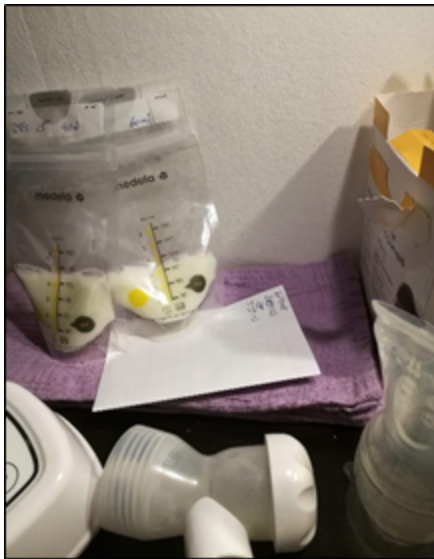


# A Matter of Milk

A Techno-Anthropological study of online milksharing in Denmark



Master's thesis by  
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Aalborg University, Copenhagen  
October 2020



**AALBORG UNIVERSITET**  
**STUDENTERRAPPORT**

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Number of normal pages: 69,7

Master's thesis  
Techno-Anthropology  
Aalborg University, Copenhagen  
October 2020

Supervisors: Theresa Birgitta Brønnum Scavenius & Stine Willum Adrian

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Pictures on the front page were provided by members of the Milkshare group.

## Acknowledgements

I am incredibly grateful to the women in the Milkshare group, who shared their stories with me. A special thanks to Sanne, who let me into the Milkshare group, and shared her thoughts with me. Thank you Anne Olin and Niels Ladefoged for taking the time to provide me with expert perspectives on breastmilk donation and food legislation.

Theresa and Stine, my thesis supervisors - thank you so much for your guidance, support and constructive criticism. It has been incredibly valuable and inspiring.

On a more personal note, I want to thank my family and friends for their immense support.

To my friends Sophia and Mie and my sister Lærke - thank you for being my sparring partners. You inspire me and I would not have made it this far without your friendship and support.

Maya, my incredible daughter, thank you for inspiring me with your joy and love every day - I love you more than words can describe. Alex, thank you for everything you are and do, and for always helping me pursue my dreams. My mother, thank you for always being there to pick me up when I fall, for office space and unconditional love. Thank you to my entire support system of amazing friends, who has put up with me being in my thesis-bubble for the past six months, and who I know stand beside me through it all.

## Resumé

Gennem dette tekno-antropologiske kandidatspeciale undersøges fænomenet uformel online modernælksdeling i Danmark. Dette fænomen findes blandt andet i Facebook gruppen Milkshare - Udveksling af Modernælk til Babyer og Børn, herefter kaldet Milkshare-gruppen.

I Danmark værdisættes modernælk og amning højt, men der er ikke tradition for at amme hinandens børn, og ej heller at dele modernælk med hinanden. Den herskende norm er at mødre ammer deres egne børn. Dog eksisterer der tre danske mælkebanker, hvor kvinder med overproduktion af mælk kan donere. Her testes og pasteuriseres mælken og distribueres, primært til neonatal-afdelinger. Det er muligt som privatperson at købe donormælk, men denne er dyr og derfor ikke et holdbart alternativ til amning. Derfor anbefales modernælkserstatning som alternativ, hvis moderen ikke kan opretholde amning eller mælkeproduktion. Uformel online modernælksdeling er opstået som et privat alternativ til modernælkserstatning, men er et relativt ukendt fænomen i Danmark med omtrent 1600 medlemmer i Facebook gruppen Milkshare. Hidtil er der ikke lavet danske videnskabelige studier af fænomenet. Den danske sundhedsstyrelse fraråder praksissen, grundet risiko for forurening med bakterier og medicinrester i den mælk, der deles blandt medlemmerne.

Specialets empiriske materiale er indsamlet gennem etnografiske metoder. Dette blandt andet gennem online observationer, der dog var begrænset af etiske hensyn. Den empiriske data baseres også på talrige interviews med medlemmer af Milkshare-gruppen, administratoren af gruppen, diætist og leder af mælkebanken på Hvidovre Hospital Anne Olin, samt en medarbejder i Fødevarestyrelsen. Der inddrages også både avisartikler og informationsmateriale fra forskellige kilder i det danske sundhedssystem.

Den videnskabsteoretiske rammesætning for specialet er feministisk STS, herunder Donna Haraways begreb for feministisk objektivitet, situeret viden samt anskuelsen af verden som bestående af imploderede knuder. Karen Barads agentielle realisme er ligeledes rammesættende for specialet i en forståelse af begrebet fænomen som værende bestående af intra-aktioner af materielt-diskursive fænomener. Ericka Johnsons analytiske begreb refraction bruges som

værktøj til at udpakke diskursiv-materielle intra-aktioner, hvori værdier og normer fra forskellige perspektiver analyseres. Modernmælk materialiseres gennem fænomenet og fremkommer som en substans med både høj værdi og potentiel fare. Andre analytiske termer, herunder Mary Douglas' matter out of place, termer om gavegivning og reciprocitet og slægtskabsteori, inddrages for at belyse tematikker i det empiriske materiale.

Milkshare gruppen analyseres i specialet både gennem dens rammesætning og gennem medlemmernes oplevelser. I Milkshare gruppens rammer bliver værdier og normer fra det danske sundhedssystem både inkluderet og kritiseret. Milkshare gruppen støtter sig op ad de herskende normer om, at modernmælk stort set altid anbefales, selvom dette egentlig kun vedrører mors egen mælk. De praktiske omstændigheder for distributionen minder om mælkebankernes procedurer. Normen om at modernmælksstatning er det eneste alternativ til mors egen mælk udfordres og kritiseres af mælkedelingen. I gruppen sættes der ikke krav til donorens livsstil, men der opfordres til ærlighed omkring medicin og livsstil, der kan påvirke mælkens kvalitet. Dette adskiller sig fra mælkebankens krav og testprocedurer. Ved at lade modernmælk, som ikke var blevet godkendt i mælkebanken, blive delt i gruppen, udfordres normerne om renhed og sikkerhed, hvilke er grundlæggende i mælkebankens procedurer. At dele modernmælk er noget, som kræver tillid, og gennem forskellige værktøjer navigerer mælkedelerne i dette. Modernmælk beskrives som en gave, der kalder på reciprocitet, selvom den i udgangspunktet gives altruistisk. Gennem Milkshare gruppen og modernmælksdelingen opstår fællesskab, der beskrives som et søsterskab.

I specialets besvarelse af problemformuleringen samt dennes underspørgsmål, kan det konkluderes, at online modernmælksdeling i Danmark er et komplekst fænomen, som både baserer sig på og udfordrer de herskende normer for spædbarnsernæring. At fænomenet materialiserer sig på det sociale medie Facebook er et eksempel på, hvordan den teknologiske udvikling muliggør nye måder at tænke og praktisere både fællesskab og hjælpsomhed på. I modernmælksdeling bliver de personlige valg til en kritik af de normer om amning sundhedssystemet bygger på. Specialet har ikke en politisk agenda, men er dog baseret på en grundtanke om, at der er behov for nuancering af den måde, vi i Danmark anskuer amning på.

## Readers' guide

In this thesis, I explore the phenomenon of sharing breastmilk online in Denmark. To assist the reading, I here provide a short explanation of how the thesis report is built. The thesis begins with an introduction, whereafter it is divided into four chapters. In chapter one I begin with a description of how breastfeeding and breastmilk has been practised and viewed in Denmark through the 20th and 21st century, in order to provide insight into the cultural context of milksharing. I then introduce the problem formulation and briefly account for how the empirical data was collected and analysed. Afterwards I review some of the literature related to the field of milksharing and breastmilk. In chapter two, the theoretical framework and the methodology is accounted for. Chapter three contains analytical sections, which goes through the empirical data that was collected through ethnographic fieldwork. In chapter four a discussion of milksharing in Denmark is provided, before coming to a conclusion. The final section of the chapter concerns how the field might be studied in the future.

Please note that all text that has originally been in Danish, has been translated to English by the author of this thesis. This includes quotes from literature and interviews.

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## Introduction

At the beginning of 2020, I came across the practice of sharing breastmilk online. I was browsing a Facebook group about breastfeeding that I was in, due to my own previous struggles with breastfeeding. I saw a post concerning low milk supply and how to either raise the supply or supplementing. In the comments there was different advice: pumping, eating certain foods and the rather surprising advice of asking for donations of breastmilk in something called the Milkshare group. My curiosity was instantly piqued - what is milksharing, and what does it entail? Are mothers giving breastmilk to each other's babies? Why have I, as a breastfeeding mother, not heard about this phenomenon? I decided to look into what was written on the subject of milksharing in Denmark, but only found a couple of magazine articles and a blog post. I looked to international literature, where I found that not only is milksharing quite widespread outside Danish borders, it is also something that researchers in other countries have taken an interest in. It appeared that no researchers in Denmark had explored the field, so I decided to do something about that, with the purpose of providing insights into an unexplored part of the Danish breastfeeding culture.

In practice, milksharing is the action of pumping breastmilk, giving it to another woman or man who then feeds their child the milk. It can be done among friends or strangers, without or with the internet involved. The Facebook group Milkshare - Exchange of Breastmilk for Babies and Children<sup>1</sup>, from here on out referred to as the Milkshare group, provides a platform for the latter. The Milkshare group was originally founded with the idea of connecting mothers who would breastfeed each other's children, colloquially called wet nursing, but has changed focus to sharing expressed breastmilk. The Milkshare group is private, but anyone with a Facebook profile can find it and request membership. There are 1600 members at the moment, donating and receiving milk - collectively, in the thesis, called milksharers.

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<sup>1</sup> Milkshare - Udveksling af Modermælk til Babyer og Børn

As I explored the field of milksharing, perspectives and opinions of breastmilk and different practices surrounding it, became visible. Many different materialities like the breast pump, the freezer, the internet, social media, cooler bags and baby bottles enable the phenomenon of milksharing. Milksharing is emotional, material, an act of care, enactment of trust, an infrastructure, a landscape. It is something new to the Danish culture creating alternative norms of motherhood and infant feeding. However, at the same time, it builds on already established values and norms. Milksharing in Denmark is a relatively unknown phenomenon, and embarking on this study I was going into unfamiliar territory, where I followed every thread I could grasp. Breastmilk materialised within and outside of the digital village of the Milkshare group as both a food and a bodily fluid. Breastmilk contains stem cells, antibodies and enzymes, it is in some contexts viewed as a liquid gold and in others as a dirty substance that can transmit diseases and bacteria. It is material, but with many different symbolic connotations and contradictory norms and values. The complex phenomenon of milksharing extends beyond the structure of the Milkshare group, and this thesis is an effort to convey nuances of infant feeding in Denmark, shedding light on how important breastmilk has become, both to mothers and to the Danish health system.

# Chapter 1: Introducing the field

In this first chapter of the thesis report, I first account for breastfeeding and breastmilk in Denmark as seen through a historical perspective, and through what the health system conveys today. I then introduce my problem formulation with a brief account for how I have collected and analysed empirical data, something that will be elaborated in chapter two. After this, I review literature that bears relevance to my thesis.

## The importance of breastmilk

In trying to understand how breastmilk comes to matter so much that mothers go online to obtain it for their infants, I have looked into the Danish breastfeeding culture. Through history, breastfeeding has become something of great importance, because low uptake of breastfeeding has been linked to high rates of infant death (Løkke, 2012). According to historian Anne Løkke (2012), breastfeeding culture was primarily shaped by the local community before the 20th century. In some parts of the country breastfeeding was the norm, and the responsibility of breastfeeding was sometimes distributed between women in the neighborhood (Løkke, 2012). Other parts of Denmark had a low uptake of breastfeeding and thereby a higher rate of infant death from malnutrition, because newborn infants were fed gruel and sometimes even the same food as the rest of the family. Wet nurses<sup>2</sup> were not a large part of the Danish breastfeeding culture, and were only seen as a legitimate choice for wealthy families until the 1900s (Løkke, 2012). In the 1900s health advice from the health system became commonly known among the population when the Danish Health Authority was founded in 1909 (Sundhedsstyrelsen, 2019). This was something that in the mid-1900s led to a lower breastfeeding rate, due to a recommendation of a strict breastfeeding schedule that made it nearly impossible for mothers to sustain milk supply (Løkke, 2012). Breastfeeding rates rose again in the 1970s, when mothers began demanding to breastfeed as they saw fit, and not according to the schedule. Throughout

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<sup>2</sup> A lactating woman who was hired by a wealthy family to nurse the children.

the 1900s and 2000s the message from the Health Authority has been that breastfeeding is important, but the advice on how to do it has changed through the years (Løkke, 2012). There have been conflicting messages, which has problematised breastfeeding:

“In most instances women’s milk and breastfeeding has been made idyllic and problematic at the same time: understood in duality as something women have a duty toward their children to do, but something they still cannot do correctly: the milk can become dangerous, there can be too little, and you can breastfeed wrong, for too short and too long.” (Løkke, 2012, p. 183).

Breastmilk has through the 20th and 21st century been ascertained as the best nutrition for infants, seen both in the value put on breastfeeding, the correlation between low breastfeeding rates and high infant deaths, and the establishment of a milk bank in 1943, which was made possible through the development of breast pumps (Borring *et al.*, 2018).

In Denmark today, mothers are offered to be in close contact with the health system during pregnancy, birth and afterbirth (Sundhedsstyrelsen, 2012). Pregnancy is usually closely followed by one’s doctor and midwives at the hospital that the mother is connected to. After giving birth to one’s first child, the mother is offered a short stay at the maternity ward, where nurses guide them in infant care and breastfeeding if the mother wants to breastfeed. Every family is offered multiple visits from a health visitor throughout the first year of the child’s life, who gives guidance in, among other things, feeding the child. Mothers are thereby influenced by discourses and practices surrounding breastfeeding within the health system, whose guidance is informed by the Health Authority.

On the webpage for the Danish Health Authority, information pages about infant feeding can be found. Here it is stated that breastfeeding is recommended, since “the healthiest nutrition for the newborn baby is breastmilk, and breastfeeding is significant for a wide range of health advantages for both mother and child.” (Sundhedsstyrelsen 2020a). Breastfeeding is

recommended fully for 6 months and partially up to 12 months or longer (Sundhedsstyrelsen, 2020a). The reader is also informed about the risk of xenobiotics<sup>3</sup> in breastmilk which they perceive as being so low that it does not result in advice against breastfeeding. The mother is, however, encouraged to make lifestyle decisions that will lower the content of xenobiotics, like not using perfume and not dyeing her hair. Feeding one's child one's own breastmilk is always recommended, unless the mother takes medicine or drugs that can potentially harm the child (Sundhedsstyrelsen, 2020a). Feeding with breastmilk can be done at the breast or through pumping and bottle feeding. If the mother's breastmilk is not available, formula is the alternative presented by the Health Authority (Sundhedsstyrelsen, 2020b).

With technologies available that allow expression and freezing of breastmilk, connections to be made between strangers and the possibility to transport breastmilk, milksharing has become another way of providing food for one's infant. This is not mentioned in any official material though, so I began searching for sources that could inform me on how the Health Authority advise in regards to milksharing. Through a circuitous route I found that it is deemed risky and is advised against by the Health Authority, which I will elaborate on later. Finding information about milksharing in Denmark was not easy, something that motivated me in shedding light on this complex phenomenon. Through the thesis I provide a view into milksharing in Denmark, and subsequently a view into values and norms of breastmilk. This view is both influenced by the nature of the field and fieldwork, the chosen theoretical framework, the analytical choices and my situatedness both personally and professionally.

## Problem formulation

Through my perspective as a Techno-Anthropologist, what I want to contribute with through the thesis is insight into how technologies and discourses create and enable alternative ways of infant feeding. I want to provide a nuanced view into how and why this untraditional phenomenon of online milksharing emerges in Denmark. I am inspired by feminist science and technology

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<sup>3</sup> Substances which are not supposed to be present, and are potentially harmful.

studies (STS), meaning that I aim to explore and convey differing perspectives, and produce knowledge that can inspire change and emancipation. The question that I seek to provide an answer to through this thesis report is:

**How does the phenomenon of online milksharing in Denmark emerge?**

I include the following sub-questions which will be answered through the chapters of the report:

- 1) In what way can online milksharing be studied through ethnographic fieldwork?
- 2) How are both coherent and conflicting values and norms of breastmilk emerging through the phenomenon of milksharing, as seen within the Danish Health Authority, a milk bank and the Milkshare group?
- 3) Why and how is online milksharing practiced, and how is it experienced and viewed?

These sub-questions frame and underline the way the thesis report is built. I have studied milksharing through literature research and online ethnographic fieldwork consisting of observations and interviews, collecting empirical data to gain insight into how this relatively unknown phenomenon emerges in a Danish context, and what it means in regards to values and norms of breastmilk and motherhood in Denmark today.

The theoretical framework of this thesis draw on Donna Haraway's conception of *feminist objectivity* with which I explain how the knowledge produced is *situated*. I view milksharing as an implosion, inspired by Haraway, where traces to a manifold of discourses and materialities can be followed. Within the same ontology, I analyse milksharing through Karen Barad's *agential realism*, where *phenomena* constitute the world, with entanglements of *material-discursive* elements. Trying to untangle and open up the values and norms of milksharing for analysis, I introduce the theoretical term *refraction* formulated by Ericka Johnson. I include other theoretical terms as well, in order to comprehend some of the complexities of the empirical data. Both the methodology and the theoretical framework is elaborated in chapter two of the thesis.

In what follows I review some of the literature that has contributed to my understanding of breastfeeding, breastmilk and milksharing.

## Related literature

I began my research by searching for literature on both milksharing and breastmilk. In this section I review foreign literature on milksharing, Danish literature on breastmilk banking and Danish media articles on milksharing. The literature included here is a small excerpt of what I have found through my searches in databases like Academic Search Premier.

There are no studies done on milksharing in Denmark, but beyond Danish borders I found a broader range of research articles on the matter. In countries like the USA and Australia, milksharing is much more widespread than in Denmark. I have found numerous studies that through different perspectives attest to both risks of milksharing and donor/recipient experiences. These studies have informed me about how milksharing is practiced and viewed in other countries, and have provided insight into the variety of ways breastmilk can be studied. None of the studies I have found take their point of departure in viewing milksharing as a material-discursive phenomenon. My thesis thus differs from the landscape of research in milksharing by not looking at either the material or the social, but the intra-action of both.

Some of the risks of milksharing is described in the research article *Microbial Contamination of Human Milk Purchased Via the Internet* from 2013. The research team behind it are from fields within microbiology and pediatrics. They describe testing of pathogens in bought and shipped breastmilk, and compared the bacteria and viral contents of the milk with milk samples from a milk bank (Keim *et al.*, 2013). From the research they found that there was a high prevalence of contamination in the samples bought online compared to the samples donated to milk banks. This leads them to conclude that infants consuming bought breastmilk are at risk for infectious diseases. The researchers acknowledge limitations to their method, and write that the results might not be transferable to non-profit milksharing, and milksharing that does not include shipping (Keim *et al.*, 2013).

Another North American study is *A pilot study on nutrients, antimicrobial proteins, and bacteria in commerce-free models for exchanging expressed human milk in the USA* from 2017, co-authored by food and nutrition experts and a medical anthropologist (Perrin *et al.*, 2017). The article concerns a study done on the bacterial presence and nutritional value of informally shared and formally donated breastmilk. The authors found that there were no significant differences between the different types of expressed milk, and calls to concern the way the FDA<sup>4</sup> is currently advising against informal sharing of milk (Perrin *et al.*, 2017). In the article one of the focus points is whether or not the milk is diluted with water or cow's milk. The theory that it might be stems from the short article *Safety of donor milk - a brief report* by neonatologist Barry Bloom who warns that when buying breastmilk from others, the milk might be diluted with water in order to make more money off it, making the milk less rich in protein and fat. The consequences of diluted milk could for example be malnutrition of the recipient child (Bloom, 2016). According to the research by Perrin *et al.*, dilution is not an issue when money is not involved in milksharing (Perrin *et al.*, 2017).

