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Review Article

A critical review of human milk sharing using an intersectional feminist framework: Implications for practice

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ABSTRACT

Objective: Driven by a growing body of research demonstrating the health benefits of human milk over substitute feeding preparations, the demand for human milk donations in North America is rapidly increasing. In the context of an increasingly institutionalized and commercialized human milk market, informal peer-to-peer milk sharing networks are commonplace. Race, class, gender and sexual orientation are intersecting aspects of identity and power that influence participation in breastfeeding and the domain of milk exchange. Using an intersectional feminist framework, we critically review studies of participation in milk sharing to examine the identities and socio-political circumstances of milk sharing participants.

Design, Setting and Participants: We use an intersectional feminist framework to conduct a critical review of the evidence pertaining to human milk sharing participants in North America. The search strategy included relevant databases (Pubmed, CINAHL) and hand-searches of key journals. We include research studies with participants in the United States and Canada and where participants milk shared as recipients or donors.

Findings: Of those studies that examine socio-political identities such as race and class, participants are largely white and high-income. Many studies did not examine socio-political identities, and none examine sexual orientation. Themes we identify in this review include: (1) Socio-political identities; (2) Milk sharing supports parental health; (3) Socio-political influences; (4) Resistance against institutionalization.

Implications for Practice: Maternity care providers can advocate for improved access to breastfeeding support and pasteurized human donor milk to address inequities. Maternity care providers can bring consciousness of intersecting socio-political identities to discussions with families about milk-sharing.

Introduction

Driven by a growing body of evidence demonstrating the health benefit of human milk over substitute feeding, the demand for human milk donations in North America is increasing rapidly. There are now 27 "member" banks and five "developing" banks seeking to join the Human Milk Banking Association of North America (HMBANA), the governing body for non-profit milk banks. Two for-profit milk banks compete for donors in the United States: Medolac and Prolacta, paying "donors" approximately $1/ounce (Schreiber, 2017). Milk is also sold privately online between private individuals, such as on *onlythebreast.com*.

In the context of an increasingly institutionalized and commercialized human milk market, informal peer-to-peer milk sharing networks are commonplace (Akre et al., 2011). Through these networks, unpaid donors and families in need connect on social media to exchange unpasteurized milk. Race, class, gender and sexual identity are intersecting layers of identity and power that influence participation in breastfeeding (Jones et al., 2015) and milk exchange (Sears Allers, 2014). The authors acknowledge trans-identified persons participate in breastfeeding, chestfeeding, and milk sharing (MacDonald et al., 2016). Using an intersectional feminist framework to inform our analysis, the aims of this paper are: (1) To critically examine and synthesize the research evidence regarding the identities and socio-political circumstances of milk-sharing participants in North America; (2) Discuss how milk sharing can be conceptualized as intersectional feminist praxis, disrupting or reinforcing dominant power structures; (3) Identify how this knowledge can inform maternity care provider practice to support families interested in milk sharing.

Background

Milk sharing is an ancient practice: wet-nursing traces to Babylonian times (Thorley, 2008). In contemporary milk exchange, milk-sharing and milk-donation have supplanted wet-nursing. The first breast pump was patented in the United States (US) in 1854 (Garber, 2013). Refrigeration technology allowed for longer-term milk storage, and the first

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milk bank opened in Vienna in 1909, followed by the first in the US in 1919 (Jones, 2003). Milk banks proliferated during the 20th century in the US and Canada, until the HIV/AIDS crisis brought operations almost to a halt in the 1980's (Jones, 2003). Across the globe, milk banking has widely different paths of initiation and expansion, and culturally-specific practices situated within specific breastfeeding cultures. In North America, milk-banking is dominated by the best practice guidelines created by HMBANA, which cover donor recruitment, milk transport, storage, processing, testing and distribution.

The US is credited with being the home of organized web-based milk sharing. The practice began in 2010 when Shell Walker, an American midwife, started *EatsonFeets.org,* and Emma Kasnica, an advocate for breastfeeding in Canada, started *Human Milk 4 Human Babies* (*hm4hb.net*) (Carter et al., 2015). The networks are governed by operating principles including no selling, no "trolling", no judgment, no advice, and no referrals to other organizations, including milk banks (eatsonfeets.org, No Date). Unlike the focus among milk banks on fragile infants in neonatal intensive care units (NICU), shared milk is untriaged and available first-come, first-served.

The climate of human milk sharing spaces is shaped by the contemporary milk exchange landscape. HMBANA policy states that human milk is the best option for all infants in need and dispensing is triaged according to medical need (HMBANA). Yet only a portion of North American NICUs offer donor milk (Spatz, 2017). Dispensed at approximately $4.50/ounce, health insurance coverage for pasteurized human donor milk (PHDM) is minimal in the United States, and in Canada is covered only as part of an inpatient hospital stay. Without insurance coverage, cost per infant could reach up to $1050/week (Martino and Spatz, 2014). Access is decidedly unequal. Intersectional feminism provides a framework to examine this heterogeneity.

