeed than white women. During fieldwork with The Milk Spot, I witnessed the director explain to a group of expectant moms that if you have never personally seen someone in your family breastfeed, you are less likely to do so. Given racial inequalities, women of color are then less likely to have seen a family member breastfeed and will likely replicate the (lack of) practice.

While the larger absence of data cannot help us understand the implications of milk banking's racialization, class dynamics, and cis-sex-ness greatly, it can illuminate some. Acker (2006), Ashcraft (2011), and other organizational communication scholars found that social and economic inequality originates in organizations through daily processes of working and organizing, which are related to economic decisions. Even in its modern forms, securing breastmilk can require inordinate amounts of time and money to travel, which disproportionately affects parents in low-access areas, as well as those with disabilities that impact mobility. The struggle to navigate the material economies of formal and informal markets is not uncommon.

Feminist author, activist, and organizer Gloria Steinem (2016) has written, “reproductive freedom is the beginning of democracy, and its absence is the beginning of hierarchy,” yet the discursive constitution of “freedom” as organized through milk banking's structural conditions and political alignments is less certain. That is, the

inability to participate in milk banking or milksharing and the lack of intersectional discourse about these experiences is an absence of reproductive freedom, one that exposes hierarchy within the industry itself.

Reproductive freedoms and inequalities are also eclipsed by invisibility and hypervisibility. When a mom asks a friend, colleague, acquaintance, or stranger for extra breastmilk, the request can be uncomfortable because the mom is outed as experiencing difficulties with lactation. Given the obscurity of the milk industry and the macro-Discourses of filth, suspicion, and inadequacy that circulate the maternal body, this “outing” might be extended and read as a mom who cannot sufficiently provide for her child, whose body is behaving inappropriately, or whose identity is once again marked its affective economy. Collectively, these social-rhetorical implications are important to making the hidden complications of the milk industry visible, which are critical to ensuring policy that makes breastmilk more accessible and empowers maternal identity.

Practical Implications

Having organized the study along macro, meso, and micro levels helps us understand how to do breastmilk donation better and inch closer to an economy of justice and compassion for agencies implicated in the public sphere (Hayden & O’Brein Hallstein, 2010). Practically, this study and its overall research design also allow for dendritic crystallization, or multiple forms of analysis and representation not combined in a single text (Ellingson, 2009). These affordances are practically significant for considering questions like, “What does this study suggest for the ways that organizing or communication practices might best promote, encourage, or increase milksharing among those women who would benefit from it?” In the following pages, I offer answers to this

question and mark the additional forms of data representation encompassing perception, policies, and programs that will be created from this study.

First, this study increases awareness of milk banking and milksharing. The importance of educating the public on the resources available for moms with excess breastmilk or for those struggling with lactation should not be underestimated. Regardless of one's proximity to the experience of breastfeeding, the silence created by the stigmatization of the lactating body is pervasive. Even I—the daughter of a veteran labor and delivery nurse, the oldest of six children, growing up in a house where breastfeeding and pumping were the norm, thawing bottles and feeding babies at 10 years old—was oblivious to milk banking until a former student introduced me to *ReplyAll*, a podcast that later covered the topic (see Bennin et al., 2016). Only one donor in the study knew of milk banking ahead of time and only because they worked in a hospital with an existing donor milk program. Most recipients discovered milksharing by chance conversation or with an in-law, friend, or neighbor or in an online mothering group. Women attending “Mom’s Group” at The Milk Spot (the only collection site in central Arizona) did not know what I was logging, packing, and taping up in 15-pound FedEx boxes.

Milk banks need donors, and online milksharing networks want to provide a space of community support through breastmilk. How many donations would be available or how many more recipients might find relief if milk banking and milksharing were openly and widely discussed in medical, familial, and support settings? To that end, I will draft an essay or series of blog posts based on my analyses for popular press. Translating the study's results is important for general knowledge, as much of the existing coverage seems to skew impressions of certain spaces on the continuum (see p. 116). This

especially applies to institutional knowledge. Milk banks in formal markets would do well to educate themselves on the purpose and protocols of online milksharing networks to avoid damaging encounters like that depicted in Figure 14 and, in general, to better understand how to tailor outreach and field conversation about the industry as a whole. Translation is also important for community benefit; having knowledge of this topic even if our circumstances of birth or breastfeeding-support (or lack thereof) do not necessitate our participation, we open up spaces of support for those in our lives who could benefit from the resources milk banking or milksharing have to offer.

Second, this study makes clear the benefits of non-profit milk banking and donor milk programs in institutional settings like a NICU where “red tape” would otherwise prohibit donor milk. Since it is often up to NICU staff to initiate and see through proposals to create donor milk programs (a decision that ultimately rests with hospital administrators), my analyses can be mobilized for policy change. For example, study results could be used to co-author a proposal with milk staff to create a donor milk program at a local hospital or change from a for-profit to a non-profit supplier in an existing program. Study results also bolster arguments for adding a breastfeeding block to standard medical school or specialty curricula and the importance of pediatricians’ awareness of milk banking. To make these changes more possible, I intend to write a transdisciplinary research report for the organizational partners involved in the study.

Milk staff from hospitals and collection sites included in the study have also requested a comprehensive pamphlet defining and summarizing milk banking and milksharing resources and benefits. Pamphlets for particular for-profit or non-profit milk banks already exist in some hospitals, but these do not offer a full understanding of the

industry and resources available. Thus, this type of resource will be especially significant for new or expectant parents preparing for the unknown. If membership in milk banking is unintentional, this resource could offer a sense of security or empower parents to inquire before the baby's arrival about the availability of donor milk in the hospital where they plan to give birth.

Finally, the stories told within this study work to normalize discussions of the trials and opportunities of breastfeeding in a way that: de-stigmatizes the “dirtiness” of the leaking maternal body and the guilt of the dry maternal body, that resignifies the purpose and aesthetic of donation and community dialogue, that emboldens matriarchal spaces and weeds out internalized misogyny, and that offers comfort and support. Collectively, the study's practical implications and representations should serve to promote, encourage, and increase understanding and support for milk banking and increase organizational participation.

