

FROM COMMODITY TO DONATION

Breast Milk Banking in the United States, 1910 to the present

BY MARISA GERSTEIN PINEAU



IN 1908, DR. FRITZ TALBOT, a physician from Massachusetts, spent three days riding streetcars in Boston looking for wet-nurses for a sick infant under his care. Talbot later lamented that he had “traveled many miles” and wasted a great deal of time hunting for wet nurses during his early career (Talbot, 1913:760). In 1910 he took decisive action: he opened the Directory for Wet-Nurses, the first institutions dedicated to providing human milk to needy infants and the prototype for the modern-day breast milk bank.

At the turn of the twentieth century, physicians and public health advocates became increasingly alarmed by a sharp decline in maternal breastfeeding (Wolf, 2001). In the seventeenth century, most American mothers breastfed through their babies’ second summer, and as late as the eighteenth century, women were encour-

aged to nurse for at least one year (Apple, 1987; Wolf, 2001:9). But by the 1890s many mothers were weaning their infants by the end of the third month and may have begun supplementing breastfeeding with cow’s milk or other foods even before then (Wolf, 2001:9).

This decline in maternal breastfeeding and the use of cow’s milk and other foods threatened the gains in infant health in this era, and doctors began searching for solutions. One obvious remedy for lack of maternal breastfeeding was wet nursing. Since ancient times, wet nursing was a commodified service, and breast milk is perhaps the earliest example of a commodified bodily product. Although wet nursing was never widespread in America, it was used in cases of maternal death or illness, and was more common in the American South, where enslaved black women nursed their

masters’ children (Fildes, 1988:128,141; Golden, 1996:25-26)

However, wet nursing was problematic. Most wet nurses were women from the margins of society: poor, often unmarried, and therefore morally suspect. Wet nurses were difficult to locate, and once found, were often “hard to manage” (Chapin, 1923:201). Respectable families did not want wet nurses in their homes, and the wet nurses’ own infants were often boarded out, where, deprived of their mothers’ milk, they quickly perished.

In response to these complex problems of health and morality, Talbot opened the Directory for Wet-Nurses. The Directory’s mission was twofold: “1) To supply people with Wet-Nurses, and 2) To give destitute girls with babies, an opportunity to earn an honest living” (Speech Read at Havenhill, Mass., Fall 1912, Talbot papers at the

Countway Medical Library, Box 2). In addition to wet nurses, the Directory provided “drawn” breast milk, expressed by the wet nurses, bottled, and sold to hospitals and families for 25 cents per ounce.

The Directory was very much a product of its time, rooted in Progressive Era ideals, and activism, and early twentieth century ideologies about mothering and women’s roles. But it also provided the foundation for a new model of breast milk provision, one that reflects the changing value of breast milk over the course of the twenty-first century. My analysis of breast milk banking allows me to trace the evolution of breast milk from a commodity to a gift.

Capitalist economies have a unique ability to transform goods, services, and even human labor and bodies into commodities (Marx 1867; Lukacs 1923). For instance, life insurance puts a monetary value on human life (Zelizer 1985), while reproductive tissues are now exchanged via international markets (Almeling 2007). But although there are examples of bodily tissues that defy commodification, such as organs (Healy 2006), few originate as commodities and then become gifts. One notable exception is human blood (Titmuss 1971), but unlike breast milk blood was commodified for only a short period during the twentieth century. Yet the process by which breast

Mothers' Milk Bank

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The Mothers' Milk Bank of California (MMB) screens, collects, processes and dispenses donated human milk as a community service, providing human milk to babies whose own mothers cannot supply the milk to meet their baby's needs. In addition, the Mothers' Milk Bank is a resource for health professionals and the general public on the benefits of breast milk, in general, and the uses of donor milk specifically.

Most of our recipients are infants in neo-natal intensive care units (NICUs) throughout California and the West. Human milk is especially critical for premature and sick infants, who are 10 times more likely to acquire devastating intestinal infections when ingesting formula instead of human milk. Over 30 NICUs in California use donor milk for their infants. The Mothers' Milk Bank is an important resource for these hospitals, since premature delivery can delay a mother's own milk supply, and these tiny babies cannot afford to go days without nutrition.

Donors are carefully screened and tested before their milk is accepted. We welcome inquiries from any healthy woman who is breastfeeding an infant and can set aside time each day or so to express milk for the good of other babies.

The Mothers' Milk Bank is a proud member of the Human Milk Banking Association of North America (HMBANA).

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Established in 1974 the Mother's Milk Bank of San Jose is currently the oldest operating milk bank in the U.S.

milk, commodified for centuries, was “giftified” remains unexplained, even by those who note this progression (Golden 1996, Swanson 2009).