Why milksharing is practiced in spite of the perceived risks is one of the subjects of interest in this thesis. Wondering how and why milksharing is done, I looked towards studies done on this matter.

Karleen Gribble, an Australian Professor at the Western Sydney University School of Nursing and Midwifery, has studied breastfeeding and milksharing for two decades. During this time, she has published a number of research articles. In the article *A better alternative: Why women use peer-to-peer milksharing* from 2014, Gribble describes why recipients of shared milk choose to seek out milk donations instead of using formula (Gribble, 2014a). According to her research this was because their babies were not reacting well to formula, due to them feeling strongly about formula being inferior to breastmilk, or due to not being able to pump sufficiently themselves after returning to work (Gribble, 2014a). In the article *Perception and management of risk in*

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<sup>4</sup>Food and Drug Administration in the USA.



*internet-based peer-to-peer milksharing* also from 2014, Gribble explains how recipients manage risks of milksharing (Gribble, 2014b). The research conducted by Gribble shows that many of the recipients view formula feeding as being just as risky as milksharing - making shared breastmilk the best alternative to their own milk. According to Gribble, formula can also be viewed as more of a threat to motherhood than shared milk, because using formula might breach the norms of how to be a good mother (Gribble, 2014b). She believes that these norms stem from the constant promotion of breastmilk as good and formula as bad. The mothers conclude that shared milk, though risky, is the best choice. Gribble urges Health Authorities to do more than just advise against it, since milksharing will probably persist, according to her. She suggests that guidelines should be made for health providers to talk to mothers about how to practice safe milksharing (Gribble, 2014b).

In the article *Altruism, solidarity and affect in live kidney donation and breastmilk sharing* published in 2019 by sociologist Rhonda Shaw, it is explored how milksharing is an act of altruism. Shaw explores altruism from different viewpoints, in a span between hard (no personal gain, no agenda) and soft (ideas of solidarity, the pleasure of helping others) altruism (Shaw, 2019). She explains the differences between donating to milk banks and donating between peers: In donations to milk banks there is a social distance between donor and recipient, and an imagined community is established for recipients, who feels like they are a part of a solidarity. In peer-to-peer milksharing there is a more blurred line between donor and recipient. According to Shaw, the donation or sharing of breastmilk is an act of soft altruism, because they feel that their gift of milk should not be forgotten (Shaw, 2019).

I also read studies on how the practice of milk banking differs from milksharing. In the ethnographic article *Body Dirt or Liquid Gold* from 2014, medical sociologist Katherine Carroll convey how and why donor milk is viewed as safe in North American NICU's<sup>5</sup>, when the sharing of breastmilk is viewed in general as unsafe (Carroll, 2014). She presents conflicting

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<sup>5</sup> Neonatal Intensive Care Units

discourses of breastmilk: when given to one's own infant it is liquid gold, but when it goes to an unrelated infant it is seen as dirty because of its ability to contain virus or bacteria (Carroll, 2014). She describes how donor milk is transformed through pasteurisation and testing, into a safe substance encouraged by neonatologists to give to premature infants. (Carroll, 2014).

Similarly, banked milk in Denmark goes through testing and pasteurisation and is perceived as safe. Literature on Danish milk banks is for example the research article *From mother's milk to donor milk*<sup>6</sup> from 2018, by researchers in the field of public health (Borring *et al.*, 2018). Through observations and interviews, they study how donated breastmilk is transformed into a safe substance through socio-material practices of the milk bank at Hvidovre Hospital. When the procedures of the milk bank are done, the milk is no longer a product of the donor but a standardised food product (Borring *et al.*, 2018). Through interviews with mothers of recipients at the neonatal ward, they establish that the mothers would feel threatened on their experience of motherhood if the donated milk was given through wet nursing, or if the milk had not been treated in the milk bank. According to this, the milk is in connection with the donor mother until it has been through the milk bank (Borring *et al.*, 2018).

As earlier stated, I have not found scientific research of milksharing in Denmark, but I did find news and magazine articles about the practice. In 2018, an article about milksharing was published in the online magazine *Our Children*<sup>7</sup> called "Women are donating breastmilk to each other on Facebook: "It is love on a bottle in its purest form.""<sup>8</sup> (Wilkins, 2018). The article concerns milksharing through the Milkshare group, and conveys stories of the members. In the article Anne Olin, who is the manager of the milk bank at Hvidovre Hospital, states that she is sceptical of the practice, and poses the issues of both hygiene, hidden bacteria and medicine residue. She also states that she understands the reasoning behind milksharing though, and that

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<sup>6</sup>*Fra modermælk til donormælk*

<sup>7</sup>*Vores Børn*. A Danish magazine concerning parenting.

<sup>8</sup>"Kvinder donerer modermælk til hinanden på Facebook: "Det er jo kærlighed på flaske i sin reneste form"

she does not directly advise against it. According to the article in *Our Children*, there is no direct advice from the Danish Health Authority concerning private milksharing (Wilkins, 2018).

Milksharing was once again present in the Danish news media in 2020, with two articles published in the local online paper *Frederiksborg Amts Avis*. The first, called “Mother offers breastmilk: No babies should starve”<sup>9</sup>, was published on March 16th. It covered the story of a mother who, in a Facebook group unrelated to milksharing, had offered her frozen breastmilk. She did this after hearing stories about families who were struggling to obtain formula after the coronavirus had led people to stock piling (Ramlow, 2020). Four days later, on the 20th of March, another article was published on the matter, with the title “Be cautious with sharing breastmilk”<sup>10</sup>. In this, the journalist Marianne Due states that she has been in contact with the Danish Food Authority, who inform that even though the initiative is well-intentioned, there are risks involved in the practice. In this case, this is due to the possible transmission of coronavirus. But it is also stated that the Health Authority in general advises against peer-to-peer milksharing, and that people engaging in the practice are liable at the same level as food businesses. The article ends by stating that breastmilk can be obtained at the milk bank at Hvidovre Hospital, but does not mention how or at what cost (Due, 2020). These articles provided insight into the Danish Health Authority’s stance on milksharing: they advise against it. The articles did not trigger a wider documented public nor medical debate. The relatively low amount of media articles on milksharing, might attest to the low uptake and awareness of milksharing in Denmark.

It appears that milksharing so far has gone under the radar. In this thesis I explore how and why mothers go online to obtain breastmilk, when the health system based norms for alternatives to breastfeeding does not directly lead them there. The perspective that I provide through the thesis report, is one influenced by viewing milksharing as an imploded knot, a phenomenon. Discourses, norms and materialities are entangled within it. How I have explored milksharing in Denmark is conveyed in the following chapter.

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<sup>9</sup> “Mor tilbyder modernælk: Ingen babyer skal sulte.”

<sup>10</sup> “Vær varsom med at dele modernælk”

## Chapter 2: On how I studied milksharing

In what follows, I first establish a theoretical frame. This is done to show how I have analysed the empirical data that was collected ethnographic methods. In the sections that follow the theoretical framework, I explain and reflect on my methodology to provide insight into the ethnographic path.

### Theoretical framework

In this section I first introduce the overall theoretical framework. In a subsection I include related terms that assist me in analysing the empirical data.

The knowledge produced through my study of milksharing is *situated*. *Situated knowledge* is formulated by biologist and feminist theorist Donna Haraway, and covers the way she views feminist objectivity. The feminist objectivity problematises the belief that a researcher is capable of seeing the world from either *nowhere* or *everywhere*. It is impossible to look *at* the world from nowhere, which is what Haraway criticises and calls “the god trick” (Haraway, 1988, p. 581). Acknowledging that one is situated and seeing from *somewhere*, and that this somewhere provides a partial perspective that is neither innocent nor neutral, is key. This somewhere is the situatedness of the researcher, and being aware and critical of this position in one’s research is to practice feminist objectivity (Haraway, 1988). To gain insight into what the researcher’s situatedness does not provide her with, seeking out others’ perspectives adds to the feminist objectivity. This entails listening to others’ stories, but not blindly taking anything for granted (Haraway, 1988). In viewing the world from somewhere, materialities are considered equally as important as the social. The world is not constituted by the social with material in the background, but an entanglement - as Haraway would put it, an imploded knot.

The implosion is ontologically like the *phenomena* that physicist and feminist theorist Karen Barad explains that the world is constituted of. Phenomena are part of the framework of

Agential Realism, which Barad developed with inspiration from the Danish physicist Niels Bohr's analysis of the process of observation: Bohr uses the term *phenomenon* to describe the wholeness of an experiment that includes both the object of observation and the surrounding circumstances of the experiment (Barad, 1998). Phenomena are constructed through a manifold, and a premise of agential realism is to include all relevant features, like for example the situatedness of the researcher. Barad introduces the neologism *intra-action* which signifies “the inseparability of ‘objects’ and ‘agencies of observation’” (Barad, 1998, p. 96). Intra-action is not to be confused with interaction. In an interaction, the elements can be separated and looked at both apart and collectively, while intra-action is an entanglement. Thereby, the neologism intra-action highlights how everything is muddled, and are already themselves phenomena - intra-actions are endless *material-discursive* phenomena (Barad, 1998).

One cannot see the phenomenon as a whole, because there are no edges or borders. However, it is possible to view phenomena through *agential cuts* which is a local resolution in the phenomenon. Through agential cuts, some of the entanglements become visible. Phenomena are not fixed, but change depending on the context (Barad, 2003). The premise of studying phenomena entail seeing the the world as entanglements of the material, the social, the discourses and the practices that constitute, in this case, milksharing. The agential cuts provide different resolutions of the phenomenon, which has allowed me to explore discourses within the phenomenon of milksharing: “Discourse is not what is said; it is that which constrains and enables what can be said. Discursive practices define what counts as meaningful statements. Statements are not the mere utterances of the originating consciousness of a unified subject; rather, statements and subjects emerge from a field of possibilities.” (Barad, 2003, p. 819). I include the term *Refraction*, formulated by Ericka Johnson (2020) to analyse values and norms that emerge from material-discursive intra-action.

Refraction is formulated as an analytical tool that helps untangle the material-discursive entanglements of technology (Johnson, 2020). Johnson proposes that refraction is used to slow down discourses by looking at them through materiality - paying attention to the *moment of*

*entanglement*. Different values and norms emerge by doing this, and refraction provides the opportunity to “loosen some of the knots of materialities, discourses, norms, values and structures that the technologies are.” (Johnson, 2020, p. 10). To loosen the knots, one can observe how technologies are constructed in different ways in different contexts: “When technologies move, contexts change. When they do, the discursive environments change too. Observing a technology move is a good way to see how it can refract different discourses in a new context.” (Johnson, 2020, p. 13). The Milkshare group has provided a view into discourses of milksharing, breastmilk and breastfeeding. Refracting discourses through milksharing and breastmilk in different contexts shows values and norms of their authors.

Values and norms that are made visible through refraction, are made open to analysis, critique and change. Values say something about what is right or good, while norms set a standard (Johnson, 2020). To exemplify, a value of breastmilk is that it is the best nutrition for infants and the norm derived from this is that an infant should be fed breastmilk. Milksharing builds on existing norms and values, but also crosses the boundaries of them: “Norms have a way of becoming apparent when they are transgressed or when behaviours catch and snag on them.” (Johnson, 2020, p.15). To support the analysis of the discourses, I introduce a few other theoretical terms, which will be presented in the following subsection.

### The substance, the gift and the sisterhood

In chapter three I, among other things, analytically explore discourses of breastmilk as a substance, as a gift and as constitutive of a sense of sisterhood.

In the analysis of breastmilk as a substance with both high value and possible danger, I use the term *matter out of place*, formulated by social-anthropologist Mary Douglas. She describes how things can become dirty and taboo, not by their nature but by their place in the world (Douglas, 1966). In her 1979 article *Taboo*, Douglas describes how breaking with taboo is difficult because doing so breaches with the way society is built - its *classification system*. The classification system is how social rules, practices and norms have come to be the way they are. Classifications help humans make sense of the world, and taboos keep us from breaking with the

system, because it is unpleasant to do so. Breaking with taboo rattles the structure of the classification system of a society (Douglas, 1979).

I also introduce notions of *gift giving* and *reciprocity*, as understood by sociologist Aafke Komter in her essay *Gifts and Social Relations - The Mechanisms of Reciprocity* from 2007 (Komter, 2007). She describes gift giving as a multi-purpose symbolic utility - there is no one meaning of *the gift*, but many ways to understand and enact gift giving. Breastmilk as a gift can be viewed as community sharing within this framework:

“In ‘community sharing’, things are mainly exchanged on the basis of connectedness to other people. What one gives is not dependent on what one has received, but springs from one’s perception of other people’s needs. [...] Another category of giving within this model is based on identification with other people. An important characteristic of this type of gift is their sentimental value.” (Komter, 2007, p. 98).

According to my empirical data, gifting breastmilk is an act of solidarity and through the sharing of the substance a sisterhood of milk is constructed. To understand and analyse the experience of sisterhood in milksharing, I utilise terms on kinship, more specifically how a shared substance can create relations. I draw on two chapters from the book *Relative Values: Reconfiguring Kinship Studies*, to analyse the sisterhood of milksharing (Franklin & McKinnon, 2001). Kinship can emerge in many different ways, and in the thesis I draw on the chapters by anthropologists Janet Carsten and Kath Weston. Carsten provides analytical reflections on the way substance can mean different things to different people, and thus create different relations. The symbolic and biological connotations of kinship are muddled in the contextually different understandings of what it means to share bodily substance (Carsten, 2001). Weston provides me with the question: “If kinship can ideologically entail shared substance, can transfers of bodily substance create - or threaten to create - kinship?” (Weston, 2001, p. 153). In the analysis of kinship in milksharing, I ask this question to enlighten how norms of motherhood are both strengthened and challenged by milksharing, and how the milk sisterhood emerges within the Milkshare group.

I view milksharing as an entangled phenomenon of material-discursive intra-actions. Throughout my work on the thesis, this has been the premise both in my empirical data collection, the handling of the data and the subsequent analysis. In the analysis I refract discourses in order to analyse values and norms of milksharing and breastmilk. I will show how milksharing is a critique of norms, while it still upholds some of the norms produced in the system it criticises.

## Fields of milk

In the following sections I provide an answer to the first sub-question of my problem formulation: In what way can online milksharing be studied through ethnographic fieldwork?

The thesis is based on ethnographic fieldwork consisting of online presence and observations, interviews and literature research. Ethnographic fieldwork is not just looking *at* the field, but being *within* the field. How this can be done differs from context to context (Tjørnhøj-Thomsen, 2010). I have utilised ethnographic methods to study the phenomenon as something that emerges both online and offline at the same time. Sociologist Christine Hine describes how the complex spaces of online and offline emerge through the fieldwork:

“The field site therefore emerges in the course of the study and often spans both online and offline activities, as the ethnographer finds that a particular online activity makes sense in so far as it is embedded within an offline domain and vice versa.” (Hine, 2017, p. 319).

Doing ethnography online and offline is inspired by the method of multi-sited ethnography, which moves through different sites following phenomena (Hine, 2017). Anthropologist George E. Marcus describes multi-sited ethnography as a mobile ethnography that “[...] takes unexpected trajectories in tracing a cultural formation across and within multiple sites of activity that destabilise the distinction, for example, between lifeworld and system, by which much ethnography has been conceived.” (Marcus, 1995, p. 96). The internet and online communities are not separate from the offline lifeworld, but an integrated part of daily life, and the



ethnographic fieldwork should reflect that (Hine, 2017). In accordance to this notion of multi-sited ethnography, I have not just focused on the online community of the Milkshare group but also included perspectives that go beyond the online, through interviews and literature.

Throughout my fieldwork I have looked for different perspectives, searching within the phenomenon, balancing proximity and distance. As I studied milksharing in Denmark, I also studied breastmilk, milk banking, legislation, emotions, human and nonhuman connections, online platforms, community sharing, bacteria and virus, norms and values about infant feeding and breastmilk: “Non-innocence and complicity are necessary if one is to confront world histories as histories that one is a part of and accountable to. [...] One will pursue connections like a bloodhound to try and make better stories, fuller world histories, stronger objectivity.” (Dumit, 2014, p. 348). This is feminist objectivity in practice, to explore the implosion, look for traces, stepping in and out of viewpoints while keeping the awareness that nothing should be taken for granted.

Besides from one interview which was conducted in a physical meeting, the entire fieldwork was done through my computer and phone. Researching through technology, as a techno-anthropologist, I was instinctively aware that both observations and interviews might entail new dimensions due to the technological mediations. The empirical data produced through the fieldwork is of course affected by doing fieldwork through technology. The following sections account for both how I explored milksharing and the reflections I have made along the way.

## Gaining access

Wanting to gain insight into the practices and experiences of milksharing I began searching in different Facebook parenting groups for interviewees who had experience with milksharing. I also wanted to gain access to the Milkshare group to be able to both observe the inner workings of the group, and to search for interviewees who had used the group for milksharing. To gain

insight into other perspectives on milksharing, I contacted the manager of the milk bank at Hvidovre Hospital, Anne Olin, via email and asked if she would like to be interviewed for the thesis. She replied, and wanted to schedule an interview at her office. Through a friend in the Ministry of Environment and Food, I was able to get direct access to an employee at the Danish Food Authority, Niels Ladefoged, who agreed to a phone interview. The purpose of this was to gain insight into what legislative parameters might affect milksharing. I have also tried, through different channels, to contact the Danish Health Authority. I actually did get in touch with someone who partially answered a couple of questions via email, but when I asked for consent to use their answers they refused. I respect this, of course, but it left me wondering why this particular part of the field was closed off.

The process of gaining access to the Milkshare group was conditioned by different factors. Being a mother and having experienced personal struggles with breastfeeding and milk supply in the past, I know that it can be a very emotional and intimate thing to experience such issues. I therefore wanted to tread lightly, acknowledging that the group partly consists of people who are going through a possibly painful experience of not being able to breastfeed.

Sociologists Martyn Hammersley and Paul Atkinson describe how the access to a field is highly conditioned on how and if the researcher is accepted by the inhabitants of the field (Hammersley & Atkinson, 1995). They describe that the way the researcher is perceived when entering and being in the field of inquiry matters in order to actually do fieldwork. Being met with scepticism by gatekeepers is a risk, but the inhabitants of the field pose just as great a threat as the gatekeepers, as they are able to obstruct the research if the researcher is not accepted (Hammersley & Atkinson, 1995). The gatekeeper in the case of the Milkshare group was the administrator Sanne. Before contacting her I checked out my appearance, by which I mean my Facebook profile, since this would be the first impression for both her and the group members if I was allowed access.

When meeting new people a first impression is formed, and this can be an important factor in whether or not a researcher gains access to a field. Doing online fieldwork, it was my Facebook profile that was present in the field. Relative to the privacy settings and how much the user posts, a Facebook profile can be quite static, and more or less frozen in time. Thereby the people I interact with through the profile are met with my pictures and how I present myself in writing. The members of the online field would not meet me, but a representation of a me that can appear authentic or fake, depending on the contents of the profile. On the authenticity of Facebook profiles, anthropologist Steffen Dalsgaard writes: “Facebook places the individual profile at the centre of the user’s social relationships. This has led to theories of how people increasingly are preoccupied with online ‘impression management’ or ‘face-work.’” (Dalsgaard, 2016, p.107). This “impression management” is not much different from what I would usually do in order to fit into a fieldsite where I was physically present.

Facebook has a functionality that made it possible for me to see what my profile looked like for people not on my friend list, and using this I took a look at my public information, posts and pictures to see if I were presentable. Hammersley and Atkinson describe how the researcher can blend in by wearing clothes similar to the members of the field, or changing habits to “reduce any sharp differences” (Hammersley & Atkinson, 1995, p. 86). A sharp difference in my case could for example have been if I had shared or written public posts about being against breastfeeding. This was not the case, and my profile has probably been an advantage since I appear to be very similar to the members of the Milkshare group. Most of my pictures are with friends and family, it is obvious from my cover picture that I am a mother, and my few public posts are not controversial. I contacted the administrator Sanne via a private message on Facebook, and was relieved when she accepted my request to enter the Milkshare group.