Limitations and Future Directions

This study was grounded by the overall question: How are the material and symbolic dynamics of milk banking organized in ways that complicate (in)effective lactation? I first answered this question by identifying how milk banking and the constitution of membership occur(ed) in real time (RQ1). I also outlined how macro-Discourses infiltrate meso-level practice and micro-level talk about participation in milk banking, such that the organization of donor milk creates subjectivities and commodifies the body (RQ2–4). Alongside these strengths, limitations reveal promising directions.

First, when recruiting participants, I specifically targeted maternal donors and recipients; with one exception, all recipients were also biological parents to the baby

receiving milk. In light of the study's social-rhetorical implications regarding the cis-sex-ness of milk banking, future studies should intentionally seek out surrogate donors, adoptive parents including gay fathers or lesbian mothers, recipients affected by maternal mortality, or foster parents of newborns. Similarly, future research should approach the racialization of the industry in a more tactical way, talking not just to anyone who is available or self-selects, but to a very specific population. Right now, the absences are telling, so what might we learn by interrogating those absences specifically?

Second, communication scholars should consider specific dynamics of the lactating body, such as the aging body and the corporate body. Though it did not emerge as central in the data, the lactating, maternal body changes over periods of time. How, if at all, does participation in milk banking change when the donor or recipient is mothering in her 20s versus her 40s? Do moms remain members in Facebook groups like Human Milk 4 Human Babies long after their milksharing journey and if so, for what purpose? The corporate woman's body also did not emerge as central in the data but may have application for class dynamics. For example, is the corporate woman in the market for informally-exchanged donor milk if she has the means to buy it from formal markets or even to buy top-of-the-line formula?

Third, organizational communication scholars interested in milk banking should explore gatekeeping practices in NICUs. As discussed in Chapter Four (Results, Part One), many donor milk programs implement a cutoff where only babies born prior to x-weeks' gestation are eligible to receive donor milk; a 34-week cutoff appears to be the most common. Milk staff argue that cutoffs prioritize those infants who need it most. But for a mom whose request for donor milk is denied because her daughter was born at 35

weeks instead of 34 or less, the cutoff may seem innocuous or trivial. How is membership in milk banking implicated by these gatekeeping practices? How are these policies created, how have they been resisted internally or by patients, and how is it that they ultimately change?

Finally, future research should take up the theoretical contributions outlined in this study and apply these ideas in other contexts to see how or where our understandings of concepts might shift. For example, a major implication of the study for theories of alternative and hidden organizing is the proposition of obscured organizations, or organizations in which members' proximity to stigma(s) influences enforced degrees of concealment. As the concept is expanded, it would be important to know how organizations socialize individuals or bolster membership through outreach despite enforced concealment. In other words, how does obscurity complicate our understandings of socialization or identification? More importantly, is there any danger to outing obscured organizations given member's proximity to stigma(s)?

With respect to issues of membership, are unintentional and (in)voluntary membership mutually exclusive, or only in certain cases? More could also be said about how corporeal commodification is reproduced and resisted in both corporatized and alternative organizations whenever they are linked in a cyclical versus a linear process. Collectively, the directions proposed for future study hold heuristic value and provide a breadcrumb trail for scholars to take up these issues and illuminate the research program initiated in this dissertation.

Conclusion

The purpose of this study was to explore the symbolic and material dynamics of milk banking—the process by which mothers with provide excess breastmilk to parents with low supply or compromising medical conditions. My analysis shows that milk banking, in all its forms, complicates our ideas of (in)effective lactation and motherhood in ways that bear theoretical, social-rhetorical, and practical implications. The study also acknowledges the broader lack of knowledge of milk banking and challenges our complicitness in its obscurity. Therefore, it is my hope that this study increases public knowledge of milk banking and makes its hidden complications visible, ensuring policy that makes breastmilk more accessible and empowers maternal identity.

REFERENCES

- AAP (American Academy of Pediatrics). (2017). Sample breastfeeding policy for newborns: American Academy of Pediatrics section on breastfeeding. Retrieved from <https://www.urmc.rochester.edu/MediaLibraries/URMCMedia/finger-lakes-regional-perinatal/AAPSampleHospitalBreastfeedingPolicy.pdf>
- ACA (Affordable Care Act). (2010). Health benefits and coverage: Breastfeeding benefits. *HealthCare.gov*. Retrieved from <https://www.healthcare.gov/coverage/breast-feeding-benefits/>
- Acker, J. (2006). Inequality regimes gender, class, and race in organizations. *Gender & Society, 20*(4), 441–464.
- Ahmed, S. (2004). Affective economies. *Social Text, 22*(2), 117–139.
- Almeling, R. (2011). *Sex cells: The medical market for eggs and sperm*. Berkeley, CA: University of California Press.
- Almeling, R. (2013, November 30). The unregulated sperm industry. *New York Times*. Retrieved from <http://www.nytimes.com/2013/12/01/opinion/sunday/the-unregulated-sperm-industry.html>
- Ashcraft, K. L. (2005). Feminist organizational communication studies: Engaging gender in public and private. In S. May & D. K. Mumby (Eds.), *Engaging organizational communication theory and research* (pp. 141–169). Thousand Oaks, CA: Sage.
- Ashcraft, K. L. (2011). Knowing work through the communication of difference. In D. K. Mumby (Ed.), *Reframing difference in organizational communication studies: Research, pedagogy, practice* (pp. 3–29). Thousand Oaks, CA: Sage.
- Ashcraft, K. L. (2014). Feminist theory. In L. L. Putnam & D. K. Mumby (Eds.), *The Sage handbook of organizational communication* (pp. 127–150). Thousand Oaks, CA: Sage.
- Bennin, P., Goldman, A., & Vogt, P. J. (Co-hosts). (2016, March 9). Milk wanted [Audio podcast]. Retrieved from <https://gimletmedia.com/episode/57-milk-wanted/>
- Berg, B. (1989). *Qualitative research methods for social science*. Boston, MA: Allyn & Bacon.
- Berkelaar, B. L. (2013). Joining and leaving organizations in a global information society. In E. L. Cohen (Ed.), *Communication yearbook 37* (pp. 32–64). New York, NY: Taylor & Francis.