The “giftification” of banked breast milk did not happen overnight. When Talbot established the first breast milk bank in Boston in 1910, he treated breast milk as it was treated historically: as a commodity purchased from poor women. Breast milk banks established since the 1970s, on the other hand, rely on an altruistic model in which women donate their excess breast milk without recompense.

I believe that the shift from milk sellers to donors, and the continuation of this system of milk banking, is connected to three larger trends in American society. First, changes in women’s employment provided alternate forms of employment to poor mothers who previously sold their milk, forcing the banks to rely on donors, who were usually middle-class homemakers. Eventually, the increase in middle-class mother’s employment expanded the breast milk supply, as mothers began expressing milk at work. Second, the rise of the ideology of intensive motherhood, in which motherhood is “child-centered, emotionally-absorbing, and labor-intensive” (Hays 1996:8), became the dominant ideology of motherhood in the mid-twentieth century. Breastfeeding is a central component of this ideology, and breast milk, increasingly rare in the face of declining breastfeeding

rates, came to embody the virtue of “good mothering” (Blum 1996).

Finally, changes in technology, including improvements in breast pumps, refrigeration, medical testing, and shipping, made collection and storage of breast milk easier and more convenient, while the creation of “safe” infant formulas led to steep decline in breastfeeding rates. Technological advances therefore made breast milk easier to collect and package but increasingly rare and special, thus altering breast milk’s cultural meaning. These three trends altered banks’ organizational model, creating a system reliant on donors rather than sellers. This shift demonstrates that economic and social changes, including women’s increased labor market attachment, advances in technology, and the rise of modern mothering ideologies, which typically promote commodification under capitalism, can paradoxically sacralize previously commodified products.

My dissertation examines the de-commodification of banked breast milk using breast milk banks from three eras as case studies: Boston’s Directory for Wet-Nurses, established in 1910 as the first milk bank in the United States and operating until 1962; the Mothers’ Milk Bank of San Francisco, established by the AAUW in 1948 and operating until 1978; and the Mother’s Milk Bank of San Jose, established in 1974 and currently the oldest operating milk bank in the U.S.

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For the first era, beginning in 1910, I use articles, speeches, and correspondence about the Directory for Wet Nurses found in the personal papers of its founder, Dr. Fritz Talbot. Analysis of these papers indicates, as I hypothesized, that women’s employment opportunities, advances in technology, and ideologies about motherhood influenced early breast-milk banking.

First, milk selling provided “honorable” employment to poor and unmarried mothers who had few alternatives and allowed them to keep their own infants while they earned a living. Although the Directory eventually shifted to purchasing breast milk from married working-class women in the home, the payment was a substantial supplement to the family income. Milk selling allowed mothers who had few employment opportunities outside the home to purchase household goods, pay for children’s education, and, in at least one case, buy a house. The founder of the Detroit Mothers’ Milk Bureau, Dr. Raymond Hoobler (1927:1787) described milk selling as “building up a new profession for woman—that of a producer of human milk,” one that “in no way interferes with her duties of housewife and mother, and exposes her in no way to the public view.”

Second, the physical separation of milk sellers from their milk and its treatment as medicine removed the taint of immorality associated with wet nursing

thus, reconciling the Directory’s work with the ideal of “sacred” motherhood in this era. It also allowed married mothers to discreetly earn an income while maintaining their “rightful place” in the home.

Finally, medical and technological advances were key to this disembodiment and medicalization of breast milk. New breast milk technologies made it easier for women to express milk, while the development of bacteriological testing allowed doctors to screen milk sellers for disease. The development of refrigeration meant clinics and hospitals could store and preserve breast milk, creating a therapeutic product easily controlled and administered by doctors.

Therefore in 1910, limited employment opportunities for women, new technologies, and prevalent mothering ideologies contributed to the ongoing commodification of banked breast milk in this period. Lower-income women continued to earn a living selling their milk, while the process of disembodiment freed the milk from the moral ambiguities of wet-nursing, creating a viable therapeutic commodity.

For the second period, 1945 to 1978, I am using records from the Mothers’ Milk Bank of San Francisco archived at the California Historical Society. These materials include the administrative and financial records for the bank, fundraising and program records, reports to the Board, statistical and nurses’ reports, and donor

and recipient rolls beginning with the first donations in 1948 to the final donations in 1977.