Upon gaining access to the group the considerations I had put into the initial contact with Sanne once again played a role, as the members could reject my presence if it made them uncomfortable. They had to be able to trust me, trust that I was authentic in both who I was and

what my intentions were, since I, theoretically, could be anyone behind a computer screen. I realised that the reflections concerning my appearance, also applied to my impression of the members. I did not interact with people, but with profiles just as static as my own. They could also be anyone, and authenticity was only confirmed with the ones I did interviews with. This is an issue of online ethnography that should be taken into account (Dalsgaard, 2016). The relation between the field and the ethnographer becomes more distant when there is a lack of confirmation on authenticity, because both sides can have difficulty verifying the information. We have to rely on written communication, done in a setting where it is possible to be almost anonymous. However, according to Dalsgaard, the risk of someone being inauthentic does not make the data collected online unfit for ethnographic analysis: “[...] difficulties themselves become data, partly because online ‘researchers are faced with the same problems as those of their research participants: how to communicate, present oneself, and interpret others’ presentation of self’ [...]” (Dalsgaard, 2016 p.108).

### How to lurk, ethically

As soon as I was accepted into the Milkshare group I made my first post, because I wanted to let my intentions be clear from the beginning. The post included a short presentation of what I was planning to research and an enquiry for interviewees. The reactions to my post were five ‘likes’ and two ‘hearts’, and private messages from both breastmilk donors and recipients who wanted to tell me their stories. It is difficult to say how many of the members actually saw my post, and the fact that nobody protested my presence was not the same as every member giving consent to me observing their activities and using it as data. If I were to go with the concept of informed consent, I would have to collect this from every previous and current member. As anthropologists Helle Ploug Hansen and Tine Tjørnhøj-Thomsen states, consent is generally, in ethnographic fieldwork, something that is difficult to secure since the study evolves along the way (Hansen & Tjørnhøj-Thomsen, 2009). Dalsgaard describes that there are further difficulties with consent when fieldwork takes place online, since one cannot assume that the members of for example a Facebook group are aware of one’s presence: “[...] Some argue that, because of

this, observation is limited to a form of ‘lurking’, while participation refers to active communication and dialogue [...]” (Dalsgaard, 2016, p. 103).

I decided to look into the ethical rules of the group, after I got written consent from Sanne to use what she has written in her function as administrator, concerning the rules and structure of the group. I did this to gain insight into what the ethical parameters of the field itself were. The rule sets primarily concern the purpose of the group, but also sets a standard for good behaviour. This includes rule number three, which I have translated here: “Respect everyone's privacy: It takes mutual trust to be part of this group. Real and honest discussions make groups good, but can also be emotional/sensitive and private. What is shared within the group, should stay within the group.” (Translated text from the Milkshare group).

I spent much time reflecting on how to do online fieldwork in an ethically sustainable way. As a researcher I am inclined to follow the ethical code of the field. I was in a dilemma of how to go about observing the activities and using those observations as empirical data, without breaking with the rule of “what is shared within the group, should stay within the group”. The group is evolving constantly and many of the members are only active for a short period of time. Using direct quotes of posts from the group would entail getting consent from everyone who had written, commented on and interacted with the post in question. I had to navigate this, finding a way to utilise my membership of the group without overstepping ethical boundaries.

In any fieldwork, online or offline, it is always dependent on different factors of the field how observations can be done (Dalsgaard, 2016). The observations in the Milkshare group had to be done with the awareness of my responsibility towards both the milksharers and the responsibility to produce useful knowledge. The combination of these, the context of the fieldsite and the private nature of the group, created the framework and limitations of the observations.

I limited myself from doing participant-observation like I usually would, because I did not want to ‘stir the pot’ in a group where something incredibly personal, and to some members painful, is

happening. It was the gatekeeper of the group that had let me in, not the entire group. I wanted the ones who would like to participate in my thesis to come to me, and not invade anyone's privacy more than I already did by being in the group. Being in a position of lurking I was highly aware of my obligation to not accidentally harm the members. Entering the Facebook group, I did not feel like I went into the field the same way as if I were entering a field where I would be present with both mind and body, in the position of researcher. Instead, it was my Facebook profile that was present in the group, so the members did not act in any specific way around me. I was able to lurk around, look at posts when they were posted, and observations were done spontaneously when I got a notification or needed inspiration for interview questions.

My observations were not written down as fieldnotes, because it seemed wrong to do - how would I go about describing something that I did not have consent to have observed? The set of ethical rules I followed was a mix of the ethical considerations I would do in any fieldwork, online or offline and the considerations described in the above. The observations have been used for getting an idea of the dynamic and ambience of the group, seen from my perspective, and for formulating interview questions:

“If the ethnographer is not a full participant, however, at least taking part alongside the full participants allows them to observe at close quarters and to see some of what the participants take for granted about their way of life to an extent that they may be unable to verbalise what it is exactly that they do. This close observation is supplemented by being able to ask questions about what has been observed, deepening understanding and building interpretations.” (Hine, 2017, pp. 320-321).

I was able to observe both the past and the present by scrolling back on the group's page to when it was created, and by seeing new posts being posted. This was done with the awareness that posts and comments might have been edited or deleted. As I was able to peek into the past while observing the present, the Milkshare group formed as a landscape simultaneously being brought

into being and navigated in. Observing this landscape meant trying to see what the members experienced, combining the observations with interviews (Hine, 2017). Since I was not able to be physically present with the members as they used the Milkshare group, what I observed were the product of the interaction with technology - posts, 'likes' and comments. I wanted to know what thoughts went into both practicing milksharing and using the Milkshare group as a platform to do it. Interviewing was therefore the obvious choice for gaining insight into the experiences and reflections of milksharing.

### Interviews in the time of coronavirus

In the chapter "Interview: Conversation as a research method"<sup>11</sup> in the book *Qualitative Methods*<sup>12</sup> Lene Tangaard and Svend Brinkmann convey that interviews can be done in different ways, depending on what type of insights the researcher aims to collect (Tangaard & Brinkmann, 2015). I did semi-structured interviews to gain insight into milksharing, through the experiences and opinions of my interviewees. The semi-structured interview is based on a pre-made interview guide, which has room for digressions. The interviewees were both donors and recipients of breastmilk shared online, the milk bank manager Anne Olin and expert from the Food Authority Niels Ladefoged. The milksharers have been anonymised through pseudonyms. Recipients of breastmilk who were interviewed are named Nina, Eva, Julia and Iben. Donors of breastmilk who were interviewed are named Dea, Lena and Ida. All the milksharers had experience with sharing milk within the Milkshare group. The administrator of the Milkshare group, Sanne, as well as Anne Olin and Niels Ladefoged have agreed to not be anonymised, since they are in easily recognisable positions. All interviewees gave verbal consent, which they were informed that they at all times have the right to withdraw.

The interview guides were made after the preliminary observation of the group, and was also inspired by the literature I had collected. I made them to fit the individual interviewee's position. The interview guides for donors and recipients contained questions of the practical and

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<sup>11</sup>"Interviewet: Samtalen som forskningsmetode".

<sup>12</sup>*Kvalitative Metoder*.

emotional experience of milksharing. I interviewed Anne Olin about the workings of the milk bank and her professional opinion on milksharing, since I wanted to explore the differences and similarities of milksharing and milk banking. The questions I asked Niels Ladefoged concerned the Danish food legislation and how to interpret it in the case of milksharing, and his professional opinion on the risks and benefits of milksharing.

I would usually do interviews in person, either at a public space or the interviewees' home depending on their wishes, because interviewing in person, in my experience, can produce a more intimate conversation. But when I began interviewing at the end of May 2020, unnecessary meetings were discouraged due to the coronavirus. I therefore chose to invite the interviewees to video calls on a platform of their choice, which ended up being both Skype, Facebook's messenger app and Zoom. Anne Olin asked me to meet her at her office, which had enough space for us to sit 2 meters apart, and Niels Ladefoged preferred to speak on the phone. All but one of the interviews were semi-structured conversations, in which stories, opinions and experiences were told and shared. The exception was the interview with Niels Ladefoged, which was much more structured. This was probably both due to the voice-only nature of a phone interview, but also the nature of the questions I asked which were primarily about legislation and the understanding of different paragraphs of it. In what follows, I reflect on the experience of interviewing through video calls.

Doing online video calls I came as close as possible to the regular face-to-face interview. Being able to see facial expressions, hand gestures and the room the interviewee was sitting in, gave me more information than the interview I had with Niels Ladefoged. I also believe that it made a difference that they were able to see me and my reactions to what they were saying. I prefer to use facial expressions, nods and hand gestures instead of saying "yes" or "mhmm" when my interviewees speak to not interrupt them. I had expected it to be difficult to create an intimate interview space with the interviewees through online platforms, but the interviews were not less intimate than an offline, face to face interview. I do not contest that it is different to interview



through a screen than it is when meeting an interviewee face to face. Especially interviews taking place in the home of the interviewee is usually something that provides me with more context of the interviewee. On the other hand, not being influenced by the surroundings, helped focus the interviews on the experiences of the interviewee.

Although the online interview method came close to the face-to-face interviews I have done in previous fieldwork, there were differences. On all three video call platforms, I experienced that the screen froze for a bit or that the sound fell out. If both I and the interviewee spoke at the same time, my computer blocked out the sound from the interviewee, causing me to not always hear their answers and therefore having to ask again. Having the interview mediated through a screen added a layer of distance in the interview. Even though the conversations had a natural flow, and the interviews in general went well, it was noticeable that the representation of the other person was different than it would have been in person. Sometimes an interviewee had to put her phone down to take care of her baby, leaving me to look at her ceiling. A couple of times an interviewee switched between headset and speaker, which created a change in volume, resulting in me having to listen very carefully to parts of the recording afterwards, since I did not want the technical glitch to interrupt her flow of speech during the interview.

The interviews moved between sites, and I experienced what Marcus calls being a circumstantial activist (Marcus, 1995). He argues that you as a multi-sited researcher find yourself in contradictory personal commitments, and therefore ends up taking on different identities as you go through the sites (Marcus, 1995). Interviewing the milksharers, it became obvious to me that they saw me as one of them: a mother who had experienced breastfeeding problems, someone who could spread a positive view on a practice that is a bit taboo. I told them that I was looking into different aspects of the practice and researching it from different angles, but sometimes I got carried away and had to reflect on my own situatedness. Being critical of my position in the field was important. Moving from interviews with milksharers to interviews with Anne Olin and Niels Ladefoged, I experienced a shift in point of view. I suddenly felt like I had an obligation to

inform about the risks and the legislation, as if I were to act as a spokesperson for the Food or Health Authority. Moving into, out of, and back into interviews with milksharers, became an exercise in proximity and distance where I continually reflected on and was critical of my own situatedness, which shifted depending on the insights I gained through the fieldwork.

## Transcribing

I recorded the interviews on a dictaphone, with the purpose of transcribing and being able to listen to the interviews again. I transcribed the interviews to be able to code and map the empirical data. Spoken language is a flow of unfinished sentences that are returned to mid-speak, lacking commas and with voice changes (Tanggaard & Brinkmann, 2015). It is the nature of the research that determines whether an exact transcription is necessary or if it is more fruitful to leave out repetitions and incoherent sentences and keep the content and context of the spoken (Tanggaard & Brinkmann, 2015). Since the thesis concerns understanding, describing and analysing the phenomenon of milksharing, I transcribed the interviews with the purpose of getting the most meaningful text from the interviews. Transcribing is a translation from the spoken language to the written, because stringent transcription that entails a complete reproduction of the spoken can be difficult to understand (Tanggaard & Brinkmann, 2015). Modifying here and there does not remove the original meaning of what the interviewee conveys, but merely makes the story they tell more comprehensive and thus more fit for analysis. I reconstructed some sentences - especially in flows of speech that were long and where the interviewee started a sentence, broke it off to say something else, and then went back to the original sentence. In these cases I constructed the flow of speech a little differently, connecting the sentences in order to make them more coherent.

Handling and processing the empirical data, hereby both the transcribed interviews and relevant literature, was inspired by the framework of situational analysis. In the following section I elaborate on this.

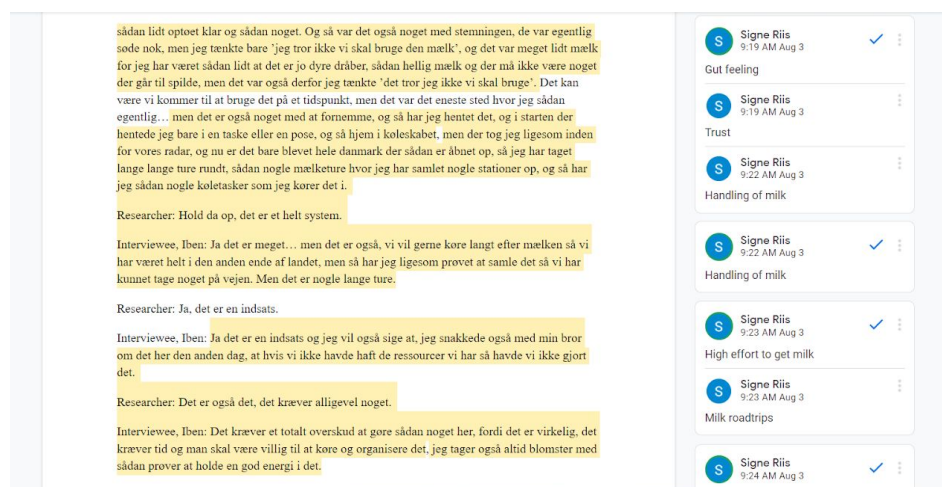
## Handling the data

Throughout the work on the thesis I have been inspired by the method of situational analysis using parts of it to grab a hold of the insights I gained. It was important to continuously have an overview of what I was learning, and making maps throughout the research has given me the opportunity to go back and look at older maps to see how my knowledge of the field evolved. Situational analysis is a research method formulated by Adele Clarke. Inspired by grounded theory and feminist STS, situational analysis provides tools for handling empirical data collected through qualitative research in order to grasp the complicated nature of it (Clarke, 2005).

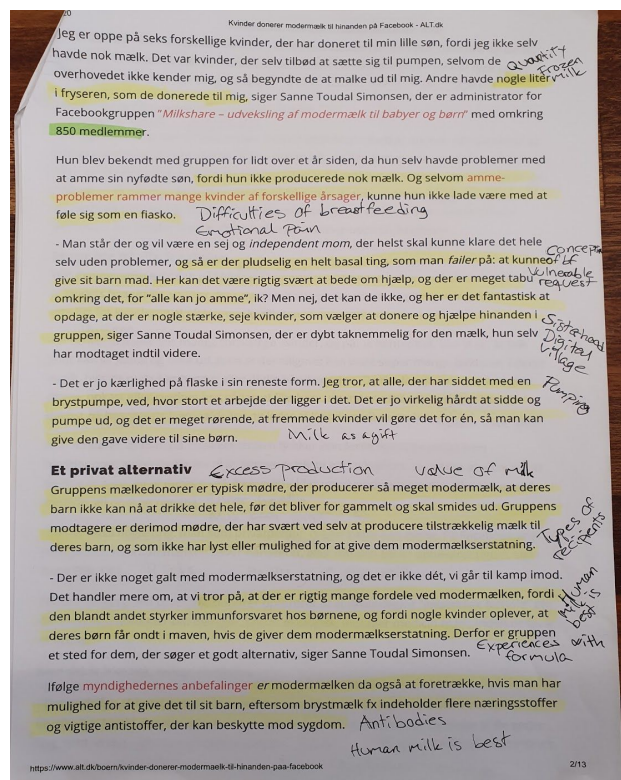
Clarke proposes three types of mapping of empirical data: situational maps, social world/arena maps and positional maps. In the mapping process all elements matter equally, and both human and non-human actors are to be included (Clarke, 2005). I have focused on doing messy maps and situational maps, which has helped me keep an overview of the material both during and after the fieldwork. During the fieldwork I have used the mapping as a way of seeing how new perspectives and insights emerged. The process of mapping before transcribing and coding is attached in appendix 1.

After transcribing I began coding the empirical data, both interviews and literature from news articles and material from the Health Authority and sundhed.dk. Coding is a process where the researcher goes through every sentence of the written material to mark different discourses, actors, themes and so on. Doing this assists the subsequent process of mapping and analysing (Clarke, Friese & Washburn, 2015).

Material I had on the computer, like interviews was coded digitally, in Google Docs:

Picture 1: Coding in Google Docs.<sup>13</sup>

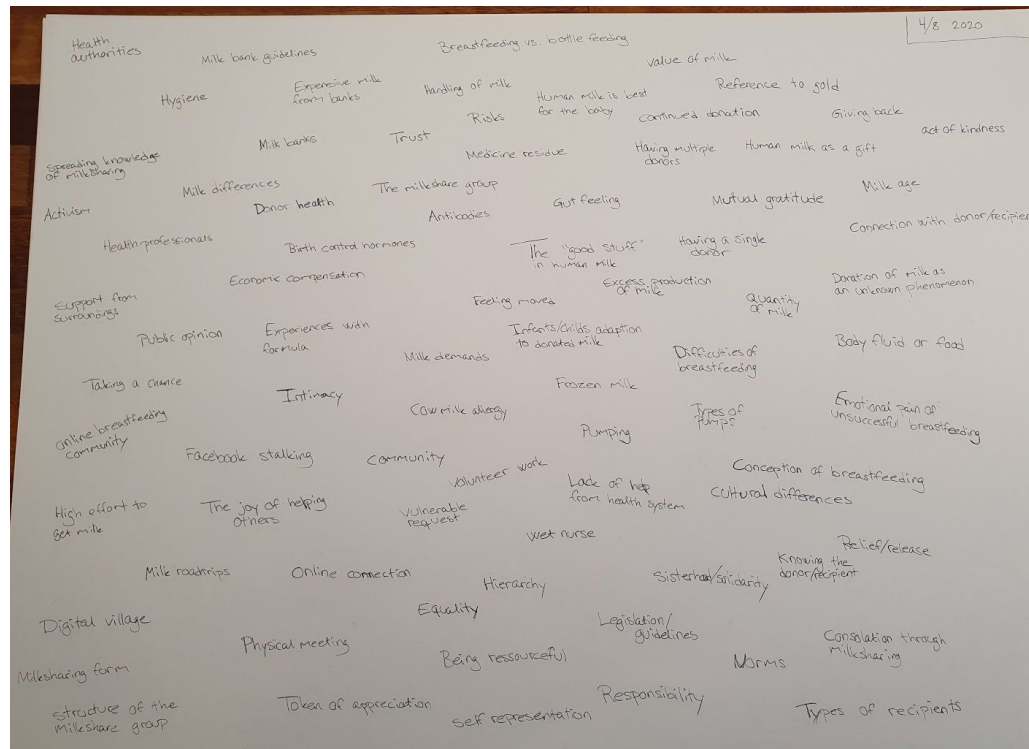
The material I had in print was coded analogically:



Picture 2: Coding an article.