- Blithe, S. J., & Wiederhold Wolfe, A. (2017). Work–life management in legal prostitution: Stigma and lockdown in Nevada’s brothels. *Human Relations*, 70(6), 725-750.
- BLS (Bureau of Labor Statistics). (2018, June 28). American time use survey - 2016 results. Retrieved from <https://www.bls.gov/news.release/pdf/atus.pdf>
- Buia, C. (2015, May 23). The booming market for breast milk. *Newsweek Magazine*. Retrieved from <https://www.newsweek.com/2015/06/05/booming-market-breast-milk-335151.html>
- Carrillo Rowe, A. (2009). Subject to power—Feminism without victims. *Women’s Studies in Communication*, 32(1), 12–35.
- Carroll, K. (2015). Breastmilk donation as care work. In T. Cassidy & A. El Tom (Eds.), *Ethnographies of breastfeeding: Cultural contexts and confrontations* (pp. 173–186). London, UK: Bloomsbury Academic.
- Carter, S. K., & Reyes-Foster, B. M. (2016). Pure gold for broken bodies: Discursive techniques constructing milk banking and peer milk sharing in U.S. news. *Symbolic Interaction*, 39(3), 353–373.
- Carter, S. K., Reyes-Foster, B., & Rogers, T. L. (2015). Liquid gold or Russian roulette? Risk and human milk sharing in the US news media. *Health, Risk & Society*, 17(1), 30–45.
- CDC (Centers for Disease Control). (n.d.). Breastfeeding: Frequently asked questions (FAQs). Retrieved from <https://www.cdc.gov/breastfeeding/faq/index.htm>
- Charmaz, K. (2011). Grounded theory methods in social justice research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (4th ed., pp. 359–380). Thousand Oaks, CA: Sage.
- Cheney, G. (2014, September). Alternative organization and alternative organizing. [Blog post]. *Critical Management*. Retrieved from <http://www.criticalmanagement.org/node/3182>
- Cheney, G., & Munshi, D. (2017). Alternative forms of organization and organizing. In C. R. Scott, J. R. Barker, T. Kuhn, J. Keyton, P. K. Turner, & L. K. Lewis (Eds.), *The international encyclopedia of organizational communication*. Hoboken, NJ: Wiley-Blackwell.
- Clarke, A. E. (2005). *Situational analysis: Grounded theory after the postmodern turn*. Thousand Oaks, CA: Sage.

- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Thousand Oaks, CA: Sage.
- Deetz, S. (1992). *Democracy in an age of corporate colonization: Developments in communication and the politics of everyday life*. Albany: SUNY Press.
- Mock, D. (2018, June 25). Denver's first Baby Café for breastfeeding moms. *Colorado Parent*. Retrieved from <https://www.coloradoparent.com/denver-baby-cafe-breastfeeding-moms/>
- Dykes, F. (2005). 'Supply' and 'demand': Breastfeeding as labour. *Social Science & Medicine*, 60(10), 2283–2293.
- Ellingson, L. L. (2009). *Engaging crystallization in qualitative research: An introduction*. Thousand Oaks, CA: Sage.
- Ellingson, L. L. (2011). Analysis and representation across the continuum. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (4th ed., pp. 595–610). Thousand Oaks, CA: Sage.
- Ellingson, L. L. (2017). *Embodiment in qualitative research*. New York, NY: Routledge.
- Ellis, C. (2007). Telling secrets, revealing lives: Relational ethics in research with intimate others. *Qualitative Inquiry*, 13(1), 3–29.
- Emerson, R. M., Fretz, R. I., & Shaw, L. L. (2011). *Writing ethnographic fieldnotes*. Chicago, IL: University of Chicago Press.
- Erb, R. (2015, January 13). Detroit moms protest breast milk banking effort. Retrieved from <https://www.freep.com/story/news/health/2015/01/13/breast-milk-bank-protest-detroit/21702019/>
- Fairhurst, G. T., & Putnam, L. (2004). Organizations as discursive constructions. *Communication Theory*, 14(1), 5–26.
- Fentiman, L. C. (2009). Marketing mothers' milk: The commodification of breastfeeding and the new markets for breast milk and infant formula. *Nevada Law Review*, 10(29), 29–81.
- Ferrell, J. (2014). Scrounging and reclaiming. In M. Parker, G. Cheney, V. Fournier, & C. Land (Eds.), *The Routledge companion to alternative organization* (pp. 295–307). New York, NY: Routledge.