Like the Boston Directory, the San Francisco Mothers' Milk Bank followed the American Academy of Pediatrics' 1943 standards for milk banks. Payment was intended to ensure donors' "good standards of living and relief from financial worry" (American Academy of Pediatrics, 1943:113). However, although the San Francisco milk bank paid women for milk, they referred to the sellers as "donors" and paid them the same amount (10 cents per ounce) for thirty years. Analysis of the records indicates that this payment became increasingly symbolic as the value of the payment fell and as bank managers came to consider milk "donation" a charitable service, not a means of employment. Notably, in the 1970s the San Francisco bank also began to receive milk from working mothers, who had an additional supply because they were pumping at work, an early sign that women's expanding employment opportunities would have a strong impact on milk banking.

Additional findings support my hypothesis that women's opportunities were influential to milk banking in this period, and may have contributed to the decommodification process. First, unlike the Boston Directory and other early breast milk banks, which were established by physicians, the San Francisco bank was established by the

American Association of University Women, a group of philanthropic women, rather than by male physicians. The AAUW's involvement in breast milk banking points to the profound changes in women's roles from the previous era, as educated women became more involved in providing medical and charitable services to women and children.

Sharp variations in the supply of breast milk also point to the changing socio-economic characteristics of milk bank donors. Notably, in 1969, after five years of declining milk supply, the San Francisco milk bank suddenly experienced a resurgence in milk donation. This coincides with increased breastfeeding rates, particularly among middle-class women (Hirshman and Butler, 1981). As Blum (1999) demonstrated, breastfeeding became a central tenet of the ideology of intensive, exclusive motherhood that valorizes middle-class mother's parenting choices. The records also indicate that the breast milk bank increasingly recruited donors from childbirth classes and La Leche League meetings. Both the natural childbirth movement and the La Leche League are immersed in this conception of motherhood (see Blum, 1999; Smith, 2009:9). This was also the period when the 10 cents an ounce payment had the lowest monetary value, suggesting that donors were motivated by something other than money.

Both the supply of and demand for breast milk were also affected by improvements in artificial infant formula that made

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it the infant food of choice for both mothers and doctors. Although breastfeeding rates were already falling precipitously by 1948, when the San Francisco milk bank opened its doors, the development of new formulas for infants with diverse nutritional needs, and the introduction of pre-mixed formulas in the early 1960s, further diminished breastfeeding's status as the best food for infants. Breastfeeding therefore became increasingly rare and precious as fewer and fewer women initiated breastfeeding. This rarity helped elevate the symbolic value of breastfeeding and breast milk within the ideology of intensive motherhood.

These findings suggest that changes in women's role and employment opportunities, new mothering ideologies, and advances in formula technologies, significantly influenced breast milk banking in this era and contributed to the process of decommodification. By 1970, the payment for breast milk was an anachronism, a symbolic tribute to middle-class donors' special commitment to their own and other infants' well-being.

For the third era, I am using a combination of methods to examine the Mothers' Milk Bank in San Jose, CA, including analysis of institutional records, interviews with donors, recipients, and milk bank managers and employees—in addition to an ethnography at the milk bank itself. My initial analysis of bank records and interviews with managers lead me to three

initial findings. First, women's employment continues to affect milk banking. The "typical" donor to the San Jose bank is employed, and employed donors pump breast milk because they are separated from their infants. Mothers who pump regularly often express more than their infants need, creating an excess supply they feel uncomfortable disposing of, due to the highly symbolic meaning of the milk. Therefore, mothers' high rate of employment is an important factor in the availability of donors, and the bank's ability to rely on this altruistic model.

Second, contemporary breast milk banks are sites where motherhood is actively and intensively constructed. For bank managers, donors, and recipients, breast milk symbolizes "good mothering," and all of these groups engage in the construction of this meaning. This symbolic meaning is so powerful that even gay men creating families through surrogacy use banked breast milk. The fact that the milk is donated, rather than sold, adds to the symbolic value. The ideology of intensive motherhood, in which breastfeeding represents a mother's unconditional love and generosity, is therefore a central component of the bank's work.

Finally, advances in breast pump technologies make it relatively easy and convenient to express milk, further contributing to the supply of donor milk. Today, breast pump companies specifically cre-

ate and market breast pumps for working women, and, although there is no data on how many women express milk at work, the phenomenon has received enough attention both in the media and in the recent healthcare legislation to suggest that pumping at work is widespread, creating an excess supply of frozen breast milk. In addition, the widespread availability of the internet has made it easier for women with excess milk to learn about and contact milk banks. These two factors may explain why donations to the San Jose milk bank have quadrupled since 2000.

My research on breast milk banking demonstrates that social and economic changes over the course of the twentieth century, including changes in women's employment opportunities, new mothering ideologies, and advances in technology, also altered the breast milk banking model. This research also illuminates the evolution of the social value of breast milk in American society. In the process, I describe a unique, almost paradoxical event in capitalist societies: the decommodification of a previously commodified product. I hope this research contributes to our understanding of these fascinating social processes.

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