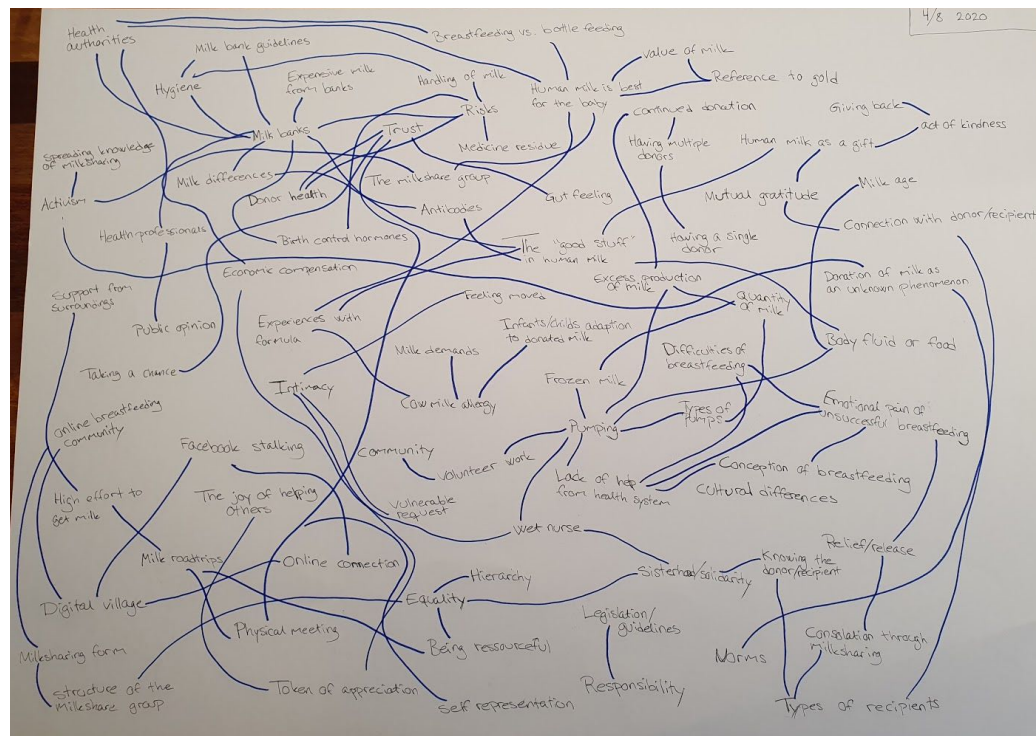
<sup>13</sup> I did all the coding myself, Riis is the surname connected to the Google Docs account that I created before I changed my surname to Nordsted.

After coding, I made the fourth messy map:



Picture 3: Messy map, with themes from coding.

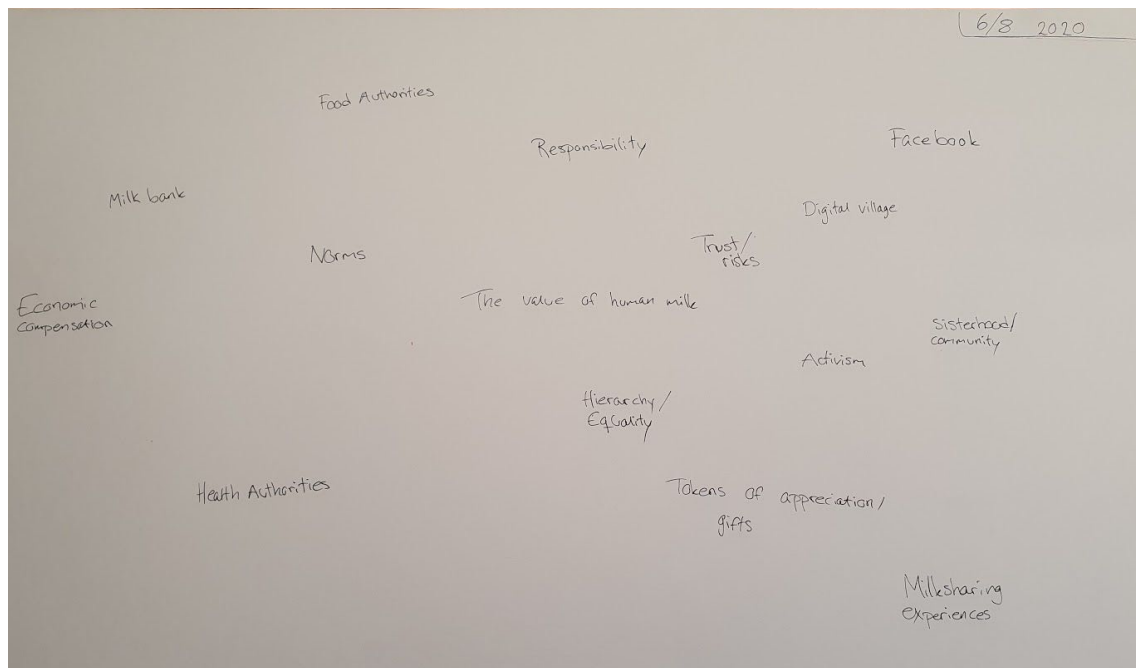
Upon doing this map, I turned it from messy to situational, which means drawing lines between the themes, figuring out how they related to each other (Clarke, Friese & Washburn, 2015):



Picture 4: Situational map.

The situational map appears quite messy, but it is a tool for triggering analytical thinking - how are these discourses, human and nonhuman elements relating to each other. It is the process that holds value in doing this. During this process I asked myself the question - what is this a case of? How do I comprehend and analyse all this interesting data? I was not able to do it all, and through my process I had already made some delimitations. This was for example epigenetics and microchimerism, which I had considered in the beginning of the work on the thesis, but which proved to not be a central issue in the empirical data.

I made a final map, focused on the themes I wanted to include in the thesis:



Picture 5: The final map.

As I began writing the analysis, the themes of this final map were reference points, but I continually revisited the old maps to see if I had missed something, or if something through my writing proved to be more dominant than expected. Doing and writing analysis is an ongoing process through which new ideas spring. In the following chapter I present my analysis of the empirical data.

## Chapter 3: Refracting through milksharing

The following sections provide answers to the last two sub-questions of my problem formulation:

- How are both coherent and conflicting values and norms of breastmilk emerging through the phenomenon of milksharing, as seen within the Danish Health Authority, a milk bank and the Milkshare group?
- Why and how is online milksharing practiced, and how is it experienced and viewed?

First, a brief explanation of how the framework of agential realism and the term refraction sets the premise of the following analysis:

Milksharing is a phenomenon, constructed through material-discursive intra-actions. Within it, endless phenomena like breastmilk, computers, Facebook, guidelines, personal values and beliefs, past experiences, motherhood, legislation, breastfeeding history and culture, and much more intra-act. It is in constant becoming. Refracting through milksharing and breastmilk entails slowing down the rapid intra-actions and looking at the discourses that produce norms and values, opening them up to critique and possibly change. As Johnson (2020) states, norms become apparent when they are transgressed or when behaviours catch onto them.

In this chapter, I explore and analyse different values and norms that emerge when looking at the moments of entanglement of materiality and discourse.

### Discourses of breastmilk

In this first section of the analytical chapter, I explore how discourses on breastfeeding, breastmilk and alternatives for infant feeding are shaped through official health guides. I go through the Danish Health Authority's webpage on infant feeding, the health information website [sundhed.dk](http://sundhed.dk)'s<sup>14</sup> guidelines on infant feeding and the book *Breastfeeding - a handbook for*

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<sup>14</sup> Sundhed.dk is governed by a board of representatives from the Danish state, regions and municipalities, and contains health advice for citizens and health professionals ([sundhed.dk](http://sundhed.dk), 2016).



*health professionals*<sup>15</sup> (from here on out called the BHHP) from 2018, published by the Danish Health Authority. The BHHP is written by PHD in nursing Ingrid Nilsson and child health nurse Marianne Busck Rasmussen. I also include perspectives from interviews with Anne Olin, manager of the milk bank at Hvidovre Hospital, and the milksharers.

Breastfeeding is described on the Danish Health Authority's website as having positive health effects for both mother and child, and feeding with breastmilk is portrayed as the best choice for infant feeding (Sundhedsstyrelsen, 2020a). The BHHP, which is a guidebook for how to guide parents in breastfeeding, takes the reader through different aspects of breastfeeding like how to best provide breastfeeding guidance, the physiological elements, expression of milk, different aid for breastfeeding, common issues that can influence breastfeeding, and more. Breastmilk is here described as being the best food for infants, not only due to nutrients of breastmilk, but also antibodies and enzymes, which are said to protect the child from diseases, weight issues and give them a higher IQ (Nilsson & Busck-Rasmussen, 2018).

In the guide on breastfeeding on sundhed.dk it is stated that "Except for vitamin D, the mother's milk contains everything the child needs nutrition-wise to develop normally for the first six months." (Lindhardt, 2019). Here it is also stated that there are antibodies in the milk, that protects the baby from infections, and that breastmilk might protect from becoming overweight later in life. There are also described positive health effects for the mother who breastfeed, because there are "[...] strong bases that breastfeeding gives a reduced risk of breast cancer before menopause." (Lindhardt, 2019).

The act of breastfeeding is not described as having an effect on the child in the material listed above. For the child, it is primarily the breastmilk itself that is described as important, and not the feeding method. This discursive detachment is for instance seen on the Health Authority's webpage about formula, where it is stated that "infants who do not receive breastmilk should be given formula" and not "infants who are not breastfed" (Sundhedsstyrelsen, 2020b). Here it is

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<sup>15</sup> *Amning - en håndbog for sundhedspersonale.*

not the action that is in focus but the substance, which might be because formula does not replace the act of breastfeeding, but the milk itself. Valuing the milk is a matter of making the value of nutrition and antibodies from the mother become more important than the act of breastfeeding, and what might be constructed through that. Not many years ago, breastfeeding was described in material from the Health Authority as being something that created attachment between mother and child. Looking into an older version of the BHHP, I found that in 2006, breastfeeding was described as “promoting attachment between mother and child” (Holk, Kronborg & Nilsson, 2006, p. 13). This was the discourse 12 years ago, and even though formulations like this cannot be found in the contemporary version of the BHHP, it is possible that such a discourse is still at play for both health professionals and mothers. A formulation in the BHHP from 2018 actually refers to this discourse:

“The good mother chooses to stop breastfeeding if the consequences are too large. This is for instance if breastfeeding becomes a hindrance for a good relation between mother and child. [...] Breastfeeding provides the opportunity of close contact between mother and child. But breastfeeding is not a prerequisite or guarantee of a good relation [...]” (Nilsson & Busck-Rasmussen, 2018, p. 187).

Here, “the good mother” is discursively constructed as someone who prioritises the relation to the child higher than succeeding in breastfeeding. It takes away some of the pressure of what the act of breastfeeding is said to create, and creates a discourse that the connection between mother and child is what is important, not the feeding method. With this, the milk becomes something on its own. Detaching breastmilk from breastfeeding, I can look into the values and norms created through this. Breastmilk is described as “the perfect nutrition for babies. It contains everything the child needs and in the correct amount. Formula strives toward the same, but comes up short when trying to copy nature.” (Lindhardt, 2020). This is from a guide from sundhed.dk on how to choose between breastmilk or formula. It is not breastfeeding (the act) but breastmilk (the substance) that is involved in this choice. The discourse of breastmilk versus

formula is that the former is perfect, and the latter comes up short. It does not say that formula is bad for babies, it is fine nutrition - breastmilk is just better (Lindhardt, 2020).

Not wanting to or being able to breastfeed, leads to feeding with formula, according to the norm. Formula is explained as a substance that is correct nutrition for infants, but there are aspects of breastmilk that it cannot replicate, like antibodies from the mother. In the BHHP, formula is mentioned multiple times in different contexts - as a way of supplementing if the mother's milk supply runs low, as something that might hinder proper breastfeeding initiation, and as the only way out if breastfeeding is too difficult to maintain (Nilsson & Busck-Rasmussen, 2018). The Health Authority's webpage about formula informs that the quality of formula is very high, and that babies who receive formula grow and thrive (Sundhedsstyrelsen, 2020b). But giving formula means missing out on the "positive health effects of breastfeeding" (Sundhedsstyrelsen, 2020a).

It is almost always recommended to feed infants breastmilk instead of formula. In guides on breastmilk and breastfeeding on sundhed.dk, parents-to-be are encouraged to prepare for breastfeeding before birth, to seek guidance if there are complications and to make lifestyle choices to make sure the milk is as healthy as possible, so the baby is given a good start in life (Lindhardt, 2019). The high value of breastmilk is for example seen in the guide concerning smoking and breastfeeding: "[...] the nutritional value and the protective effect of mother's milk is so valuable that it is for the best that the baby receives mother's milk. Even if the mother is a smoker." (Hvidman, 2019). Although continued breastfeeding is recommended if the mother smokes, smoking cessation is advised due to different implications and health hazards of the infant being affected by nicotine like the higher risk of SIDS<sup>16</sup> (Hvidman, 2019).

Breastmilk is the norm, but only the mother's own breastmilk. However, breastmilk is not an immutable substance: it can be expressed, frozen and given away. The BHHP acknowledges this

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<sup>16</sup>Sudden Infant Death Syndrome (in Danish vuggedød).

in the small section called “Breastmilk from other women (donor milk) is the best alternative to the mother’s own milk” (Nilsson & Busck-Rasmussen, 2018, pp. 146-147). Here it is stated that the only place to obtain other women’s breastmilk is a milk bank, but this donor milk is described as nearly impossible for private persons to obtain. It is thereby conveyed by the Health Authority that there are three choices when feeding your child: the mother’s own milk, donor milk from milk banks and formula. Even though those are the official guidelines of the Health Authority, donor milk is not easily obtained, so in reality there are two choices: a mother’s own milk or formula. In what follows, I explore the milk that is in between the mother’s milk and formula - banked breastmilk.

## From breast to bank

There are milk banks at three Danish public hospitals. Hvidovre Hospital is the only place that sells donor milk to other hospitals and private persons. Therefore the focus in the following is on this milk bank. Anne Olin, the manager of the milk bank whom I interviewed for the thesis, explained how expressed breastmilk is donated to the hospital by both mothers admitted to the neonatal ward and by mothers all around Zealand. To become a milk donor, you have to go through tests for HIV and hepatitis, have given birth less than 10 weeks prior to the first donation, not be a smoker, not take medicine that potentially affects the milk and be able to first and foremost feed your own child and still pump 200 ml a day (Anne Olin, interview in June, 2020). The mothers can donate as long as their milk has an adequate protein level.

These demands are made to ensure safety and quality of the milk, and the health of the donor's own baby (Borring *et al.*, 2018). The milk is collected by a ‘milk man’ who drives around Zealand, delivers it to the milk bank where it is tested for bacteria, then pasteurised, mixed with 3-8 other donors' milk and then tested again. The milk is pooled together to even out the nutritional value and the taste. This also standardises the milk so it cannot be traced back to a specific donor. If the milk passes the testing, it is frozen and stored until a prematurely born or sick infant at the neonatal ward needs it, or a buyer comes along (Anne Olin, interview in June 2020). The donors receive around 200 kr. per liter, but the cost of the finished product is much

higher. The process of handling the milk is expensive, making the market price 1000-1700 kr. per liter based on protein levels, with the highest price for the highest level of protein. The price of the milk is not for profit, but to cover the cost of testing and pasteurisation. A public hospital is not allowed to make money on the milk they produce (Anne Olin, interview in June 2020). Buyers are usually other hospitals, but private persons can also buy donor milk. However, babies need a lot of milk, so buying milk from the milk bank is not an affordable option for most families. Even though other hospitals buy portions of donor milk, it is much more likely for an infant at the neonatal ward at Hvidovre Hospital to be given donor milk. Anne Olin explains:

**Interviewee, Anne Olin:** “At this hospital, because we have a milk bank, they’re a bit luckier than elsewhere [...]. Anyone admitted to our neonatal ward can have donor milk. And if our assessment is that a baby only needs it for a short while, until the mother's milk comes in, we give it as well. But that only takes place here.” (Interview with Anne Olin, 2020).

The reason that there are not milk banks at every Danish hospital is, according to Anne Olin, the cost and effort that goes into establishing a proper system for it, because it requires a lot of testing and self-governing to live up to the food legislation (Anne Olin, interview in June 2020). The milk in the milk banks is viewed as a safe substance, and as the best alternative to the mother’s own milk. The value of breastmilk is again ascertained as high. The existence of the milk bank reproduces the values and norms that breastmilk is better than formula, even if some of the naturally occurring antibodies and enzymes have been pasteurised away.

Breastmilk is valued as perfect nutrition that is capable of altering and improving your child’s life according to the Health Authority, something also seen in the practices of the milk bank. Although donor milk from milk banks is available, it is not seen as a viable option by the Health Authority. A system is thus in place: mothers who cannot feed their own milk to their own babies use formula, which is fine for growth and most babies thrive on it. But some mothers have found another alternative than what this established system offers: milksharing.

## Another alternative

The value assigned to breastmilk might be what influence mothers in going against the formula norm and making the choice to go online to obtain breastmilk from other women:

**Interviewee, Nina:** “There was this big dream that I was going to breastfeed, and when that was shattered the next best thing was that she [Nina’s daughter, ed.] could get milk from other women, because breastmilk has such a high value. I think it really matters for her gut, that she doesn’t become constipated, and there are all these amazing things in breastmilk. I see it as gold, like when she can have this, she is getting the best of the best.” (Interview with Nina, 2020).

Nina is one of the mothers who has received milk from other women through the Milkshare group. She chose that when she was no longer able to produce milk, breastmilk from other women would be better than formula. Milksharing has provided a lens into values of breastmilk, because that value was one of the main reasons for sharing it, according to my interviewees. Iben, a recipient stated:

**Interviewee, Iben:** “[...] there are a lot of lactic acid bacteria and vitamins and of course nourishment and food, fat, and [...] those vitamins that you know the body is designed to pass on to the child, and well you can give all sorts of vitamin supplements, but I believe that when it comes through breastmilk it comes in a natural way in the dosages it’s supposed to.” (Interview with Iben, 2020).

The two quotes support the recommendations of the Health Authority where breastmilk is considered the superior food for infants. When asked why they do it, the recipients pointed to the health and future health of their baby:

**Interviewee, Nina:** “[...] it is the nutrients in it and the fats in it, but also that protection that we know children will have later in life, from for example becoming overweight where it matters that they’ve been breastfed. And my line of thinking, and from what I’ve read, is that it must

have the same effect if it's milk from other women they've received, even though it is not being given at the breast." (Interview with Nina, 2020).

Another recipient, Eva, described a similar reasoning:

**Interviewee, Eva:** "Because I'm a midwife myself I know a lot about breastmilk and how important it is. I had this professional knowledge of it [...] so I wrote in the group that I was looking for some milk. He wasn't going to be exclusively fed on donor milk, but to give him a supplement because I thought that then he'll get some of the good stuff from breastmilk that formula cannot replicate." (Interview with Eva, 2020).

Both Nina and Eva are midwives and expressed that with their knowledge it felt wrong not to give breastmilk. Besides being disappointed that they could not breastfeed, they felt like their children were missing out on something by not receiving breastmilk. But privately sharing breastmilk is not seen as something that promotes infant health by the Health Authority, instead they advise against it. According to Niels Ladefoged from the Food Authority, this is due to the possible contaminants in the breastmilk:

**Interviewee, Niels Ladefoged:** "When they say that they advise against it in general it is because there could be for example E. coli bacteria, there could staphylococcus, there could be other things like listeria, or whatever might be on the skin of the one delivering the milk, and that could be what makes the Health Authority advise against it." (Interview with Niels Ladefoged, 2020).

According to Anne Olin those are also some of her concerns about milksharing, but medicine residue and lifestyle is just as large a factor:

**Interviewee, Anne Olin:** “In relation to antibodies, enzymes, hormones and such, breastmilk is better. But I wouldn’t dare do it myself, because I think you would be surprised as to who has bacteria in their milk and who doesn’t. And then there is the medicine you take every once in a while, that you don’t really think about when you’re breastfeeding your own child - I mean anything basically goes when it’s for your own child, but I think there is a huge difference when it is then given to others.” (Interview with Anne Olin, 2020).

At the milk bank, milk with for example medicine residue or nicotine in it is rejected. There are other measures in place here than when a mother feeds her own milk to her child. All those things that are ‘allowed’ when breastfeeding one’s own child like smoking, taking (some) antibiotics and hormonal birth control, are disqualifiers at the milk bank. Bacteria are tested for, pasteurised away and retested for within the procedures at the milk bank. It seems as if something happens when the milk switches hands, as if it becomes dirty once it is donated. I will explore that with taboo terminologies formulated by Mary Douglas (1966; 1979).