- Fixmer-Oraiz, N. (2013). Speaking of solidarity: Transnational gestational surrogacy and the rhetorics of reproductive (in)justice. *Frontiers: A Journal of Women Studies*, 34(3), 126–163.
- Flyvbjerg, B. (2006). Five misunderstandings about case-study research. *Qualitative Inquiry*, 12(2), 219–245.
- Forbes, D. A. (2009). Commodification and co-modification: Explicating black female sexuality in organizations. *Management Communication Quarterly*, 22(4), 577–613.
- Giddens, A. (1984). Elements of the theory of structuration. *The constitution of society: Outline of the theory of structuration* (pp. 1–40). Berkeley, CA: University of California Press.
- Gobo, G. (2008). *Doing ethnography*. Thousand Oaks, CA: Sage.
- González, M. C. (2000). The four seasons of ethnography: A creation-centered ontology for ethnography. *International Journal of Intercultural Relations*, 24(5), 623–650.
- Hassan, N. (2010). Milk markets: Technology, the lactating body, and new forms of consumption. *WSQ: Women's Studies Quarterly*, 38(3), 209–228.
- Hayden, S. & O'Brien Hallstein, L. (2010). Introduction. In S. Hayden & L. O'Brien Hallstein (Eds.), *Contemplating maternity in an era of choice: Explorations into discourses of reproduction* (pp. xiii-xxxix). Lanham, MD: Lexington Books.
- Hess, J. A. (2000). Maintaining nonvoluntary relationships with disliked partners: An investigation into the use of distancing behaviors. *Human Communication Research*, 26(3), 458–488.
- HMBANA (Human Milk Banking Association of North America). (n.d). About: Mission & vision. Retrieved from <https://www.hmbana.org/about-us/mission.html>
- Jensen, P. R., & Meisenbach, R. J. (2015). Alternative organizing and (in) visibility: Managing tensions of transparency and autonomy in a nonprofit organization. *Management Communication Quarterly*, 29(4), 564–589.
- Jones, K. M., Power, M. L., Queenan, J. T., & Schulkin, J. (2015). Racial and ethnic disparities in breastfeeding. *Breastfeeding Medicine*, 10(4), 186–196.
- Keim, S. A., Hogan, J. S., McNamara, K. A., Gudimetla, V., Dillon, C. E., Kwiek, J. J., & Geraghty, S. R. (2013). Microbial contamination of human milk purchased via the Internet. *Pediatrics*, 132(5), e1227–e1235.

- Keim, S. A., Kulkarni, M. M., McNamara, K., Geraghty, S. R., Billock, R. M., Ronau, R., ... & Kwiek, J. J. (2015). Cow's milk contamination of human milk purchased via the Internet. *Pediatrics*, *135*(5), e1157–e1162.
- Kirby, E., & Krone, K. (2002). “The policy exists but you can't really use it”: Communication and the structuration of work-family policies. *Journal of Applied Communication Research*, *30*(1), 50–77.
- LeGreco, M., & Tracy, S. J. (2009). Discourse tracing as qualitative practice. *Qualitative Inquiry*, *15*(9), 1516–1543.
- McGuire, T. (2010). From emotions to spirituality: “Spiritual labor” as the commodification, codification, and regulation of organizational members' spirituality. *Management Communication Quarterly*, *24*(1), 74–103.
- McKerrow, R. E. (1989). Critical rhetoric: Theory and praxis. *Communication Monographs*, *56*(2), 91–111.
- McPhee, R. D., Poole, M. S., & Iverson, J. (2014). Structuration theory. In L. L. Putnam and D. K. Mumby (Eds.), *The Sage handbook of organizational communication* (pp. 75–100). Thousand Oaks, CA: Sage.
- Malvini Redden, S. (2013). How lines organize compulsory interaction, emotion management, and “emotional taxes”: The implications of passenger emotion and expression in airport security lines. *Management Communication Quarterly*, *27*(1), 121–149.
- Meisenbach, R. J. (2010). Stigma management communication: A theory and agenda for applied research on how individuals manage moments of stigmatized identity. *Journal of Applied Communication Research*, *38*(3), 268–292.
- Meyer, M. D. (2007). Women speak(ing): Forty years of feminist contributions to rhetoric and an agenda for feminist rhetorical studies. *Communication Quarterly*, *55*(1), 1–17.
- Meyer, M. (2017). Concrete research poetry: A visual representation of metaphor. *Art/Research International: A Transdisciplinary Journal*, *2*(1), 32–57.
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed.). Thousand Oaks, CA: Sage.
- Murchison, J. (2010). *Ethnography essentials: Designing, conducting, and presenting your research*. San Francisco, CA: John Wiley & Sons.

- Nisim, S., & Benjamin, O. (2010). The speech of services procurement: The negotiated order of commodification and dehumanization of cleaning employees. *Human Organization*, 69(3), 221–232.
- Peterson, B. L. (2014). Researching life and living research: A story of prisons in the US and Norway. In J. O. Sørnes, L. D. Browning, & J. T. Henriksen (Eds.), *Culture, development and petroleum: An ethnography of the High North* (pp. 147–155). New York, NY: Routledge.
- Peterson, B. L. (2016). On becoming an involuntary member in the antepartum unit. *Health Communication*, 31(8), 1047–1050.
- Peterson, B. L., & McNamee, L. G. (2017). The communicative construction of involuntary membership. *Communication Quarterly*, 65(2), 192–213.
- Pollack, A. (2015, March 20). Breast milk becomes a commodity, with mothers caught up in debate. *The New York Times*. Retrieved from <https://www.nytimes.com/2015/03/21/business/breast-milk-products-commercialization.html>
- Poole, M. S., & McPhee, R. D. (2005). Structuration theory. In S. May & D.K. Mumby (Eds.), *Engaging organizational communication theory and research* (pp. 171–196). Thousand Oaks, CA: Sage.
- Putnam, L., & Cooren, F. (2004). Alternative perspectives on the role of text and agency in constituting organizations. *Organization*, 11(3), 323–334.
- Rosen, R. J. (2014, June 20). A map of maternity leave policies around the world. *The Atlantic*. Retrieved from <http://www.theatlantic.com/business/archive/2014/06/good-job-america-a-map-of-maternity-leave-policies-around-the-world/373117/>
- Rubin, H. J., & Rubin, I. S. (2011). *Qualitative interviewing: The art of hearing data* (3rd ed.). Thousand Oaks, CA: Sage.
- Sakamoto, P. (2017, August 28). Landscape of milk banking [PPT]. Seminar presented at the meeting of BreastfeedLA, Los Angeles, CA.
- Saldaña, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). Los Angeles, CA: Sage.
- Schimmel, C. J., & Jacobs, E. E. (2011). When leaders are challenged: Dealing with involuntary members in groups. *The Journal for Specialists in Group Work*, 36(2), 144–158.

