

Jan Riordan: An Oral History

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Abstract

While conducting my dissertation research on the professionalization of breastfeeding support, I identified key “founders” of lactation consulting. I focused on the people involved in the formation of the International Board Certified Lactation Consultant, as certified by the International Board of Lactation Consultant Examiners and represented by the International Lactation Consultant Association. Jan Riordan was at the top of my list. As the editor and co-author of the first text on breastfeeding and human lactation for non-physicians, Dr. Riordan shaped the professional body of knowledge for International Board Certified Lactation Consultants and others providing clinical breastfeeding support. She was a La Leche League leader and founding member of the Kansas La Leche League International Chapter, served on the first International Board of Lactation Consultant Examiners Board of Directors, and served on the first editorial review board of the *Journal of Human Lactation*. She was a professor of nursing at Wichita State University for 23 years. I met her at an International Lactation Consultant Association conference in San Antonio, Texas in 2010, just after she had retired from Wichita State, and I interviewed her by phone on August 10, 2010. This is from a taped interview. (AE = Aimee Eden’s initials; JR = Jan Riordan’s initials). The University of South Florida IRB approved the full study.

Keywords

Breastfeeding experience, breastfeeding knowledge, historical research, International Board Certified Lactation Consultant, La Leche League International

Interview

AE: Can I start more personally? When and why did you get interested in breastfeeding?

JR: I had 6 children, and when I had the first one, I didn’t think much about breastfeeding. But my mother-in-law wanted very much for me to breastfeed...and I liked my mother-in-law so I went ahead and started nursing. The only thing was, I didn’t have the information, didn’t have anything written. My husband was very helpful...he is a physician, but he didn’t know the do’s and don’t’s and how-to’s of breastfeeding. He just said, “well, go ahead and breastfeed.” So that kinda was my interest. I nursed the first one a few months, the second one a few months more...by the time I had the last children I was nursing [for] a year, a year and a half, which was unheard of at that time, about 40 years ago. When I was nursing, I did meet up with one person who had contacted the founding mothers [of La Leche League (LLL)]. [They had] one sheet of paper that gave you directions on how to breastfeed. When you actually followed it and read it, it made such a big difference, and when you think about all that’s written now, and then we just had one little pamphlet...even that one pamphlet made a big difference in being successful at breastfeeding.

AE: You said your mother-in-law encouraged you and your husband was supportive. Was your own mom around?

JR: She wasn’t. We packed off to Wichita, Kansas, and none of them lived here, so we were on our own. My mother, she didn’t know what I was doing. She couldn’t figure it out. She didn’t give any facts one way or the other. I guess she tried breastfeeding once. But I think a lot of those women of their generation, they had no support at all, so you don’t blame them. And of course, I didn’t blame her.

AE: And what about lactation consulting, as an emerging profession?

JR: Coming up to the actual beginnings [of the lactation consulting profession], I think it was the late 1970s that there were popping up around the country some clinics and some outpatient services for just breastfeeding. And this was new, because it just didn’t happen before with La Leche, with the leaders helping out with clinical knowledge as well as lifestyle factors that League holds today. One was...Los Angeles...where Chele Marmet lived. She had a

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clinic there and had a connection with a very small college, so that an individual coming in to her clinic could have a helper, and the helper could get clinical experience as well as getting college hours. Chele was one of the early founders that paved the way for outside-of-league help. Another place in California was with Kitty Franz. I went out there to interview them because I was writing a book on breastfeeding for nurses, and I heard about what they were doing. She is a pediatric nurse practitioner, and she specialized in breastfeeding problems. She was in an office with a physician, so they had a substantial contribution in starting that role in a hospital setting.

About the same time, I had a private practice out of my home. I was getting my Master's degree in nursing. This was an opportunity to help out. At the same time I could learn from the experience. That was in the late 1970s. I kind of made up things as I went along because there wasn't anything else. I had some pediatric physicians in the area who were very supportive. They didn't know a lot about breastfeeding, but they were very supportive of the idea. So that was very helpful in my area. And I think that was going on around the country—people were interested in breastfeeding, they usually would establish a relationship with a pediatrician or another type of physician.

But it was [also] the beginning of the La Leche League "lactation department" and there were three or four of us. We were the ones that were the liaison between physicians and the league. We really kind of started all of this, now that I think about it. That was under Betty's [Countryman] daily workweek and she did a really good job of developing the idea, the concept of having communication and sharing expertise between professionals and La Leche leaders. That was pre-lactation consultant [IBCLC].