### Breastmilk out of place

Looking at the dirtiness of milk through the term *matter out of place*, we might come closer to an idea of how breastmilk transforms from perfect to dangerous when shared (Douglas, 1966). Breastmilk is something that exists within a classification system of society and is therefore supposed to be handled according to ‘rules’. Even though breastmilk is taken from ‘its place’ once it is expressed, the expressed milk stays in place by following guidelines for pumping and storage. By using correct hygiene and following guidelines for storage, the classification system of breastfeeding is upheld. The norm for use of expressed breastmilk is to give it to one’s own child, and it stays ‘in place’ as long as it stays in the family.

By giving the breastmilk to someone else, the classification system is breached. The expressed milk becomes matter out of place, and thereby dirty - not necessarily dirty in the sense that it is suddenly polluted, but in the symbolic sense where it is outside of the norm and comfort zone. This is why the milk bank has a system in place to handle the milk and turn it into something



new. The procedures of the milk bank transform the milk, so it is no longer the substance it was when it was expressed from the woman's breast. First of all it is tested to see if it is contaminated, then it is mixed with other milk samples, pasteurised to kill bacteria and then tested again. If it passes the final test it is ascribed a new value as donor milk. All these procedures moves the milk out of the context of coming from one woman, and becomes a food product constructed by multiple women's breastmilk, mixing and pasteurising away the ties that bind it to its source. It becomes a product on its own.

With this reasoning, privately shared milk is matter out of place, because there is no testing, mixing and pasteurisation: it is expressed, frozen, given and fed to a child not related to the mother it came from. The milk might contain bacteria or medicine residue, and could be traced directly to the mother it came from. It goes to show that there is more to the advice against it than bacteria: breastmilk that crosses the boundaries of family is symbolically dirty either way, polluted or not.

As I will show within the analyses of the Milkshare group and the experiences of milksharing, the milksharers do acknowledge that there are some risks to milksharing but they feel the risks are manageable through assessing the donors. Most of the milksharers I have interviewed were unaware that it is advised against, and believe that breastmilk must almost always be better than formula. They choose to not follow the norm of using formula when their own milk is unavailable, and instead normalise sharing breastmilk with other women. The high value of breastmilk that is conveyed through health sources in Denmark, might be the reason some choose to obtain breastmilk from other women when they cannot produce it themselves. The Milkshare group provides a platform for milksharing, and in what follows I explore how the group is framed.

## Preceptions of the Milkshare group

The Milkshare group is a private Facebook group where mothers can either offer their surplus breastmilk, or ask for milk from others. It was originally created in 2016, back then named Wet Nurse Network<sup>17</sup> and was made to be a network for mothers looking primarily for wet nurse services, and secondarily for milk donations. In February 2018, the founder of the group handed it over to the current administrator Sanne. Sanne had previously used the group to obtain breastmilk for her son. In her experience of receiving milk, she had felt there was a hierarchical milieu in the group due to how posts and replies were phrased. She decided to try to shape a new discourse of milksharing by changing and introducing different elements in the group:

**Interviewee, Sanne:** “The focus in the group was very much these women who were so kind-hearted and had plenty of milk and were able to donate it, and it was very unequal - the milieu was that you could post if you could donate or provide wet nurse services, and I wanted to create a balance. I wanted a safe space, where you could ask for milk without feeling like you had to beg for it, and that the mothers who donated knew that they were doing something good, but not doing it for the praise.” (Interview with Sanne, 2020).

Sanne made three changes: she changed the name from Wet Nurse Network to Milkshare - Exchange of Breastmilk for Babies and Children, wrote a group description and created a form for how to write a post in the group. In what follows, I look into these three material-discursive entanglements through the method of refraction, to analyse norms authored by Sanne (Johnson, 2020). This is done to provide insight into the online structural frame the milksharers view, enact and experience milksharing in.

### The name of the group

The name of a Facebook group is like a headline - it frames what happens below. Before the name change, the name implied that first and foremost this group was a place to provide wet

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<sup>17</sup>*Ammenetværk*

nurse services. Naming it differently was a tool, a materiality that was changed in order to change the discourse of the content. There are practical and normative differences between wet nursing and sharing expressed milk. Wet nursing is a practice where a woman other than the mother of the child breastfeeds it. Sharing breastmilk is a practice of one woman giving her expressed milk to another woman who feeds it to her child. The normative differences became clear when speaking to the milksharers. Iben, who had received milk from many different women in the group explained this difference:

**Interviewee, Iben:** “I wouldn’t want that [another woman breastfeeding her child], because that crosses something that is my territory. [...] If that was the case, I think I would feel like I really wasn’t the mother I was supposed to be, if another woman was breastfeeding my child. [...] It’s another intimacy, the milk is just the food, while breastfeeding is more of an action.” (Interview with Iben, 2020).

As seen in the quote from Iben, the difference between wet nursing and expressed milk donations is that a wet nurse can be perceived as a replacement of the mother, while expressed milk only replaces the milk. Wet nursing can through this be seen as a threat to motherhood. Breastfeeding is so entangled in the motherhood phenomenon for Iben, that another woman feeding her child at the breast would make her feel that she was not the ideal mother, based on Iben’s normative expectations. Wet nursing would replace the act of breastfeeding and not only the food. That sharing milk is a less of a threat to motherhood, does not mean that there are no emotional implications of it. As I will show in the section ‘Milk sisterhood’ on page 75, milksharing is capable of creating kinship.

Replacing the milk would happen no matter what, when breastfeeding is no longer possible. According to the norms of the Health Authority it would have been replaced by formula, even though breastmilk is prescribed a much higher value. The substance is described as the most important part of the act of breastfeeding when looking into the norms produced by the Health Authority. Bottle-feeding is described as just as capable for creating attachment as breastfeeding is. This value produces the norm that the milk is what makes the difference between

breastfeeding and formula feeding. The norm produced by the value ascribed to breastmilk is that even if the mother is a smoker, breastmilk is still better than formula. When breastmilk is valued this highly, other people than parents of babies might be interested in it<sup>18</sup>. Therefore the name of the group is not just Milkshare, but contains the addition of Exchange of Breastmilk for Babies and Children. The name establishes a normativity of who milksharing should be practiced by.

Looking at the change of the group name as a tool, some of the discourses and subsequent norms authored by Sanne have become visible. Introducing a new name changed the frame of the group. When I looked at old posts in the group, back from when it was a wet nurse network, not many of the members actually used the group for that. Most were offering to donate expressed milk and did not offer to provide wet nurse services. So what did this tool actually do for the group? It established a new gate to guard the practice - a headline that establishes what to expect when wanting to enter the group. It provides some clarity about what the practical measures of the group is. Newcomers are met with the more easily acceptable discourse of milksharing as opposed to wet nursing. But it is important to see in context with the other two tools that Sanne introduced concurrently.

### The group description

I have not been able to see how the previous description was phrased, so therefore the following is an analysis of what the present description conveys, and not what was changed. I have translated the description from Danish to English:

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<sup>18</sup> Some bodybuilders believe that drinking breastmilk can help them gain muscle. Some cancer patients also use breastmilk as a supplement to their treatment, or even as a treatment on its own (See: Lammers-Clark, 2015; Kokkegård, 2015; Flöche Henriksen, 2015).

Milkshare is a group providing help to parents who wants to give their child breastmilk as an alternative to formula.

The thought behind it is that the group can be used to make connections – it is not a group for discussions.

The arrangement is made in private, but you can connect through search- and offer-posts. You can also offer to transport milk. You are not allowed to ask for money for your milk.

It is very important to be very open and honest both ways, because everyone has a certain idea about how their child should be raised, what it can have via the milk, and so on. Both the health of the child that a wet nurse is wanted for, and the nurse's health must be good, and if not, you should inform each other about the problems.

You are very welcome to share and invite!

If problems occur, you are welcome to tag me. I probably cannot solve every type of problem, but I will try.

Picture 6: Description of the Milkshare group (Translated text from the Milkshare group).

In this description it is stated that the group exists with the purpose of offering an alternative to formula. It is mentioned that the group is not made for discussions, but solely to connect sharers and recipients, and that no money must be given for the milk. Honesty and openness are described as essential for the practice, and it is underlined that both the health of the wet nurse and the recipient's child must be secured, but how that is done is not described. The phrase “wet nurse” might be a remnant from the group's past as a wet nurse network, but it is interesting that this part of the description does not follow the way the name of the group has changed. I will untangle the different aspects in what follows.

The word “alternative” in relation to formula is interesting. Formula is the norm for alternatives to breastmilk established by the Danish Health Authority in the instance that a mother is unable to breastfeed or pump. The way it is phrased here goes to show just how strong that norm is. Milksharing is not presented as an alternative to breastfeeding, but as an alternative to the alternative. What also becomes visible through this discourse of providing an alternative is the norm critique embedded in the mission of the administrator:

**Interviewee, Sanne:** “Well the mission is that we are fighting the formula-industry which is so in-depth in our culture that it is viewed as the only solution - and we offer this totally fallible and

troublesome alternative that at the same time contains a lot of beauty. [...] So it's about making it more widespread that there is this alternative to what we otherwise take for granted. And that what we take for granted might not always be the best thing for us, and this is where it becomes norm-critical and somewhat activistic.” (Interview with Sanne, 2020).

The discourse of the description combined with the above quote from Sanne provides insight into the political aspect of the Milkshare group. The personal experiences and choices have political bearing. Providing this platform for doing something out of the ordinary, is a way of criticising the reigning norms of alternative feeding when breastfeeding is not possible. With this, milksharing emerges as a phenomenon that challenges the norms of how babies are fed in Denmark.

The notion that there is not supposed to be discussion within the group could be a way of breaking down the hierarchy that Sanne experienced when she was in the position of being a recipient of milk. What the formulation in the description conveys is that nothing but connections should be made in the group: arrangements are to be made in private, away from the group. This way of establishing a clear-cut way of acting in the group, might be to help the milksharers stay focused on the practical act of milksharing and not the emotional aspects. She had experienced feeling that she was begging for milk from “holy mothers” who had plenty to give. She shifts the focus from the act of sharing, to the practical parameter of connecting sharer with recipient, like a marketplace of sorts:

**Interviewee, Sanne:** “It has to be an equal relation. And of course, you should be incredibly grateful; pumping is seriously hard work so it's worth some praise and it's really beautiful to do something without getting anything in return. But it was phrased this way to create some balance, that this marketplace is an equal setting.” (Interview with Sanne, 2020).

The discourse of this is meant to signal a value - that even though giving milk is praiseworthy because pumping is hard work, the recipients should not feel beneath the donors.

Another equality-creating discourse of the description is the no money policy, that ensures anyone who wants breastmilk can obtain it, no matter their economy. This is one of the distinctions between donating to the milk bank and milksharing. When donating to the milk bank, the milk is both tested and heat treated to avoid bacteria and in order to make sure it has not been watered down to make more money off of it. In milksharing neither testing nor heat treatment is done, so the practice relies on trusting that the donors have good intentions when giving their milk away. This is another reason for the no money policy. Within the Milkshare group, milk is donated for free in order to keep the intentions pure:

**Interviewee, Sanne:** “It is in order to not disturb the intention of giving milk [...] some other mechanisms are activated [when money is involved], when you get this incentive to sell your milk, then the intention might move away from you wanting to help babies. You might start smoking cigarettes or drinking a bit more wine because it becomes a job instead of an act of care.” (Interview with Sanne, 2020).

For her, the incentive of making money would possibly replace the incentive to help. Introducing money in the sharing, might lead the donor’s good intentions astray. It also might introduce the want or need to make money off the milk, which could result in some donors putting water or cow’s milk in the expressed milk. This would be undetectable for the recipient and possibly endanger the child receiving the milk because of malnutrition<sup>19</sup>.

Another focus is the health of both the donor and the receiving child, which is constructed here to be secured through honesty and openness. The norm derived from this is that they should be healthy, but if they are not it should be mentioned. What health entails is not further described, and could cover both physical and mental health, and can at the same time be about medicine intake for possible health conditions. That the description does not provide further information about what health in the context of milksharing is, makes the notion of health tacit. What being healthy means to the individual can differ, and the vagueness might result in misunderstandings. However, it provides insight into a norm of disclosing whatever might affect the quality of the

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<sup>19</sup> See: Bloom, 2016.

milk or the needs of the child receiving it, and provides the insight that there is an assumption of a collective idea about what health is, and what it takes to deliver healthy milk. This differs from the way the donation of milk to the milk banks works where health is a fixed thing, and where disclosing health conditions and medicine disqualifies you from donating. That is not the case in the Milkshare group, where health condition is not a disqualifier but something the possible recipient should be made aware of.

There is a norm-critique embedded in the existence and practices of the group, which materialises through the description. This is both seen in the way Sanne describes it as an alternative to the norm of formula, but also in the underlying critique of the norms of the milk bank, by inviting people who would not be able to donate to a milk bank into milksharing. With this, milksharing is something that both challenges the norms of the Health Authority and the norms of milk donation through milk banks.

The discourse that is shaped through the description is meant to make milksharing as equal and safe as possible. But the norms produced are in conflict with each other. The no discussion policy is set to make the Milkshare group a marketplace, a way of moderating the emotional aspects of milksharing. The no money policy is set to ensure that milksharing is an act of care and not done because someone wants to make money. The notions that milksharing should both be an act of care with pure intentions and something practical and equal, jars against each other. The first implies good-will of the giver and gratitude of the receiver. The second implies that it is an equal relation where balance of milk supply is evened out between a mother with too much and a mother with too little milk.

## The form

Sanne provided a form to fill out for both sharers and recipients, as a framework for how to communicate in the group:

**Interviewee, Sanne:** “I made it because both the donors and recipients were not sure what to include in their posts [...] so it was to make it easier and remove one of the barriers when you



arrive in the group and don't know anything about milksharing - as if to say 'here you go, fill out this form and post it' and then you shouldn't have to think more about it." (Interview with Sanne, 2020).

The form for posting was made to remove barriers. With this form, the donor or recipient does not have to consider what might be important to include in their post, because Sanne has already provided it for them. They just need to fill it out, and then react when someone comments. The form, which I have included as a picture below, is made up of different elements: an introduction and a list of things to include.

**\*\*\* DEAR ALL \*\*\* IMPORTANT INFORMATION \*\*\***

We are gathered here in order to let more babies and children receive breastmilk - what a lovely goal!

To make it easier to exchange breastmilk between parents, we ask you to read these new guidelines before you make a post. Note that in this group you can only search for breastmilk for babies and children – not adults.

**\*\*\* LOOKING FOR BREASTMILK \*\*\***

If you are looking for breastmilk, copy/paste and fill out the information in a post. If you want to, you can write a bit about your situation, and perhaps add a photo. As a minimum the post must contain the following information:

CITY/REGION:

CHILDS AGE:

SPECIAL NEEDS (e.g. cow milk free diet, colostrum, or similar):

How far away from your home are you able to collect milk, if you need to pick it up yourself?

**\*\*\* WANTS TO DONATE BREASTMILK \*\*\***

If you want to donate breastmilk, copy/paste and fill out the information in a post. If you want to, you can write a bit about your situation, and perhaps add a photo. As a minimum the post must contain the following information:

CITY/REGION:


TIME FRAME FOR PUMPING:

CHILDS AGE (at the time of pumping):

OTHER RELEVANT CONDITIONS:

Other relevant conditions can e.g. be a description of your lifestyle (did you eat organic food, did you drink alcohol, did you eat dairy free or did you take medicine while pumping?) Any relevant information is very welcome here.

When the post is no longer relevant, please write that as a comment on the post.

I hope that with this initiative we can take the first step towards more breastmilk being received by more babies 

Picture 7: The form for posting in the Milkshare group (translated text from the Milkshare group).

The introduction to the form establishes yet again the value assigned to breastmilk by noting that the practice has a “lovely goal”. It also reproduces the norm that the group is not for adults seeking milk for themselves. The form is both meant to provide easiness in a complex practice and to create more equality between donor and recipient:

**Interviewee, Sanne:** “Many recipients felt like they had to write long explanations of why they couldn’t breastfeed anymore, why it had not gone as planned, and why they now qualified for the givers merciful donation, and I just wanted to remove this from the group and make this form so that recipients would feel safe in just answering these questions, you don’t have to write ‘oh holy mothers, can I please have some of your milk droplets’.” (Interview with Sanne, 2020).

The form provides a framework for how to phrase a post, and at the same time establishes what is deemed as meaningful statements. It establishes discourse and through that, norms. The parts of the form will in the following be analysed separately, in order to unpack some of the entanglements of the material-discursive intra-actions in the milksharing phenomenon. According to the form, what is important to include are the geographical location, when the milk has been expressed, how old the child was at the time of pumping or how old the child receiving the milk is, and other relevant conditions.

### City/region

That the geographical location of the milk is deemed important information first and foremost attest to the national reach the group has. Members are from all over Denmark, and though Denmark is a small country with well-functioning infrastructure, it is definitely easier to pick up milk from someone nearby, than driving for hours to pick up a couple of liters of milk. It provides an example of the value of not having to spend an elaborate amount of time and subsequently money on transporting the milk from one household to another. As some of the literature research for this thesis has shown, there are practices in larger countries like the USA, of shipping the milk, which has proven to make the risk of contamination higher (Keim *et al.*, 2013).

Shipping the milk is not mentioned in the form or in any of the posts I have observed in the group, which might attest to that this is not necessary in a small country like Denmark. It could also say something about the wish to actually meet the donor when receiving milk, which can be used as a way of assessing if the milk is something they want to feed their child. That I will elaborate in the later section on the experiences of milksharing.

Deeming geographical location important can be seen as a way of saying that it should be easy to obtain the donated milk, maybe because it is already deemed highly difficult to do so. It says something about the effort needed to share and receive milk, an effort that might only be possible for resourceful families. Donations are often frozen, and if it has to be transported for hours it might thaw and has to be used right away since it cannot be re-frozen without risking bacterial growth. Having a car and a cooler might be a way to overcome that problem, but that requires having those resources available. One of the members of the group, Iben, described how she drove all over Denmark to collect milk:

**Interviewee, Iben:** “I’ve been taking some long trips, milk roadtrips, where I pick up at different ‘stations’, and then I have cooler bags that I keep it in.” (Interview with Iben, 2020).

She stated later during the interview that if she had not been as resourceful as she is, she would not have been able to provide the same amount of milk for her daughter. What this shows is that the most resourceful families have the best opportunity to obtain breastmilk through the group, because utilising this new network requires resources. Iben’s example also shows how the group enables contact: how would a Copenhagen-based family connect with a mother in southern Jutland when their only connection was to share milk? The technological development that has provided us with Facebook enables national milksharing, that is not based on one’s existing network. The Milkshare group makes it possible to connect across country and social circles.

### Time frame for pumping

The donors are asked to provide information of when the milk was expressed. According to the BHHP there is an expiration on expressed breastmilk (Nilsson & Busck-Rasmussen, 2018). It is

stated within this that breastmilk that is frozen is durable for six months, while milk in the fridge is durable for three days. When a woman is lactating, milk is continually produced. Within the body the milk does not go sour or expire. When milk is expressed, it is taken from its continual development, and becomes a product that now can become spoiled or expire. It changes through the act of expression if it is to be given away, and needs to be handled according to different guidelines in order to be safe for consumption. When the *when* of expression is important to inform about when sharing milk, it is possibly due to the possible expiration of the milk that might make it unsafe. The norm of breastmilk's expiration date is something set by the Health Authority, which here leaks into the discourses of milksharing:

**Interviewee, Dea:** "From what I've heard it can only keep in the freezer for 6 months, and I wouldn't manage to use it myself, and the alternative then would have been to throw it out."  
(Interview with Dea, 2020).

What Dea conveys here is that the milk she had in her freezer was donated considering the norm of the expiration date. It is not necessarily upheld in every donation in the group though. The form does not state that 6 months is the durability of frozen milk, and the discourse of disclosing is reproduced here. The members are asked to inform of the date of expression, leaving it up to the recipient if they want to receive milk that has expired according to the aforementioned norm.