- Schreiber, M. (2017, December 1). Should women be paid for donating their breast milk? *The Atlantic*. Retrieved from <https://www.theatlantic.com/health/archive/2017/12/breast-milk-donation/547250/>
- Scott, C. (2013). *Anonymous agencies, backstreet businesses, and covert collectives: Rethinking organizations in the 21st century*. Stanford, CA: Stanford Business Books.
- Scott, C., & Myers, K. (2010). Toward an integrative theoretical perspective on organizational membership negotiations: Socialization, assimilation, and the duality of structure. *Communication Theory*, 20(1), 79–105.
- Srivastava, P., & Hopwood, N. (2009). A practical iterative framework for qualitative data analysis. *International Journal of Qualitative Methods*, 8(1), 76–84.
- Steele, C. (2017, August 28). Starting a donor milk program [PPT]. Seminar delivered at the meeting of BreastfeedLA, Los Angeles, CA.
- Steinem, G. (2016, October 24). Reproductive freedom is the beginning of democracy [Facebook post]. Retrieved from <https://bit.ly/2Op6OWN>
- Stohl, C., & Stohl, M. (2017). Clandestine/hidden organizations. In C. R. Scott, J. R. Barker, T. Kuhn, J. Keyton, P. K. Turner, & L. K. Lewis (Eds.), *The international encyclopedia of organizational communication*. Hoboken, NJ: Wiley-Blackwell.
- Swanson, K. W. (2014). *Banking on the body: The market in blood, milk, and sperm in modern America*. Cambridge, MA: Oxford University Press.
- Thompson, J. B. (1984). The theory of structuration: An assessment of the contribution of Anthony Giddens. In J. B. Thompson (Ed.), *Studies in the theory of ideology* (pp. 148–172). Berkeley, CA: University of California.
- Tracy, S. J. (forthcoming). *Qualitative research methods: Collecting evidence, crafting analysis, communicating impact* (2nd ed.). Malden, MA: Wiley-Blackwell.
- Tracy, S. J., & Rivera K. D. (2010). Endorsing equity and applauding stay-at-home moms: How male voices on work-life reveal aversive sexism and flickers of transformation. *Management Communication Quarterly*, 24(1), 3–43.
- Trethewey, A. (1999). Disciplined bodies: Women's embodied identities at work. *Organization Studies*, 20(3), 423–450.
- Waldeck, S. (2002). Encouraging a market in human milk. *Columbia Journal of Gender and Law*, 11(361), 2007–2005.

- Welborn, J. M. (2012). The experience of expressing and donating breast milk following a perinatal loss. *Journal of Human Lactation*, 28(4), 506–510.
- Weller, M. (2015, December 9). Letter of support for Southwest Milk Bank of Arizona [open letter from Phoenix Children’s Hospital]. Provided by author following tour at Phoenix Children’s Hospital.
- Whitman, E. (2016, February 25). How human breast milk became a hot (and controversial) commodity in the United States. *International Business Times*. Retrieved from <http://www.ibtimes.com/how-human-breast-milk-became-hot-controversial-commodity-united-states-2311767>
- Wiederhold, A. (2015). Conducting fieldwork at and away from home: Shifting researcher positionality with mobile interviewing methods. *Qualitative Research*, 15(5), 600–615.
- Wiederhold Wolfe, A., & Blithe, S. J. (2015). Managing image in a core-stigmatized organization: Concealment and revelation in Nevada’s legal brothels. *Management Communication Quarterly*, 29(4), 539–563.
- Wolf, J. H. (1998). “Don’t Kill Your Baby”: Feeding Infants in Chicago, 1903—1924. *Journal of the History of Medicine and Allied Sciences*, 53(3), 219–253.
- Wolf, J. H. (2001). *Don’t kill your baby: Public health and the decline of breastfeeding in the nineteenth and twentieth centuries*. Columbus, OH: Ohio State University Press.
- Zoller, H. M. (2014). Power and resistance in organizational communication. In L. L. Putnam & D. K. Mumby (Eds.), *The Sage handbook of organizational communication* (pp. 595–618). Thousand Oaks, CA: Sage.

APPENDIX A
INSTITUTIONAL REVIEW BOARD APPROVAL

EXEMPTION GRANTED

Sarah Tracy
Human Communication, Hugh Downs School of
480/965-7709
Sarah.Tracy@asu.edu

Dear Sarah Tracy:

On 4/24/2018 the ASU IRB reviewed the following protocol:

Type of Review:	Initial Study
Title:	Breast/milk as (In)visible Currency: A Structural Analysis of Alternative Organizing Regimes, and Corporeal Commodification in the Milk Banking Industry
Investigator:	Sarah Tracy
IRB ID:	STUDY00008207
Funding:	None
Grant Title:	None
Grant ID:	None
Documents Reviewed:	<ul style="list-style-type: none"> • 1. HRP-503a-TEMPLATE_PROTOCOL_SocialBehavioral (SEJ Diss).docx, Category: IRB Protocol; • Appendix B1 - Interview Guide (Administrator & Staff), Category: Measures (Survey questions/Interview questions /interview guides/focus group questions); • Appendix A1 - Recruitment Script (Administrators & Staff), Category: Recruitment Materials; • Appendix A2 - Recruitment Script (Donors & Recipients), Category: Recruitment Materials; • Appendix B3 - Interview Guide (Recipient), Category: Measures (Survey questions/Interview questions /interview guides/focus group questions); • Appendix B2 - Interview Guide (Donor), Category: Measures (Survey questions/Interview questions /interview guides/focus group questions);

	<ul style="list-style-type: none">• Appendix C - Confidentiality Statement for Transcription Services, Category: Other (to reflect anything not captured above);• Appendix D - Consent Form, Category: Consent Form;
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The IRB determined that the protocol is considered exempt pursuant to Federal Regulations 45CFR46 (2) Tests, surveys, interviews, or observation on 4/24/2018.