Boundy et al. (2017) conducted an important study to examine the racial demographics of hospitals using PHDM compared with those who do not through postal codes analysis. In the United States, the population is on average 12.3% Black (Boundy et al., 2017). The authors found that in the postal codes with more than 12.3% Black residents, 38.0% reported not using PHDM. By comparison, in the postal codes with less than 12.3% Black residents, only 29.6% of hospitals reported not using PHDM. More PHDM was available in the hospital in areas with fewer Black residents (Boundy et al., 2017). Evidence of racialized inequity in access to PHDM may impact milk sharing, by creating increased demand, or by exacerbating unequal access to human milk evidenced by racialized breastfeeding rates. This first glance at racial inequity raises questions about class, sexual identity and other socio-political identities and access to PHDM.

Intersectional feminist framework

Intersectional feminist frameworks emerged from Black Feminist critique of anti-discrimination provisions in American law that failed to protect identities at the juncture of multiple dimensions of discrimination, such as race, class and gender (Crenshaw, 1989; Hill Collins, 1990). Intersectional feminist theory provides a lens to expose how intersecting layers of social oppression such as poverty, racism, homophobia and misogyny cumulate in the experience of discrimination. Suitable for application to population and public health research in many areas, intersectional feminist theory is especially valuable in the examination of health issues that are themselves socially stigmatized, such as breastfeeding and milk sharing. Rogers and Kelly (2011) and Kelly (2009) argue for the integration of intersectional feminism into health research ethics and research to drive not only the focus of research towards the experiences of individuals experiencing oppression, but to shift the goal of health research to advance health equity.

An intersectional feminist framework begins with requiring an acknowledgement of identity among participants. A lack of specificity in analysis, a blindness to difference, does not promote inclusiveness but erases the importance of identity in shaping experience (Crenshaw, 1989). As a multi-dimensional approach, intersectional feminist theory centers on the lives of the most marginalized (CRIAW, 2006). Reflexive and transformative, intersectional feminism frameworks acknowledge the hierarchies operating in feminist action (CRIAW, 2006). In this critical review, we acknowledge the lack of attention in systematic review appraisal tools to the significant issue of identity and power. Researchers have identified the need for meaningful attention to gender in appraisal for inclusion in systematic reviews (Morgan et al., 2017). We add to that a call for attention to the intersecting identities of race, class and sexual orientation.

An intersectional feminist framework presents an analytical framework for conducting research and generating theory that aims to create solutions for advancing health equity. As an approach it is therefore not limited to analysis, it includes the generation of intersectional feminist "praxis" (Cho et al., 2013), which is to say, practice. Intersectional feminist frameworks are useful for maternity care providers in that insights can be taken up into clinical practice to centre the patient in their particular identity and context.

There are historical, gendered, racialized and classed assumptions about the labor of breastfeeding and the value of human milk. Forced wet-nursing was a tenet of slavery. Black women in the United States experience significantly lower breastfeeding rates than white women (Jones et al., 2015). Black Feminist scholars point out inequities in access to banked PHDM (Sears Allers, 2014). For example, in response to the lead-contaminated water crisis in Michigan, the United States Department of Agriculture offered affected families, who were predominantly Black, subsidized, ready-to-feed formula, despite a non-profit milk bank in-state (Best for Babes, 2016). An intersectional feminist framework identifies that the need for and access to human milk is both a racialized experience and one in which class and other identities intersect.

An intersectional feminist framework provides a critical lens to examine the raced, classed and gendered power inherent in debate about milk "donor" remuneration. For example, the American-owned, for-profit company *Ambrosia Lab* paid "donors" in Cambodia for human milk that would then be sold in the United States, until Cambodia banned the practice in 2017 (The Guardian, 2017). Mostly female sellers on *Onlythebreast.com* are vulnerable to fraud, and requests to be wet nursed or for pornographic photos (McNeily, 2016).

In this critical review, we use an intersectional feminist framework as a lens to read existing studies of milk sharing among participants in North America. We ask how identity is captured and interpreted in relation to the milk sharing experience and what themes pertaining to power and identity emerge in the studies.

Design and methods

We conducted a critical review of the evidence guided by intersectional feminist framework to examine milk sharing participation in North America. Drawing from feminist and philosophical traditions that employ methods of critique, reflexivity, and discourse, our analysis aimed to understand how and why intersecting socio-political identities influence research into women's lives (Jefferies et al., 2018; Searle et al., 2017). Specifically, how race, class, gender and sexual orientation are intersecting aspects of identity and power that influence participation in breastfeeding and the domain of milk exchange. The authors worked collaboratively on substantive and methodological content of the manuscript.

The search strategy was conducted in March 2018 and included relevant databases (Pubmed, CINAHL) and hand-searches of key papers. We applied MeSH headings and key words to title and abstract search including milk-sharing, milk sharing, human milk, donor, recipient, United States and Canada in combination with Boolean operators AND and OR. The CINAHL search phrase was (milk-sharing OR milk sharing) AND (human milk OR donor OR recipient) AND (Canada OR United States). We excluded non-research, case studies and reviews,