### Child's age or child's age at the time of pumping

The age of the child that the milk was originally made for, at the time of expression, is also deemed an important information within the form. The milk that is produced in the first days after birth is much higher in protein than the milk produced for the older baby because of both hormones and time passed since birth (Nilsson & Busck-Rasmussen, 2018). Much like the timeframe for pumping, the child's age at the time of pumping concerns the continual production of milk. In this instance, it does not have to do with expiration but with compatibility with the receiving child. There is an underlying notion here that when the milk is not tailored to the receiving child, it should at least fit the child's age. The normative notion that milk is tailored

also lies within the discourse of the age of the milk. It establishes and confirms the discourse that the milk produced in the first months of a child's life is more potent than the more mature milk. At the milk bank, milk is categorised by levels of protein. The most potent is the most expensive and sacred. There is both biological and symbolic value to be found in this. There are the physical, measurable protein levels and the symbol of the first milk being "the natural vaccine":

**Interviewee, Anne Olin:** "The first milk, colostrum, is called the natural vaccine. And that's because the very first breastmilk, the golden drops that almost look like butter, is extremely important." (Interview with Anne Olin, 2020).

The milk age discourse of the form might contain the underlying norm that the younger the milk, the better. The way it is phrased does not say anything about this, but has been interpreted by members of the group as something that matters when making connections. It is a factor in seeing if a sharer and recipient matches:

**Interviewee, Iben:** "I've been worried about the fact that sometimes it's been difficult to match Marie's age with the age of the milk we've received. And I do think about if that matters." (Interview with Iben, 2020).

Although she did worry about it, Iben decided that the potency was not more important than the milk itself. Nina, a mother who also received multiple donations through the Milkshare group elaborated on this matter:

**Interviewee, Nina:** "If it was my own child, the milk would fit her needs exactly, to her age and need, and that would be best. But my thinking is that when the best is not available, then the next best thing must be that this milk fits their baby, which means that it does contain these nutrients and these fats that it naturally has, which gives protection from all kinds of things later in life." (Interview with Nina, 2020).

Nina also taps into the norm that milk from the child's own mother is best and tailored to fit the child's needs. The value of this is also seen in the guidelines from the Health Authority, which

state that breastmilk is the best food for infants. What they also agree on is that the next best thing is milk from other women, as seen in a short section in the BHHP, a value that is normalised within the Milkshare group. But according to the Health Authority the milk is only valuable if it is either coming directly from mother to child or through a milk bank, showing conflict of belief between the ‘established system’ and the milksharers.

The discourse of the milk age, and the way it is supposed to match up donor and recipient is deemed important by the form, but it appears that to the recipients the milk itself is more important than the milk age. This shows that the norm that breastmilk is the best food for infants is possibly more powerful than the values of protein levels. Another factor in this is the practical measures. Breastmilk is not easy to obtain and making milk age a demand for a match would make it even harder.

## Other relevant conditions

In the final part of the form mothers in search of breastmilk are to write about special needs, and mothers offering milk have to disclose other relevant conditions like diet choices and medicine intake.

Special needs of recipients are for example cow milk free diet, the need for colostrum or similar. This creates a discourse of what would be acceptable demands to make for the milk donations, and can thereby be experienced as also excluding things from the category of what is acceptable:

**Interviewee, Lena:** “I once saw a post where someone was looking for vegan milk, and then some members told them that it was an extreme demand to both ask for milk from others and also have the nerve to try and dictate what kind of milk it should be by stating what the donor should or should not eat.” (Interview with Lena, 2020).

The post that Lena refers to is no longer in the group, so it has not been possible for me to look further into it. According to herself, Sanne aims to keep the group clean of members that are not acting within the rules of the group. These rules state that any kind of derogatory comments on race, religion, culture, sexual orientation, gender or identity are not allowed. However, Lenas

description of the post can show that what is deemed as acceptable to ask for in the form might shape the reactions of some of the group members. Since veganism is not exemplified in the form as a special need, the members might feel that it is an extreme demand to make. The reaction, as explained by Lena, also tarnishes the norm of equality between donor and recipient that Sanne wants to establish through the form. In Lenas account of the incident, she states that it was not only veganism that appeared to trigger a reaction. It was the combination of both asking for milk and asking for it to be vegan. Within the Milkshare group, breastmilk is something that is given like a gift, not bought like a product or service. Therefore, it might seem ungrateful to some that recipients make demands that are outside the norm produced through the form.

The relevant conditions that donors are urged to include in their post are for example diet choices, if they have been drinking alcohol and if they have taken any medication. These lifestyle factors are, according to Sanne, included in the form in order to help recipients feel safer:

**Interviewee, Sanne:** “It’s highly based on trust, meaning that many probably think ‘well I’ve taken a Panodil, I’ve had a glass of wine a day’ but never thought that it might be an issue because the Health Authority says it’s not a problem to still breastfeed, but maybe the recipient feels differently about it. So, the thought is to try to standardise it to make it easier for them to see through the text.” (Interview with Sanne, 2020).

What she speaks about here is transparency: to be able to see what is otherwise hidden in the milk. The breastmilk is a phenomenon of intra-actions. What is within the milk is invisible to the eye. In the milk bank, the testing procedures provide a sort of agential cut, that provides insights into the entanglements of breastmilk. Just like the milksharers cannot test the protein levels, they cannot test if the donor has taken medicine, eaten dairy or been drinking and pumping. They have to trust that the donor is genuine and transparent about all relevant aspects. She also taps into norms about breastfeeding. Within the Health Authority guidelines, where breastfeeding is still recommended and encouraged even if the mother smokes cigarettes or takes medicine that is

viewed as safe for the child<sup>20</sup>. As Anne Olin stated - anything basically goes when the milk is going to one's own child.

The creation of the discourse on what to disclose establishes a value of choosing what one's child is exposed to through the milk it ingests. As Sanne states, some mothers are comfortable with giving milk to their child that contains medicine residue, while others are not. Disclosing possible pollutants provides a view into the entanglement of breastmilk for the recipient. It gives some degree of power over what kind of milk the recipient receives. Some donors will feel compelled to disclose anything that could matter to the recipient. The donor Dea spoke about feeling the urge to be transparent:

**Interviewee, Dea:** “In my post I focused very much on both writing and explaining that I had received antibiotics and had had mastitis<sup>21</sup>, but also in general. Not that I made a complete list of what I eat and drink, but I wrote that I haven't had alcohol or cigarettes while pumping, I have had coffee but not more than recommended, and that I mainly eat organic food. And that was just to be as open, honest and genuine as possible.” (Interview with Dea, 2020).

What Dea says here is that she followed the norm produced through the discourse of the form. She wanted to provide the information so the recipient could make an informed choice of whether or not she wanted to give her child milk that contained antibiotics. Medicine residue was mentioned by the Anne Olin as one of the reasons she is sceptical of the practice of milksharing, because at the milk bank they do not accept milk that contains medicine residue:

**Interviewee, Anne Olin:** “Many who call here to ask if they can donate say no when we ask if they have taken any medicine, but if we ask them “what about immediately after giving birth”, then they remember that they actually were on antibiotics for five days.” (Interview with Anne Olin, 2020).

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<sup>20</sup> Some medicine is advised against to ingest when breastfeeding (see: Andersen & Futtrup, 2019).

<sup>21</sup> An inflammation in the milk ducts, which can be bacterial and abacterial. The former kind is often treated with antibiotics. Breastfeeding is still recommended on the inflamed breast (Hvidman, Søndergaard & Kjeldsen, 2018).



Within the milk bank's guidelines, antibiotics are one of the many medicines you cannot ingest if you want to donate. In the guidelines for breastfeeding from the Health Authority, being on antibiotics is not always something that makes them advise against breastfeeding since some antibiotics are deemed acceptable when breastfeeding. Dea had asked at the hospital if she could still breastfeed while on them, and the doctors there had told her that she could. Therefore, the milk was not deemed unhealthy by Dea, and she decided to donate through the Milkshare group because she believed it could benefit a child whose mother could not produce a sufficient amount of milk:

**Interviewee, Dea:** "The biggest reason why I chose to donate my milk is because I felt it would be a waste to pour it out, especially because it was some of the first milk, you could see that it was orange because of the colostrum in it, and that is just so good for small babies, and something that formula doesn't contain." (Interview with Dea, 2020).

The substance of breastmilk is so important and so much better than formula, that pollutants are made to matter less. In the milk bank, Dea's milk would have been disposed of. A discourse of 'disclose, don't dispose' (of the milk, that is) is normalised through the form. Again, the mothers who would be rejected by the milk bank are let into the milksharing community, but with the demand that they are open and honest about possible pollutants in their milk.

As I have shown in the above, the name, the description and the form are material-discursive tools that construct values and norms of milksharing. The frame of the group is set by Sanne but enacted by the members. What they do within this frame, if they choose to follow the norms of milksharing or not, is ultimately up to the individual. Certain things are deemed important, but the entanglements of the Milkshare group are more complex than described in the above. What is deemed important by Sanne in her role as the group administrator is conveyed to the members, and frames the practice of milksharing.

## Experiences of milksharing

When joining the group, the milksharers are met with the frame that I analysed in the above. Joining the group can be due to an array of reasons. Some of the donors have extra breastmilk in the freezer that they cannot use before the expiration date and some have taken medicine while pumping that does not correspond with the milk banks rules. Some of the recipients have children with for example cow milk allergy and are unable to breastfeed, others feel a strong urge to give their children breastmilk, some experience their child not adapting to formula due to unknown or known reasons. The list goes on. Common for them is that the donors have extra milk while the recipients have too little or no milk.

Finding the Milkshare group is not easy. It is not advertised anywhere, and is sparsely described in Danish literature. Coming to know that milksharing is a possibility is something that is found through other channels than the official guidelines. I found the group by coincidence when I read a post about low milk supply in a breastfeeding support group on Facebook. The milksharers I interviewed also explained that they had found out about the group through other Facebook groups about parenting, breastfeeding or infant nutrition.

In what follows I open up values and norms of motherhood and breastmilk produced through different discourses in the phenomenon of milksharing. These discourses concern the substance of milk and what it means to the milksharers, the trust that is enacted within the online community, notions of giving gifts and reciprocating and the creation of sisterhood.

As earlier established, milksharing might be a result of the value assigned to breastmilk in the Danish health system. The milksharers engage in the practice because of the health benefits of breastmilk, but digging deeper, I found that the milk has other properties as well.

## Healing through the substance

The way breastmilk is being detached from the act of breastfeeding in the material from the health system, is one way to see that the value of the substance might lead to milksharing. But breastmilk is also linked to the recipients' experiences of breastfeeding, and can become a consolation for them when they are not able to continue breastfeeding:

**Interviewee, Iben:** "I actually feel very proud that we found this solution, because I think it's impressive when thinking about the situation we were in that we are actually giving her breastmilk. And it's kind of a bandaid on the wound after giving up breastfeeding for me, that I can give her this." (Interview with Iben, 2020).

Being able to feed her daughter breastmilk felt like a consolation to Iben. Iben and her partner had found out about milksharing while they were experiencing their daughter having bad reactions to formula like blood in her stool and stomach pain. They had tried every type of formula, and nothing had really worked for them. Other women's breastmilk became the solution, and besides from the relief they felt because their child was no longer in pain, Iben also felt a relief herself - like she could let go of the pain of not being able to breastfeed. Iben's experience provides a look into how breastmilk and breastfeeding can be reattached, even though the milk is not provided through the act of breastfeeding. Breastfeeding, in the phenomenon of milksharing, is something that can be compensated for with shared breastmilk. Nina had a similar point of view:

**Interviewee, Nina:** "From previous experience with breastfeeding I know that it is not possible for me to sustain it for very long. So I knew that I had to do all that I could to breastfeed for those days, weeks or months that I possibly could, and when it wasn't possible anymore it just meant a lot to me that I, before giving birth, already had breastmilk in the freezer, because it made the extremely difficult decision to close the breastfeeding chapter much easier." (Interview with Nina, 2020).

Nina knew, before giving birth to her third child, that the breast reduction she had had earlier in life would make breastfeeding difficult. She had tried breastfeeding her two older children, and had given them formula when her milk supply ran dry. Being proactive and collecting milk before giving birth to her third child, she extended her supply. Not with her own milk, but with what was the next-best thing in her opinion. For Nina, having milk in the freezer eased the decision to stop breastfeeding when her milk supply was running out, like she was let off the hook knowing that her daughter would still receive breastmilk. Iben and Nina support their decision to receive shared breastmilk with the discourse that breastfeeding is almost always the best thing to do. This discourse leaks into the milksharing practice - if the milk is good for the donors own baby, why would it not be for mine?

### Quality of the substance

The discourse that if the milk is good enough for one baby, it is good enough for another as well, marks a contrast to the milk bank. As earlier shown, Anne Olin believes that when you give your milk to a child unrelated to you, you have a larger responsibility of handling the milk correctly and being healthy, than if the milk is given to your own baby. However, milksharing aligns more with the way breastfeeding is almost always recommended, even if the mother smokes or ingests medicine. The recipients of shared milk believes that breastmilk is better than formula, even though the milk does not come from them:

**Interviewee, Julia:** “I always tried to keep in mind with the donor milk that I’m not in control of the donor's lifestyle, but I’m not perfect either, I don’t eat perfect, I sometimes take medication like there’s nothing about me that would create magical milk that nobody else can.” (Interview with Julia, 2020).

As Julia states in the quote above, she believes that if she was able to breastfeed her child, he would get some bacteria and medicine residue as well. If the milksharers were to follow the norms for milk donations to the milk bank, the donors that are rejected by the milk bank would

also be rejected in the Milkshare group. Following the norms of breastfeeding instead, allows more mothers to donate their milk which appears to be more important to the milksharers.

Sharing milk is in an intersection between official milk donation and breastfeeding. It is between private and public. The donors are breastfeeding mothers, whose milk is good enough for their own baby, and as long as they disclose possible pollutants they are welcomed into the Milkshare group to offer up their milk. Some of this milk would have been disposed of in the milk bank. But the practices of the milksharers are otherwise similar to the milk banks. It is expressed breastmilk, frozen and transferred from one place to another and there is a common understanding that donated milk is better than formula. Where the procedures of the milk bank establish the milk as a safe choice, milksharing is a leap of faith. This entails trusting that the donors disclose all the medicine they might have taken during pumping and that they are mindful of hygiene.

Hygiene is a matter of concern in the milk bank practice because there might be bacteria present in the donated milk, but at the milk bank bacteria is tested for and pasteurised out of the milk. The donors there are given specific guidelines for how to handle the milk to ensure that it is as clean as possible. Such guidelines are not provided for the milksharers, but are easily accessible through several sources<sup>22</sup>. Maybe the donors follow these guidelines - maybe they do not. One of the donors I spoke to, Ida, was very aware of the hygiene issue, and actually wished for a place where her milk could get tested and approved:

**Interviewee, Ida:** “I think it’s too bad that there is no place for a private person to go and have the milk quality checked. Not because I want to get paid for it, but because there’s always a risk - I’m very attentive to washing the breast and throwing away the first milk that is pumped, but I

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<sup>22</sup> Guidelines for pumping and storing can be found in e.g. the BHHP (Nilsson & Busck-Rasmussen, 2018) on the website [netsundhedsplejerske.dk](http://netsundhedsplejerske.dk) (Lyng Hansen, 2005) and on the webpage [sundhedsplejersken.dk](http://sundhedsplejersken.dk) (Guldager, 2020).

cannot know if I have bacteria on my skin or in my home that I'm passing on." (Interview with Ida, 2020).

Milksharing is a practice highly based on trust: trust in one's own body being able to produce healthy milk, trust that the donor knows how to handle the milk in a hygienic way, that they disclose it if they consume anything that might pollute the milk and that they do not deliberately pollute or dilute the expressed milk. In what follows I explore how trust is generated and enacted in milksharing.

### Enacting trust

Ida described the notion of trust as underlying in milksharing, but that it is also a leap of faith:

**Interviewee, Ida:** "I think that the underlying basis is that people want to help others, and that you can trust the ones in the group, but people do have different standards of hygiene, so there is something about not knowing how the milk is handled. I'm sure that everyone in the group believes that they've handled it correctly, otherwise they wouldn't give it to their own child. But there is no controlling it, so it's a leap of faith." (Interview with Ida, 2020).

Ida's opinion of an underlying basis of wanting to help correlates with how the administrator Sanne called milksharing an act of care. The discourse of this is that the donors are there to help the recipients, in an act of altruism, in contrast to the equal marketplace Sanne expressed as her mission to create. Wanting to help is an opposite of wanting to cause harm, so this speaks to the intention of milksharing. The leap of faith in trusting the intention was also conveyed by Nina:

**Interviewee, Nina:** "Even though I have this belief in other people, there was this one night where the thought of 'what if someone poisoned the milk' crossed me. [...] What if someone intended to cause harm, not specifically to my child, but just because they were struggling with something?"

**Researcher, Signe:** “But that thought was brief?”

**Interviewee, Nina:** “I think you have to put it aside, if I have these concerns then I shouldn’t be doing it, so I have to believe that none of the mothers I’ve met would ever do that, I refuse to believe that.” (Interview with Nina, 2020).

Choosing to trust was a theme for Iben as well, who stated that the decision to receive milk was also a decision to believe that it was the right thing to do:

**Interviewee, Iben:** “I have chosen that if I am to do this, I also need to trust it, because I cannot go around worrying. I can be mindful of who I receive it from, but I cannot worry because then I shouldn’t do it.” (Interview with Iben, 2020).

Iben’s rationalisation is that if she engages in milksharing then she needs to both follow her gut feeling and common sense, but also decide to have faith in the donor’s intentions. Trust becomes not just a feeling or sense, but something both she and Nina enacts through receiving breastmilk from women who are essentially strangers. Enacting trust entails more than making the decision to trust. They do not go into it blind, but use different tools to establish the aforementioned gut feeling:

**Interviewee, Iben:** “It’s primarily my intuition, where I think ‘here is some sort of connection’. But I must admit that I also checked out who we’re dealing with, if I think it looks reasonable, and what kind of communication I’ve had with them in writing, what type of answer I get when I ask about something, if I feel like this is coming from a good intention or if there’s something that seem suspect or there’s bad energy.” (Interview with Iben, 2020).

Iben both bases her gut feeling on the communication style of the donor, but also on something else. When I asked her how she checked the donors out she told me that it was through “good old fashioned Facebook stalking”. Iben used the functionality of Facebook where one can look at each other's profiles, check out pictures and posts depending on the privacy settings. She

underlined that the pictures were important for her to see if it was a person she would like to receive milk from. Her way of using the profile to get a first impression of the donor is interesting because it entails the idea that what someone has on their profile is a representation of who they might be in person - something I also considered when entering the Milkshare group. Within this idea, the profile is not something someone has, but something that someone is. The profile is a form that can be filled out. Pictures, personal information, name, and even relations to other people can be derived from it. Nina also took a look at the profiles in order to see who the potential donors were:

**Interviewee, Nina:** “It’s been out of curiosity, I don’t think I would have ended up deselecting anyone anyway, but more like seeing who they are, if I maybe know someone they know - with one of them I could see that we had a friend in common, and I thought that it was kind of an ‘approved’ stamp like ‘okay, then she must be all right’.” (Interview with Nina, 2020).

To Nina, looking at the donor’s profile was not to sort out anyone but more to see who they were. But, the functionality of being able to see who their common friends were, still made her feel more confident that she could trust the donor. This feeling is produced by the way the common friend makes a social connection between Nina and the possible donor, extending her vision beyond the profile and providing her with a peak into who this person might be through her relation to someone Nina deems good company.