In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Sincerely,

IRB Administrator

cc: Sarah Jones
Sarah Jones

APPENDIX B
FIELDNOTE EXCERPT

Mother's Milk Bank – Denver, Colorado
Wednesday, September 5, 2018

Notable events:

- Visit from 4th-year medical student
 - Communications & PR meeting
 - Worked in warehouse (building and stickering boxes, logging milk)
 - Scheduled interviews with other executives
 - Outpatient milk pick-ups
-

I bounded to the kitchen to stash by bottled drinks and my lunch (which I'm proud to say I *actually* remembered today thanks to an over-the-top Trader Joe's trip last night... *that* Lyft driver was quite excited to see me with a cart-full of paper bags). I struggled to find space in the refrigerator for my water and kombucha. *Good God*, doesn't anyone take their stuff out at the end of the day? I finally resigned to keep the water in my messenger bag to make the space work. The kombucha was more expensive anyway.

Since neither Jennifer nor the 4th-year medical student were there when I arrived, I sat in the singular chair by the giant Costco-sized teddy bear and started to take notes. Jennifer must have arrived when I was in the kitchen / break room because she was in the conference room (setting up something?) on the other side of the front desk whenever I sat down, but I chose not to disturb her. I only waited a couple minutes before the medical student arrived. He was trim, maybe 4 inches taller than me, and looked like a Pakistani Don Draper. He approached the front desk, uncertain.

"Are you here for Jennifer?" I piped up.

"Yes! I—" he started.

Jennifer's head dipped out of the conference room. I closed my notebook and walked over to join them. She introduced herself and me to him. His name was Forrest. Jennifer shared that I was there shadowing, doing my dissertation on milk banking and asked if it was okay for me to join.

As we walked back toward Jennifer's office, I let them go ahead and asked Naomi if there was a place to put my trench coat (a wicked storm was pouring in that day). She laughed and said, "not really," and that I should just stash it in Jennifer's office. Fair. When I walked through Jennifer's door, I took the only seat left—the chair by the door, Forrest to my left and Jennifer around the side of her desk. She began by reviewing the human milk vs. formula poster she walked me through yesterday, and then the evolution of milk banking across history. I was *so* excited by this since I had already read Kara W. Swanson's book, "Banking on the Body," but I chose to stay in the verbal background since it was Forrest's shadowing experience this morning... and so I could concentrate on pure observation.

Forrest didn't know about wet nursing. I was shocked. I thought everyone new about wet nursing? If not the practice, then at least the phrase. Not even after medical school?! Jennifer walked Forrest through its progressions—nobility, slave labor... and gestured to me that I may “know even more.” This was my in! I began to describe Swanson's book and other pieces of information I had learned in the process of writing my prospectus.

“The chapters on milk banking are easily marked, so you can skip through like I did,” I disclosed. “It's a *very* thorough history, from the ages of wet nursing during slave labor and aristocratic societies like Jennifer mentioned on through World War II, which is when everything changed.”

Jennifer asked that I send her the information on the book sometime later (which I did after arriving back in Phoenix the next week). She turned to pick up a picture frame from the back of her desk that faced the window on the front of the building containing pages from a 1930s issue of LIFE Magazine, showing much the same process as now with respect to dispensing and pasteurization, albeit with less sophisticated technologies for testing.

“The first milk bank was on a ship in the harbor—‘Boston Floating Hospital,’” Jennifer recounted.

This checks out. It's in Swanson's book too.

Jennifer went on to describe how the American Academy of Pediatrics (AAP) created the first wet nurse registry and that the practice and process of milk banks' screening process for donors grew out of this registry. (Swanson's book also details the registry creation.) She stepped out quickly to grab a donor file from the Donor Relations team to show up how this compared to their own current forms and process.

“Who are our donors?” Jennifer started. “We have three types: nursing moms, surrogate moms, and bereaved mothers.”

She worked her way through each category slowly, making sure to let each sink in as she said them, pausing a bit longer on “bereaved.”

“There actually is a lot of research that suggests that donating breastmilk is an effective way for mothers who have experienced infant loss to process grief,” I jumped in. “Because your body is still processing those hormones and lactating, so you're still making milk, which can unfortunately be a torturous reminder of that loss. So, research suggests that taking that opportunity to use your lactation to still nourish *an* infant, even if not your own, not only honors your baby, but honors your body.”

“Wow,” Jennifer exclaims. “I hadn't thought about that!”

Jennifer laid out the random chart she had selected: Alicia.

“We’re in the process of moving to an electronic filing system,” Jennifer said, “but for now we still have a lot of paper forms, so...”

There is a pre-screening form the potential donors complete online or when they call in. Then they speak with someone on the Donor Relations team to get some more detailed information. Donors are required to donate 150 ounces over the course of their pumping and donation journey, up to when their own baby is 1-year old (although many donors donate more than that in their first few donations alone). Jennifer cautioned *strongly* against mothers donating *all* of their milk.

“We want to make sure she has enough for *her* baby first.”

...

The forms are *incredibly* intricate. I can understand why numerous moms I interviewed from HM4HB told me they didn’t donate to a formal milk bank because the screening process was “too much” for them to deal with having a new baby. And yet, I understand it given *who* this milk is going to.

“In our entire history,” Jennifer said later, “we have never had an incident on our track record of infectious disease transmission. Formula companies can’t say that. Blood banks can’t say that.”

Damn.

...

With the 11 minutes left till the Communications and PR meeting, we sat in Jennifer’s office—me in my adopted seat taking notes and Jennifer writing a birthday card and catching up on e-mails. I offered to wait in the lobby until the meeting, so she could concentrate on tasks.

“No, stay with me!” she said. *warm fuzzies*

Just to be safe, I asked if it was okay for me to take notes during the meeting; she said yes and then suddenly remembered the human milk vs. formula chart. She disappeared to the supply room and came back copy rolled up in rubber bands. I stashed it in my messenger bag; it was the exact same length as the bag, so I didn’t risk damaging it, thank god.