Another tool for enacting trust can be seen through the discourses of the form that donors and recipients are supposed to shape their posts through in the Milkshare group. Disclosing factors that might influence the milk’s quality enables the recipient to make somewhat informed decisions about what they give to their child. There is no way of knowing if the donors are being honest, something that the recipients believe is mitigated by their own common sense and ability to assess the donor’s intentions. Moving from the online and into the offline when the milk is picked up, provides yet another insight for the recipient:



**Interviewee, Iben:** “There is one portion of milk that I probably won’t use, and that is because when I went to pick it up I saw the way they were handling the milk. It was in these plastic containers and they picked it up with their fingers and put it into plastic bags, and I just felt like something was not right. It was kind of thawed already. And then there was something about the ambience, they were nice enough people, but I just thought ‘I don’t think we should use this milk’. And luckily it was a small portion, because I otherwise feel like nothing must be wasted, it is ‘expensive’ droplets, like holy milk.” (Interview with Iben, 2020).

Based on how she saw the donor handle the milk, Iben decided not to use it to feed her daughter, even though she felt wrong for letting it go to waste. Her way of discursively constructing the milk as something holy, provides insight into the value assigned to breastmilk within milksharing. Her saying that it is “expensive” does not mean that she paid for the milk, but speaks to her view of breastmilk as a sacred gift - something that should not be wasted. In the following I analyse notions of gift giving and reciprocity within milksharing.

### Gifts and tokens of appreciation

Breastmilk is both material and nonmaterial. It is material in its physical shape - it can be expressed, frozen, kept in containers and distributed in different ways, but breastmilk is constructed through intra-actions within different phenomena which are both material and non-material. The gift of milk can be seen as *community sharing* as posed by Komter (2007). The frame of community sharing is two-folded - a gift can be given due to others needing it or because the giver identifies with the recipient. Milksharing can be defined as both. As Ida puts it in the following quote, she donated breastmilk both because she could and because she felt empathetic with the recipients:

**Interviewee, Ida:** “I think that if it was me, being in that situation, I would probably also have been very grateful for having this opportunity. And it’s just a little thing that’s easy to do for others.” (Interview with Ida, 2020).

Even though the gift of milk is given for free and economic compensation is not allowed within the rules of the Milkshare group, the recipients still find a way to reciprocate, through what I call *tokens of appreciation*. An example of this is seen in this quote from Dea:

**Interviewee, Dea:** “The one I donated to brought a lovely gift for me, and I wasn’t aware that she was going to do that, but it was really nice and I appreciated it.” (Interview with Dea, 2020).

According to Komter, there is a principle of reciprocity present in gift giving, which among other aspects can be due to feelings of obligation and internalised moral duties. The internalised moral duties are activated by feelings of gratitude towards the giver (Komter, 2007). Tokens of appreciation are used as a way of thanking the donor for their gift of milk. Feeling the urge to reciprocate was expressed by Nina:

**Interviewee, Nina:** “Meeting the donors has been short and sweet. I’ve always brought a little homemade present for them, because it feels good for me to be able to say ‘I am so appreciative, here is a little thing for you’.” (Interview with Nina, 2020).

This quote shows the principle of reciprocity in practice. Nina's gift might stem from the need to make the relationship more equal, just like Sanne explained in her quest for less hierarchy in the group. Perhaps buying the milk could have made it a bit more equal, turning the milk into a product that is bought instead of a gift that is given. These tokens of appreciation have another meaning than money - a bouquet of flowers or something homemade has more sentimental value than money, making the exchange of milk for tokens of appreciation something different than if money had been involved. According to the donors, the tokens of appreciation were a pleasant

surprise, but they would not have been disappointed to not receive them. This points to that the reciprocity might be more of a need for the recipient of the breastmilk than the donor.

The no money policy of the Milkshare group, establishes the gift of milk as something done out of altruism. As I explained in the literature review in chapter one, altruism can be seen in a span from hard to soft (Shaw, 2019). The hard altruism is where reciprocity is not in play. What is given or done comes from a place of no agenda, and with no expectations of getting something in return. Soft altruism is when giving induce good feelings in the one giving something, a gift of empathy and solidarity. Milksharing is by Shaw (2019) explained as soft altruism, something that is also seen in my interviews with donors. Giving milk was described as an easy thing to do for others because they had extra milk they did not know what to do with, but it also had to do with the personal value they ascribed to their milk:

**Interviewee, Ida:** “I had pumped something I couldn’t use, and when you’re holding this milk that you’ve pumped to your greatest effort, it actually feels a bit like violating yourself to pour it down the drain.” (Interview with Ida, 2020).

The milk had been expressed while Ida was still eating dairy, and due to her son's cow milk allergy she was unable to use it for him. She had not felt like it was an easy task to pump, and described it as a violation of her efforts to throw it out. The Milkshare group provided her with a place to pass on the milk, letting it keep its value. Even though it would otherwise, at least according to the milk bank and the Health Authority, be a waste product, it becomes a gift that can be given to someone in need of it. Giving the milk does not only help the woman who received Ida’s milk, it also helps Ida by letting the milk become a gift instead of waste. She gives it away, but it retains its value through the practice of milksharing.

The donors experience that the recipients are grateful for their milk. Some express this gratitude with tokens of appreciation and others with a thank you. Even though milksharing is generally

described as an act of care in my interviews with donors, it can also be a way of asserting oneself in a certain position. One of the donors, Lena, explained how sharing her milk was also a way of creating an identity as someone who gives:

**Interviewee, Lena:** “I feel like a total power woman, I’ve just fed three babies at the same time, well for 14 days but still. It’s a very cool self representation. And I think I’m growing in my own motherhood in being able to do something for others.” (Interview with Lena, 2020).

For Lena it was not only an act of altruism, but also a way of asserting herself in a certain position in her motherhood. She explained in the interview that her reasons for doing it were both because she felt empathetic towards the recipients, because she had the opportunity to do it after having an easy start to breastfeeding, and because the narrative of being someone who helps suited her well. She also described that she wanted her son to adopt the same kind of narrative:

**Interviewee, Lena:** “[...] It’s just a great narrative to have about yourself, that this was something you did, and it’s a great story to tell him when he gets older: ‘you shared your milk with two other babies, and they were sick but got better when you shared your milk with them’. I mean, those are values worth passing on.” (Interview with Lena, 2020).

Lena explains here that giving her breastmilk away gives both her and her son a narrative of being someone who shares. She also ascertains the milk as something that belongs to her son, by stating that it is something *he* shares with other babies. She gives away some of the breastmilk that was made for her son, and thereby connects the milk to them and their unity. The milk that is given to other babies must therefore also be in some sort of connection to Lena. The relational ties that flow through the breastmilk from the donor mother to the receiving child, was not outspoken in the interviews I had with the milksharers. This does not mean though that there is no relation between them. The relation is just constructed differently than between the donor mother and receiving child, and instead applied to the connection between the mothers who

exchange the milk. In the following, I describe and analyse the sisterhood that is created through milksharing.

## Milk sisterhood

The substance of breastmilk is of differing value to the individual, and thus creates different types of relations (Carsten, 2001). In this section I reflect on notions of kinship and include the question: “If kinship can ideologically entail shared substance, can transfers of bodily substance create - or threaten to create - kinship?” (Weston, 2001, p. 153).

Breastmilk is produced within and from the lactating body, leaving traces of the body in the expressed milk. As I have earlier explained, expressed milk that is moved outside the family ties is matter out of place. Because of this, the formal donation of breastmilk to the milk bank has a variety of procedures in place. These procedures not only make sure that the milk is safe for consumption, but also severs the ties that bind milk to mother when each sample is mixed with other women's milk and pasteurised. From that point on it is not possible to trace the milk back to the donor (Borring *et al.*, 2018). Without these transformations, the milk shared via the Milkshare group flows from breast to child through the exchange between two mothers. The Milkshare group and the milksharing practice is by the milksharers described as producing a sense of community, or as Eva phrases it - a sisterhood:

**Interviewee, Eva:** “It was like this sister solidarity, ‘here have this milk, I would love it if you could use it’. There was so much love for the other, and this might be a big word to use, but a *sisterhood*. It was like we were all in the same boat, even though we weren’t because some of us had no milk while others had too much, but it was like we had this collective mission that the children need milk, and that is important.” (Interview with Eva, 2020).

In biology sisters are blood relatives, but notions of sisterhood within milksharing is not by blood, but through milk. The milk is exchanged between women, and given to the recipient's

child, making a connection through the feeding of the child. The breastmilk that is shared is at first part of the donor's body and then a part of the recipient's child's body. Therefore the most direct *biological* line of kinship in milksharing would be within this discourse between donor mother and receiving child. There is a "threat of kinship" in milksharing, a threat to motherhood. By constructing a *milk sisterhood* instead of a *milk motherhood*, milksharing becomes a less dangerous kind of kinship. There is a sense of exclusivity in motherhood, that the mother should give her own child her own milk. Not being able to do this, the mother might construct new ways of feeding:

**Interviewee, Iben:** "We've shaped this really intimate way of doing it, it's like our thing [...] I've really needed it to be our thing. I've been lying down with her, naked at the breast, because I could feel that it wasn't just a sorrow in me, but also in her. It's what we're designed for, becoming this unity." (Interview with Iben, 2020).

Iben describes how she and her daughter were supposed to become a unity through the feeding situation. There is an underlying norm here, an internalised discourse that the mother herself should provide breastmilk for her own baby. Iben's action of lying down with her daughter, feeding her close to the breast with another woman's milk, can be viewed as a way of creating a new kind of unity. She claims the situation as her own, perhaps also trying to sever the ties that lie within the milk given to her. Her experience of feeding her daughter through a bottle and not through her body was a sorrow that she healed through milksharing and through creating her own intimate way of feeding her child the milk. The breastmilk that Iben feeds her daughter is detached from the donor-mother and attached to Iben instead, through her effort to create intimacy in the feeding situation.

For the donors, the connection to their own child might feel challenged if they feel connected to the child they donate milk to:

**Interviewee, Dea:** “I do feel that there are some emotions tied to my milk, that it is something I share with my child, and maybe you do transfer some of that when you give that same milk away to someone else [...] and if I were to breastfeed somebody else’s child that would feel a bit weird. And that’s probably also because of the emotions that are transferred with the milk, but that’s not what happens when another child drinks my milk, it’s not me delivering it directly.” (Interview with Dea, 2020).

Although Dea feels that there are emotions tied to her milk, she distances herself from the thought that the milk connects her to the child who receives the milk. The relation through milk is something she has with her son, and even though he receives the same milk as the child of the woman who picked up Dea’s surplus milk, there appears to be no connection between neither Dea and the other child, nor the two children. Dea says it is not her delivering it directly, as to say that she is not involved in the feeding situation. The breastmilk appears to change ownership once it is given away. It now belongs to the recipient mother, who can feed it to her own child. This is the creation of the milk sisterhood.

The threat of kinship goes both ways. The recipients might feel threatened on their motherhood, if they feel like the milk they receive is still a part of the woman who donated it. A way of handling this is through detaching the notion of attachment in the feeding situation from the food:

**Interviewee, Eva:** “When I’ve given him donor milk it has been about what is physiologically good for him. It hasn’t been about attachment or comfort that breastfeeding is otherwise associated with, that part is taken out of it because attachment and comfort is what I give him, not the one donating her milk. [...] He is not being laid at somebody else’s breast. As soon as you talk about breastfeeding and breastmilk, it’s kind of hard to detach those things because it’s an intimate and private thing, but in this situation it’s just food.” (Interview with Eva, 2020).

Eva constructs the situation of feeding her son as something detached from what is in the bottle: she is giving him comfort and attachment, but does not see the milk as producing it. Another perspective can be seen through Nina's experience of giving her daughter another woman's breastmilk:

**Interviewee, Nina:** "To me it is not just food, it is emotional, it is love and so much more than just food that I am giving my child through this. I really feel that everything my daughter needs is within this milk." (Interview with Nina, 2020).

Nina does not detach emotions from the milk, but instead perceives milksharing as an act of care, both towards her and her child. The value of the milk is more than nutritional, it is emotional as well. It is the milk that contains emotional value, but it does not seem like Nina feels that there is a connection between the mother who produced the milk and her own child. It is Nina who has provided the milk for her own daughter, even though it was produced by another's body. These different ways of viewing the substance of breastmilk, constructs different experiences of the relations created through the sharing of substance. The sharing of the substance of breastmilk both creates and threatens to create kinship. The threats to motherhood is managed by instead allowing a sisterhood to be created:

**Interviewee, Eva:** "It means something that another woman has provided my son with milk. It means something that this is not from a cow who has produced the formula he has also received. Maybe it's because it's an intimate thing, and something that someone has done for another." (Interview with Eva, 2020).

Choosing not to follow the norm of formula, the mothers break with the classification systems of society. But what if following the norm of formula breaks with internalised norms of motherhood and what it takes to be a good mother? As I accounted for in chapter one of this thesis, Gribble (2014b) explains how using formula is seen as a greater threat to motherhood



norms than milksharing is, because breastmilk is more tied to motherhood than formula. This is an interesting notion, and was also something that my interviewees spoke of between the lines:

**Interviewee, Iben:** “I was so moved by the fact that it was even possible, because I was so ashamed and sad that my breastfeeding wasn’t working, so being able to give her breastmilk was such a huge relief.” (Interview with Iben, 2020).

Being able to stay closer to the experience of breastfeeding by giving her daughter breastmilk, Iben was relieved from feeling ashamed by not breastfeeding. That not being able to breastfeed can produce feelings of shame or inadequacy was present among my interviewees. The need to heal and the feeling of shame were subjects we discussed at length. Using breastmilk as the alternative when breastfeeding was not possible, proved to be a healing factor - not straying too far from the internalised norms of motherhood.

Milksharing is a complex phenomenon. The donors construct their own narratives as “an easy way of doing something good” and as “something I had in the freezer anyway”. The milk is a leftover, something they can spare. At the same time they feel like their milk has value - it would be wrong to pour it down the drain, when someone else might benefit from it. To the recipients, both the substance itself and the act of milksharing is immensely valuable. But it is also something that they carefully consider, because they do not know what the possible consequences of their choices might be. There is a clash between the norms that breastmilk not given to one’s own child is without value (or outright dirty) and the very high value of breastmilk in the discourses of the Health Authority. This clash makes the milk both a waste product and liquid gold. Refracting through milksharing throughout this chapter, made it possible to explore values and norms of breastmilk and motherhood.

## Chapter 4: Discussing and concluding

In the following chapter I discuss the values and norms of milksharing analysed in the above. Afterwards I provide a conclusion of the report, which answers the problem formulation. Lastly I suggest how the field of sharing breastmilk could be explored in future studies.

### Discussion

A norm is created in the Danish breastfeeding culture through the high value ascribed to breastmilk: a norm that breastmilk should be given to infants when possible. One could say that the milksharers are simply following that norm by trying to even out the balance between those who have plenty, and those who do not have enough. But even though the norm in Denmark is to give infants breastmilk, it does not mean that the alternative to breastfeeding is shared milk. There is a discrepancy between value and norm for alternatives. Breastmilk is highly valued and donated milk is acknowledged to be the next best thing. But donated milk is matter out of place, and needs to be handled in a milk bank in order to become safe for another woman's child. Because milk from a milk bank is difficult to come by, there is not an established norm about using this as an alternative. Instead there is a norm that formula is the only alternative if the mother's own milk is not available.

Presently, in the Danish society we do not have a tradition of wet-nursing or milksharing, which is part of the reason why privately donated milk becomes taboo. It falls outside the established classification system and threatens the current way of life. Breaking with taboo is unpleasant. The recipient Eva explained that looking at the shared milk as a supplement and not something her son would be exclusively fed on made it easier for her to engage in the practice:

**Interviewee, Eva:** “I don’t remember feeling that concerned about it because it wasn’t going to be his only food. It was a supplement to give him some of that extra stuff that formula does not provide.” (Interview with Eva, 2020).

The concerns about receiving milk became less significant for Eva because she was able to compartmentalise the breastmilk as a supplement, while formula was her son’s food. This way, she still follows the norm for alternatives to breastmilk as prescribed by the Health Authority. She just chose an untraditional vitamin supplement. There is a difference between Eva and the other recipients I interviewed though, since the other recipients wanted their children to exclusively receive breastmilk. For them, the value of breastmilk is stronger than the norm of formula. The milksharers have strong beliefs in the value of breastmilk, and enact this belief by giving and receiving breastmilk. Norms are reproduced, bended and produced in the milksharing phenomenon. Sanne described the Milkshare group as a digital village where they return to old virtues of women helping each other. They distribute the responsibility of feeding their children among them: it takes a digital village to feed a child.

While some recipients want to obtain breastmilk for their babies because they feel better about that than formula, others are looking to obtain milk because their babies are not thriving on formula. Iben had tried every type of formula, but every one of them made her daughter sick. She was not able to produce enough milk after a complicated course of events, and when formula was not a viable option she became desperate for an alternative. She explained to me how she turned to milksharing as a last resort, which turned out to both make her daughter feel better, and heal some of her own bad experiences with breastfeeding. There was no other available alternative for her and her daughter, because they could not afford to buy milk at the milk bank, which would otherwise have been the possible solution to their issues. The Milkshare group became her solution when the established health system did not provide her with one.

The way milksharing is practiced is similar to the workings of the milk bank, where milk is a

mutable substance, that is turned material through expression, freezing and distribution. But it is handled as within the norms for breastfeeding, where there are no limitations to what is allowed to be in the milk. Milksharing is presented as an alternative to formula. It does not replace breastfeeding, it replaces the substance in the bottle like formula does, but stays closer to internalised values and norms of breastfeeding than formula does. Formula and banked breastmilk has to live up to all sorts of legislative parameters - there must be no pollutants. The Food Authority is not going to visit a breastfeeding mother to ensure that her baby is not getting nicotine, medicine residue or E. coli through her own milk, and they are not visiting the milksharers either. Sharing breastmilk is within a grey area of the food legislation. It is a food business, but falls under a limit of triviality as long as there is no organisation behind it. The individual donors are the ones liable if something goes wrong, a liability that only comes into play if a recipient sues a donor for providing harmful milk.

Milksharing is flying under the radar, and even though both the Health and Food Authority are aware of it, they do not appear to have plans to do anything either for or against it. Niels Ladefoged stated in the interview that it is up to the individual if they want to take the risk. The milksharers feel like the risk is not high, and seem to believe that the benefits outweigh the possible risks. The milksharers I spoke to used different tools to diminish the risks, while some of them wished for a less risky alternative. As Sanne said, milksharing is fallible and there are risks present. There are “rules” in place to guide the milksharers in practicing safe and equal milksharing. These tell them how to act, what to include in their offer or request for breastmilk and how the milk must be given for free and without expectations. There is an effort to produce equality through the group, which is something that exists on multiple levels. First of all the group as a platform provides the possibility to obtain free food for one’s child, something that is otherwise not possible if one cannot breastfeed - both formula and donor milk from the milk bank cost money. This makes the group capable of creating equality between mothers who can breastfeed and mothers who cannot, both in an economic sense and in the perspective of evening out the supply.

That the milk is to be given away for free also makes sure that there is no hierarchy of the milk - one could imagine that milk coming from a mother who eats organic and healthy food and does not take medicine, would be more valuable than milk coming from a mother who smokes and eats junk food. The milk is produced within the body, so it is a product of the mother's health as well as other factors. That health is a fluid term in the Milkshare group also gives more mothers with surplus milk the opportunity to donate the milk that would be rejected by the milk banks, letting them experience the joy of helping others and giving their breastmilk new value instead of it becoming waste. That no money must be involved also ensures that milk is equally available, and not depending on one's private economy. If there is less milk available than is asked for, there could occur situations of mothers offering more money if they have the resources to outbid the others. Another way of creating equality is by taking out the "soft aspects" of milksharing within the group. With the form, Sanne tries to ensure that recipients do not provide long stories of why they have earned a donation, but instead stating facts - what do you need and where must it be placed geographically.

Milksharing is an alternative to the alternative - a critique of what is available at the moment. Within the Milkshare group there is a belief that breastmilk is best, and that it should be made available for more babies. When some mothers produce enough milk to feed more babies than their own, why should they not give it to those who are unable to provide breastmilk for their babies? Breastmilk is the best food for infants, but as I have already stated sharing the milk changes its properties according to official health sources - it goes from perfect to harmful once it is moved out of the family. In the Milkshare group, breastmilk is given another value, and sharing it appears to be experienced as rather unproblematic. Breastmilk is a gift given through sister solidarity, not something dirty or high risk.