The conference room was being used for something, so we were told the meeting was happening in the breakroom / kitchen. It was crammed to say the least. I rolled a chair over from Jennifer’s office and Elise (the Communications and PR Director) sat atop a bar stool from the snack counter, suspended above us all in the back corner. Somehow, I

ended up at the head of the table, I suppose because everyone filled in starting in the back, which made me incredibly self-conscious. This wasn't *my* meeting. I pushed my chair back slightly, so I could blur into the background (if that was even possible) and quietly sip from my thermos with my notebook discretely in my lap (but not hidden). All of us, except Jennifer, had a thermos or mug of some kind. Reba (Director of Operations) was typing on an old laptop. Legal pads were strewn about around the central caddy of plastic utensils, hand sanitizer, napkins, salt and pepper shakers, and Tabasco, and there's an inexplicable tomato still on the vine.

It was CiCi's first meeting since being hired; everyone cheered. She's officially the Communications Coordinator, but predominantly focuses on their social media presence, which Jennifer explained had been in a "lull" before she came on. Barbara (Donor Relations Manager) introduced CiCi to the group and previewed the meeting. Usually, they have this meeting every two weeks, but it had already been a couple months since the last one... so not every two weeks then. They began with marketing and communications updates. I scribbled down what I could, but it's far from a coherent narrative.

Chaffee County is hosting a contest for current and new donors. The winner receives a family photography session from a photographer who is a former donor and recipient.

Where do we systematically compile stories and pictures that come in? Who should be in charge of that? (Right now, it's jumbled... Barbara receives some, but Shiloh, a Donor Relations Coordinator, receives others and now CiCi is available. I can't even sort it out.)

Barbara recently spoke at the state capitol as part of a nurse-in event and the video has over 2000 views. (Everyone "oohs" and "ahhs.") But do we post it? There could be consequences. (Everyone seems reserved. The discussion moves to the cons of 'political involvement' and folks around the table caution how taking a stand will reflect on the organization.) Does it go to the board?

"We've always stayed away from politics because it's so controversial," Shiloh says.

This *really* irks me in ways I can hardly describe without intense anger. Politics controversial? Duh? But also, how is talking about donor milk controversial? Or speaking about donor milk at the capitol as part of a nurse-in? Is it because it's at the capitol? Because it's seen as a protest? When in reality, women's bodies—your bodies—are being *made* political because legislators are making laws and policies about your bodies without your consent, and you're exercising your right to demonstrate. *The personal is political*. So how can we advocate for the personal without being political? And doesn't the connotation here between political and controversial further internalize this misogyny because we're distancing from the controversial and therefore from the political and

therefore from the personal? *Fucking hell, I just don't get it.* If this were a graduate seminar, I would jump in and lay it down. But I can't. Not here. And at some level I understand the concern with public image—they're the largest milk bank in the country, a beacon for HMBANA. They can't *not* think about these things. But the swarm of conversation makes me feel like the way these discourses scale up and down is invisible.

Maybe it can be circumvented by sharing *other* organizations' statements as a way to distance *this* organization. Maybe the video can be edited to only show part?

...

I worked in the warehouse for two hours building boxes, 'sticker' the built boxes, packing coolers into the built boxes, and logging milk. Aaron and the other employee appeared very relaxed and seemed very open to giving me tasks and answering my questions. Aaron guided me out the receiving door to an *enormous* storage pod just behind the building. The door creaked open and it was filled with medium and large flat boxes and matching Styrofoam coolers. I couldn't even see all the way toward the back where the light no longer filtered through the open steel door. We carried in 16 flat boxes, eight of each size, and set them on a steel table with the computer station behind me and the air lock to the lab wash room to my right. Aaron grabbed an industrial packaging tape dispenser and demonstrated how to build one of the large boxes. And no, building boxes isn't hard, but this wasn't condescending; you have to be sure you tape the right end, so that when you flip them they're right side up. I would have missed that completely... plus how many times to tape, etc. He was lightning-fast. I'm pretty sure my first attempt took about ten times as long; for one thing, the height of a built box on top of that steel table was nearly too tall for me to see above (#shortpeopleproblems). I could hardly keep the tape straight either, so I hoped that the embarrassing folds all across the bottom wouldn't matter. Eventually I got them done and Aaron once again guided me to the storage pod and we made two trips carrying in both sizes of Styrofoam coolers, dropping them in appropriate boxes. Then, Aaron stacked them all on top of each other, each new box sitting on top of the cooler in the one below it. They stacked so high, they must have reached at least 8ft tall.

...

During that time, we chatted very informally like any co-workers might do... except Aaron did most of the talking. I've begun to notice that he'll ask a question and then end up answering most of it himself. Really? But I'll suspend that for now. More important things are happening.

"So, are you just volunteering this week or something?" he asked.

"I'm working on my dissertation actually, finishing up my PhD at ASU, and it's about exactly what you all do here—milk banking and then also parents who exchange informally online. I've gotten to interview lots of those parents but

haven't gotten to visit an actual milk bank yet, so I contacted Jennifer and asked if I could visit," I explained. "Pretty awesome so far!"

"Oh, cool! So what sort of things have you heard about informal milksharing?"

But then I could barely get a word in. I didn't have my phone or notebook on me at the time (and even if I did, I can't very well function with those while also sticking 8ft tall stacks of boxes) so only have brief recollections of conversation amidst all the warehouse noise. Aaron's position was very alarmist, but understandable given his responsibilities within the organization (i.e., the actual receipt, logging, and processing of milk). He went on and on about how informal milksharing is incredibly unsafe because "with something like Hep C, you don't know for years," and other transmittable things (even though I'm not sure they all *were* transmittable through breastmilk like HIV, for example).

...

The staff lamented phone issues—static, dropped calls, botched transfers (mostly interested donors). They mention some changeover in their call system that was made almost a month ago and caused issues ever since.

"Our September numbers are going to be low," Barbara sighed in frustration.

I was surprised to learn that they have what Aaron described as "curbside service." If someone lives a half hour away or so, they will send a \$40 courier to go pick up the milk and bring it straight back to the milk bank at no cost to the donor.