The complexities of milksharing in Denmark can be viewed through the different opinions of safety and risk. According to the Health Authority milksharing is a practice with high risks because expressed and shared breastmilk is possibly polluted. They do not mention any possible

rewards of milksharing, but those can in part be derived from the material on infant feeding, where breastmilk from other women is said to be a better alternative than formula. The Food Authority who provide the legislation that covers food distribution does not prohibit it. As long as the breastmilk is safe for consumption, sharing it with others is legal. But this is something that is not possible to make sure of in milksharing. Anne Olin does not advise against the practice, as she believes that milk from other women is better than formula. But she remains sceptical of the practice, because there is a lack of knowledge of what the consequences might be if a baby receives multiple women's milk that contain different xenobiotics. The milksharers underpin their arguments for the safety of milksharing with the notion that breastmilk is better food for infants, that they use common sense to avoid the possible risks and that breastmilk has not in definite terms been proven to be dangerous - even when it leaves the family.

My research does not contest that there are risks involved in milksharing, but it has provided the insight that milksharing is, in my empirical data, something that is carefully thought through before taking the leap of faith that it is to share breastmilk online. The milksharers see themselves as a sisterhood, where trust is enacted and milk supply is balanced through acts of care and soft altruism. Milksharing is a part of the Danish breastfeeding culture, and shedding light on it is a part of nuancing how babies are fed today. As I described in the first section of chapter one, breastfeeding has been problematised in the Danish culture throughout history (Løkke, 2012). Making it less problematic can come from providing nuances: "When the day comes where both mothers and professional breastfeeding experts can embrace that women are rather diverse, also when they breastfeed, the perpetuation of women's subordinate position will be crucially weakened." (Løkke, 2012, p. 184). When I chose to explore milksharing, it was due to a both personal and professional curiosity, an urge to shed light on an unexplored phenomenon and to provide insight into the complexities of infant feeding. To produce feminist knowledge, is to produce knowledge that inspires change and emancipation.

## Conclusion

In this section I answer the problem formulation. I first summarise the answers to the three sub-questions, and then provide an answer to the overall question.

First sub-question: In what way can online milksharing be studied through ethnographic fieldwork?

I studied online milksharing through ethnographic fieldwork that took its point of departure in searching for interviewees who had experience with the practice. As I was granted access into the Milkshare group, I wanted to explore the inner workings of the group and the members' experiences of milksharing through the group. Doing online ethnography was a learning experience, where many different factors had to be taken into account: ethical considerations, what it means to do fieldwork through a screen and not physically meet the inhabitants of a field. Researching through my private Facebook profile and my situatedness in the field, became an exercise in balancing proximity and distance.

As I learned more about the field, it became evident that milksharing does not emerge only through a set of internalised norms in the mothers, but is a response of sorts to the Danish breastfeeding culture as it is conveyed by the Health Authority. I followed different traces, both in official material from the Health Authority and in the magazine article from *Our Children*, which led me to the milk bank manager Anne Olin, who became the source that led me to the Food Authorities. As I moved through different spaces of the field, the phenomenon of milksharing formed through different agential cuts. To study milksharing through ethnographic methods was not to try to look at milksharing as some sort of wholeness that could be picked apart, but rather to become embedded in the phenomenon and let it emerge through the ethnographic fieldwork.

Second sub-question: How are both coherent and conflicting values and norms of breastmilk emerging through the phenomenon of milksharing, as seen within the Danish Health Authority, a milk bank and the Milkshare group?

Breastmilk materialised within the phenomenon of milksharing as a substance with differing value, depending on the context it is used in. In material from the Danish Health Authority, breastmilk is described as perfect, both as a food and as something that contains enzymes and antibodies that can alter and shape the child's future in a positive way. Breastmilk is ascertained as something of extremely high value, and is almost always recommended, even if the mother is for example a smoker. In material for health professionals it is conveyed that breastmilk from other women than the biological mother is the best alternative to the mother's own milk. This milk can only be obtained through a milk bank, where donated milk is not viewed as safe for consumption upon donation, but as something in need of transformation. Through the procedures of pooling together donations and pasteurisation, the breastmilk is turned into a standardised food product. Since this food product for infants is expensive, private persons are not led to the milk bank by official guidelines for breastfeeding on platforms such as sundhed.dk who convey health information to citizens. Instead the alternative to a mother's own milk is presented as being formula. Formula is not said to be insufficient food, but lacks certain elements that breastmilk contains, such as antibodies and the ability to have effects on present and future health of the child.

Privately sharing breastmilk is not mentioned in the material from the Health Authority, neither for nor against it. I found the statement that the Health Authority advise against it in a news article online. The Food Authority and the manager of the milk bank, Anne Olin, are not directly advising against it, but describe milksharing as something they view as risky, because xenobiotics can hide within the shared breastmilk. They both describe risks and scepticism, but Anne Olin also states that she does not necessarily believe that milksharing is dangerous. The sharing of breastmilk is matter out of place, something I derive from the practices of the milk bank, and the way milksharing is advised against. Breastmilk that is given to a child unrelated to the mother who produced the milk is viewed as possibly harmful.

Within the Milkshare group, values and norms are both reproduced and new ones emerge. Breastmilk is the focus of the group, and is valued as the best food for infants. Sharing breastmilk is both conveyed as being easy and unproblematic as well as difficult and risky,



within the Milkshare group. Milksharing builds both on norms of breastfeeding and milk donation, while it criticises other norms of the very same discourses. Within the group there is a patchwork of norms that fit the practice. Breastmilk can, in the sense of breastfeeding, be considered safe even if the mother ingests for example medicine. Medicine residue is therefore allowed in the milk that is offered in the Milkshare group, as long as it is disclosed. There are tacit understandings of what it takes to produce healthy milk, and mothers who would be rejected by the milk bank are welcome to offer their milk in the group. But the practices of milksharing otherwise appear similar to the milk bank: it matters how long the milk has been frozen for, how potent it is and what the mother who produced it has ingested. There are normative notions that the receivers of breastmilk should be babies and children, that the mothers are not allowed to ask for or offer money for the milk and that the practice should not be discussed within the group.

Third sub-question: Why and how is online milksharing practiced, and how is it experienced and viewed?

Within the Milkshare group, milksharing among women who are essentially strangers is enabled. Here it is up to the individual recipient if she wants to give her child milk that possibly contains hidden harmful bacteria or medicine residue. Even though disclosing certain risk factors is encouraged, the enforcement of such a rule seems impossible. There is no testing or pasteurisation of the milk here, mainly trust and gut feelings. The milksharers utilise different online and offline tools to manage the risks of milksharing. They navigate the practice with common sense, but also by choosing to trust, enacting this as a way of keeping worries at bay. Breastmilk is, within milksharing, viewed as both a surplus substance that would otherwise go to waste and as a gift. The community of the Milkshare group enables a sisterhood to be created. This sisterhood is a sense of kinship between the mothers, which subsequently tackles the possible threat to motherhood. Breastmilk is highly personal, and is a substance that contains remnants of the body it was produced in, but nevertheless kinship between donor mother and recipient child is rejected by the milksharers. The milk changes ownership when given through the Milkshare group, and by this the relational ties are symbolically severed between donor and

milk. The substance of milk is mutable and the notions of giving and receiving it constructs connections between women, creating a sense of sisterhood through solidarity. The way sharing milk is constructed as something much different than wet nursing by the milksharers, provides insight into how the mothers relate both to each other and to the substance of milk.

Finally, I will provide an answer to the overall problem formulation which is: **How does the phenomenon of online milksharing in Denmark emerge?**

The phenomenon of online milksharing in Denmark emerges, through this Techno-Anthropological thesis, as something full of complexity: it is both a practice, an enactment of values, a critique of norms, an act of both care and self-representation, it is capable of creating kinship, it is both safe and risky and an enactment of trust in others. As there is no way to describe or analyse an entire phenomenon, my research and analysis provides these peeks into milksharing through agential cuts. Milksharing in Denmark is both an extension of the existing culture surrounding breastfeeding, a step back into old norms of distributing infant feeding responsibility in a village, a critique of reigning norms and a production of new practices, discourses and norms of infant feeding. Online milksharing is an example of how technological advances such as the internet and social media can enable new networks and relations. Milksharing is an intimate practice where women are helping each other even out the supply of breastmilk. But it also becomes political, by its very existence. Milksharing is an enactment of a norm critique, that points to that the present alternatives are not sufficient. They ask for more, and choose to provide it themselves. Through the thesis I have shed light on the phenomenon of online milksharing in Denmark, and described and analysed the entangled nature of some of the discourses, values and norms that constitute it.

## Further studies

This section provides a brief insight into some of the themes of my research that was not included in the thesis report, but which I recommend to be explored in future studies of milksharing. Milksharing appeared, for the recipients, to be a result of unsuccessful

breastfeeding journeys. I therefore recommend research to be done on breastfeeding guidance in Denmark. According to my research, milksharing appears to be spreading in Denmark. I recommend that scientifically informed health information should be provided for mothers who want to engage in milksharing. There are risks to the practice, something that is neither conveyed nor advised about in official health advice. Doing more research into what the risks are in the Danish context could provide a basis for such information. I also urge for research to be done in regards to how to provide an alternative to formula, to families with children that for some reason cannot tolerate it.

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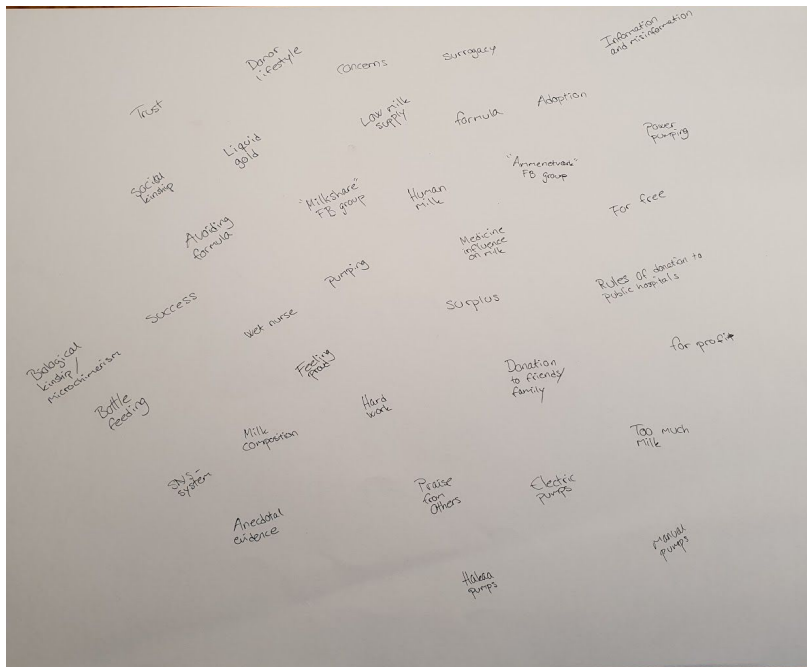
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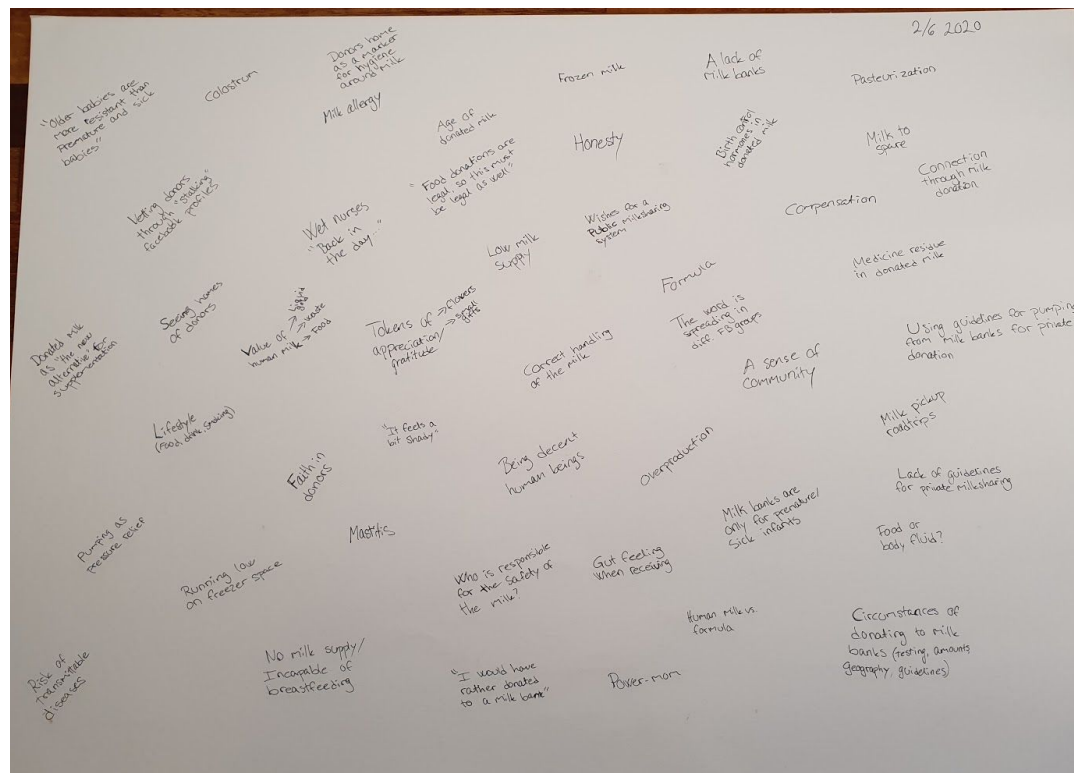
# Appendix 1

My first map looked like this, and was made before conducting interviews:



Picture 8: First messy map.

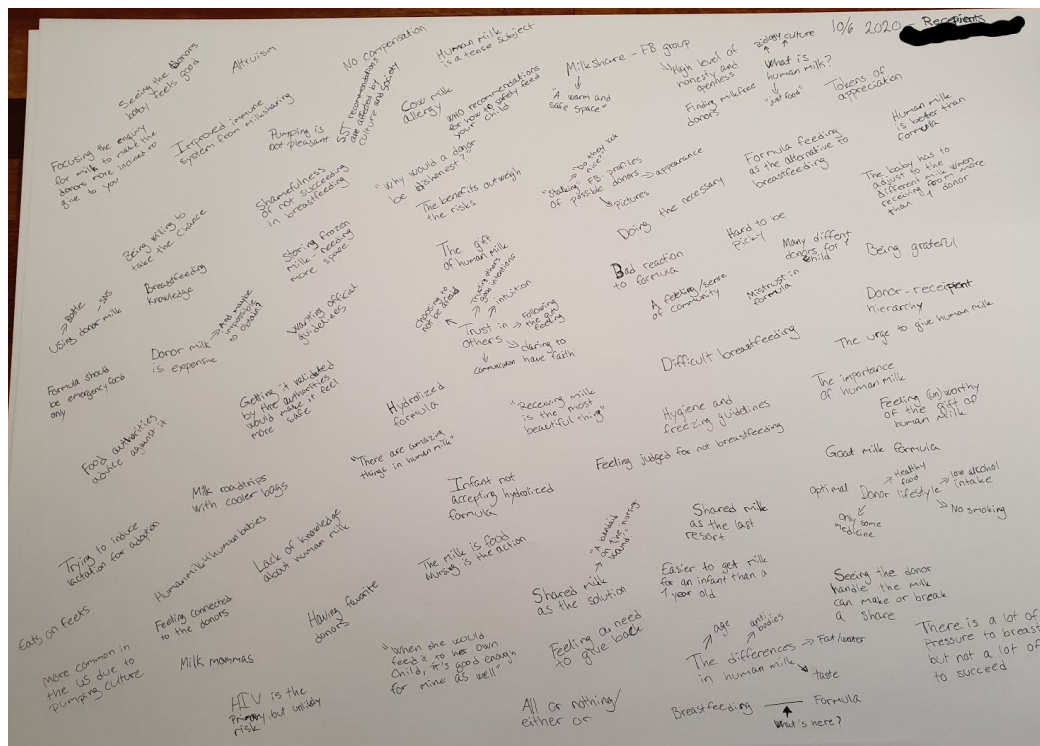
This messy map was made from preliminary literature research, and was made to see what I had learned so far. After the first three interviews, I did my second messy map while listening to the recordings of the interviews:



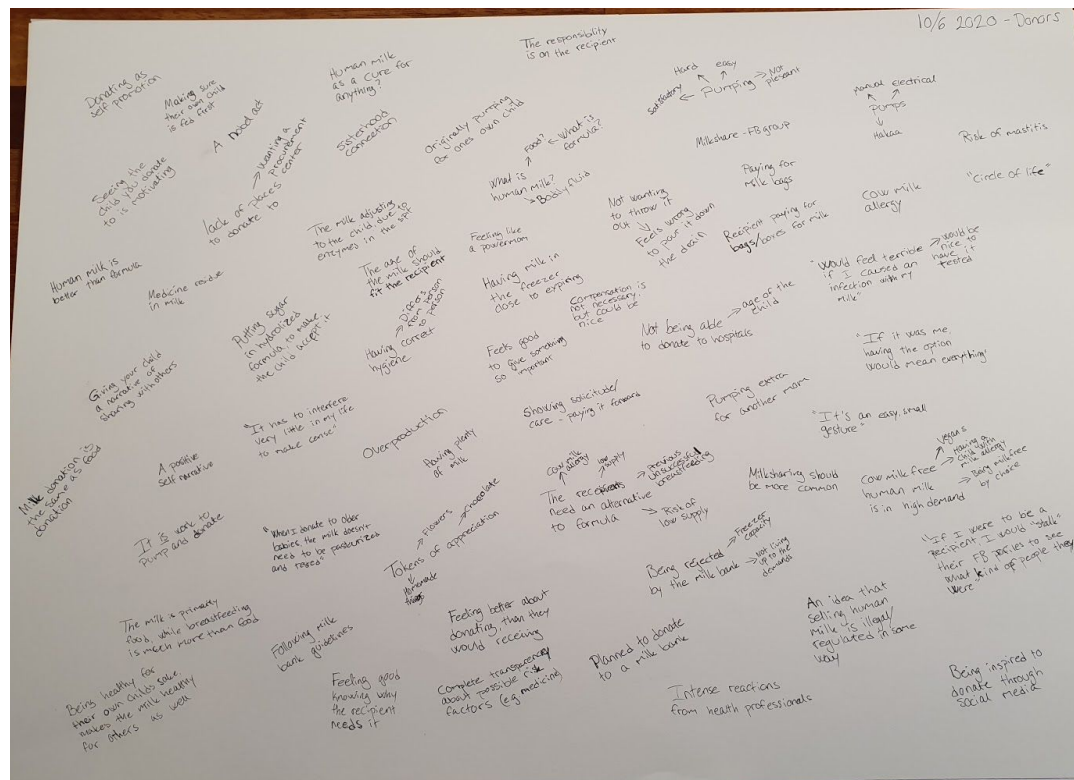
Picture 9: Second messy map.

Doing this, I wanted to visualise what new insights I had gained by interviewing, and seeing what themes were present at that time. Moving forward and doing more interviews, the map was helpful in the sense that some of the themes from the first interviews had not been present in my interview guides, but something that arose during the interview. I could therefore include more questions in my guides, to see if there were more to explore. For example, I had not myself thought about how some recipients give small gifts to their donors, which is something the first interviews taught me. Therefore I included questions about this in my interview guides for the remaining interviews.

After having conducted almost all the interviews, I did two new maps:



Picture 10: 3rd messy map - recipient version. (Edited to censor names of interviewees).



Picture 11: 3rd messy map - donor version.

I decided to make two different messy maps because I was interested in seeing how the donors and recipients related to each other. At this point I had not interviewed Anne Olin or Niels Ladefoged yet. All the maps done that far were done through listening to the recordings of my interviews.