Two calls came in, both from donors, then one call from a recipient judging by Aaron's responses about "how much outpatient milk is available." He told the caller he might have "about three bottles" and scheduled a pick-up time for later in the afternoon. This is something I didn't realize before coming here, the difference between milk that is processed for NICUs and what they call "outpatient milk" or that which is left *after* supplying all the hospital orders, which are their first priority (and understandably). Today, they made 34 bottles available for outpatients or about 136 ounces.

The amount of outpatient milk and its availability for those who seek it varies day-to-day and even year-to-year. Aaron described how in 2017, they had so much outpatient milk "that it was 'as many as you can buy.'"

"Wow, that's interesting," I said. "I wonder why the drop. Do you have any theories about that?"

"More people sharing informally," he answered quickly. "And I think we just got some bad press."

He described a “social media incident” that occurred about two years ago where *Mother’s Milk Bank* commented on some post, I think about informal sharing.

“Everyone hit us with these specific, niche situations,” he said. “But we really want to create a positive relationship [with the public], even if they’re not directly benefitting me [as in, the organization].”

I’m surprised at what I interpret as a change in tone from our previous conversation in the warehouse where he went on about “Hep C” for five minutes. But he felt that it wasn’t all bad. “If it’s someone you know” like a relative, then he understood how it could be beneficial.

“I mean, I’ll spend 15 minutes on the phone helping teach someone how to safely ship milk to their sister,” he said.

This was heartwarming to me.

APPENDIX C
INTERVIEW GUIDE SUMMARY

Milk Staff Summary

1. Please describe a typical day with your unit or group. How do your primary responsibilities shift day-to-day?
2. What compelled you to get involved in milk banking or milksharing?
3. Can you please describe a favorite experience involving donor milk?
4. Can you please describe a memorable experience?
5. I've learned that breastmilk at some milk banks can cost on average \$4-14 per ounce. What do you think about those prices? How does your unit or group handle the issue of cost? How did you come to that decision?
6. What are the most challenging aspects of working in the donor milk industry?
7. Online exchanges have skyrocketed. Do you see any advantages or disadvantages to sharing milk from parent-to-parent as opposed to going through a milk bank?
8. Let's say I'm a new parent and unfortunately, I don't produce enough breastmilk. I hear that your hospital has a donor milk program, or I hear about your online group. What steps do I / you take to make sure I'm able to get breastmilk?
9. What are the most common reasons you see parents donate breastmilk?
10. What are the most common reasons you see parents looking for breastmilk?
11. What do you think your donor milk program or online group does well?
12. Is there anything about the industry or the process of donation that you think could be improved?
13. Why is this work important to you?

Donor Summary

1. How is it that you came to donate your breastmilk?
2. What advice would you give to parents struggling with breastfeeding? To mothers who don't produce enough breastmilk on their own?
3. I'm curious about how you've approached donation. How did you come to find this group? Have you ever met the person benefitting from your breastmilk?
4. Have you thought about how much longer you'll donate? What might influence your decision to conclude donation?
5. Has donating your breastmilk made you think differently of yourself as a parent?
6. What has been most rewarding about the donation process?

Recipient Summary

1. What circumstances led you to needing to search for milk?
2. Share a memorable moment about a time you received a donation of breastmilk. What was that exchange or pickup like?
3. I'm curious about how you approach the process of looking for breastmilk. How did you come to connect with other parents online? How easy or difficult was it for you to figure out how to navigate it all?
4. Have you ever talked about receiving donations with friends and family?
5. How has your involvement in receiving breastmilk from others affected the way you think of yourself as a parent?
6. Is there anything you would you change about the process of searching for breastmilk?

APPENDIX D

SHIPPING TO MOTHER'S MILK BANK

SHIPPING MILK TO MOTHERS' MILK BANK

Thank you so much for your assistance in helping our out of state donors to donate their milk to help other babies thrive and grow. We request that you read this information and follow the guidelines so that we are able to use every valuable ounce of their milk.

PREPARING FOR SHIPMENT

- We have included for your usage one or more ice packs to keep the milk frozen when it is transported to us. Please place these ice packs in a freezer for a minimum of 24 hours prior to shipping.

HELPFUL TIPS

- Please be sure all milk is labeled with the donor's name and/or donor number. Our donors are instructed to do this themselves, but many do not label milk they pumped prior to becoming a donor. If you receive a deposit with unlabeled bags, it is not necessary to label each individual bag but we do ask that you or the donor collect the smaller bags into larger plastic grocery bags or gallon Ziploc bags and label those. If we receive unlabelled milk and cannot determine who donated it, we cannot use it.
- If you are including milk from more than one donor in the same box, please be sure the milk from each donor is gathered together, preferably inside a plastic bag. Layering the contents according to donor and separating them with paper is not effective, as the contents will shift extensively during shipment. Boxes containing loose milk storage bags from more than one donor are difficult for the milk bank staff to sort through and present a safety risk to our patients.
- It is very helpful if you include a note on top of the box stating the name(s) and/or donor number(s) of the milk in each box you are sending.

PACKING THE BOX

- If you are including blood samples with this shipment, please be sure they are padded well to prevent breakage, and any outside wrapping is clearly marked as BLOOD.
- There is a new plastic bag enclosed inside the box – please put the milk containers inside this bag. Put the milk in the box first, and blood if sending, then the ice packs on top of the milk and blood. Please use all included ice packs.
- Be sure to fill the box with as much milk as possible. Fill any open spaces with crumpled newspaper or plastic bags so it is packed tightly.
- Gather the interior bag loosely on top and place the last silver insulating square on top of the milk, ice packs, and padding. Place any paperwork on top of this, then gather the outside plastic bag and fold to close. If any donors have left their donor consent or medical release forms with their milk, please include those as well.
- Tape the box shut along the center and side seams using standard packing tape.
- Please use the prepaid, preaddressed shipping label. FedEx will determine the weight of your package and enter it at the time of shipment.

Please ship Monday through Thursday only.
We are not in the office to accept shipments that arrive on Saturday.

If you have any questions about shipping milk, please call us at 303.869.1888 or toll-free at 877.458.5503. Thank you for your valuable contributions to our program!

██████████
Director of Outreach