Let's see, as far as starting with the IBLCE with lactation consultant certification, Joanne Scott and Linda Smith were very instrumental in getting that rolling. My husband, who is deceased, was a big champion of breastfeeding and of LLLI, and so Joanne and Linda were very interested in starting a certification, so they came up to us at one of the conferences and asked... What did we think of having a certification for breastfeeding? And we weren't the only ones they were surveying...[they were surveying] a lot of different people at this conference. I held back a little bit, because I know in nursing I'd been involved in certifying different programs, and know how difficult that can be. But I said, let's give it a try anyway. The first certification was 1985. The blueprint for the exam had to come first, and I was on that team that met in Washington DC and we spent about 2-3 days defining the categories of the different topics that should be in the exam. We were lucky to find a statistician who

was very knowledgeable and very good to work with, and smart and interested in breastfeeding.

AE: Was that Leon Gross [the psychometrician]?

JR: Yes. Well, the two [ILCA and IBLCE] are quite separate, you know? It became very clear to us that they should be two governing organizations. [And] we can't have a thriving organization without a journal, right? So Kathy Auerbach was the first editor of the *Journal of Human Lactation*. The first issue was a little fold-over pamphlet, but it had a research study that I had done. Starting off, it was pretty meager, but Kathy is such a hard worker, and so talented, she immediately whipped that journal right into shape. Then Jane Heinig took over.

AE: Were you ever a League Leader or what was your involvement [with LLL]?

JR: When we started, there wasn't such a thing as a [LLL] "leader." It was that you got together people that seemed to want the help, and invite them to your home or someone else's home; they didn't want the meeting to be at halls or post offices or anything, they wanted the intimate setting of women helping women. That was 50 years ago. I am considered the mother of Kansas La Leche League.

AE: So you had at least one child then.

JR: Yeah, I had a couple of kids. You had to have a child and had nursed, or tried to nurse, or wanted to nurse. The rules were kind of strict, and now we look back and think, "oh my gosh." You couldn't work if you wanted to be a leader, they wouldn't let you work paid employment. So, you worked alright, but you didn't get paid for it.

AE: You were in LLL so you weren't working, but you've obviously worked a lot since then, paid or unpaid. How did you then become a nurse, and where you are now?

JR: I was a nurse before I had kids, so my basic education was taken care of. But I did follow the [LLL] rules in that I didn't go to work until the youngest one was off the breast. My youngest are twins, and when they enrolled in kindergarten, I enrolled in a class at Wichita State to get my baccalaureate. I was a nurse, an RN only, so I wanted my baccalaureate, and I took one or two courses every semester, and indeed I got my baccalaureate degree, and I went on for a Master's degree. I set up a private practice in my home and had a couple of what we used to call pumps...instruments of torture! And so I was working part time in the hospital and as a school nurse, at the same time as I was going to school. Of course, I didn't have any kids breastfeeding anymore, they were all past that point. At that time, if you nursed your baby 9 months, you were considered kinda weird, if you nursed them a year, you were *really* weird. It was just a different mindset, expectation. Of course, now it's two years. Well, by the time I got to the twins, I nursed two years, almost two and a half years. So, each kept getting

longer, the nursing period was getting longer and more acceptable to the society that I was living in.

AE: Did you have good breastfeeding experiences?

JR: Pretty good. The last two, I had a sore nipple to die for, but I didn't know about positioning and all that. So, I just sucked it up and eventually it healed up, but it was pretty unpleasant. I didn't have anybody that really gave me helpful information at that point. [After that] it went along fairly smoothly.

AE: One of the big concerns of new mothers is that they don't have enough milk. Did you ever worry that you weren't producing enough milk for your babies?

JR: Sure I did. You're right. That's the biggest concern now. Mothers fear that they don't have enough milk and it was the biggest concern then. I think it's always been the case. Research will support that. That is kind of lost in the information. What's put out now is that there is this rhythm of feeding that breastfed babies will feed more and want to nurse more in the late afternoon and early evening. There's just a natural pattern, and there is some research that supports it. So, another thing that I found out was the possibility that the baby might have, for several days, supposedly breastfed, and then the worry that something was terribly wrong if the baby doesn't have a couple of poops at least a day. But my daughter Renee went for five days without a BM [bowel movement] and my husband, being a physician, we knew how to check if anything was really wrong. First of all, she seemed to be happy, seemed to have no pain or discomfort. The abdomen was fine. Everything seemed fine and then on day five, she just had this blast. That happened several times and was the first I ever heard of that being a normal situation. I want to say too, I taught an online course on breastfeeding here at the university [Wichita State] as a professor and I taught that for 11 years, 22 semesters straight. I don't know how many hundreds of students I lectured, but I'm very proud of that because we had online students from all over the world.

AE: What's the course called?

JR: *Breastfeeding and Human Lactation*. That's right to the point.

AE: Do a lot of people who are going to take the exam take the course, or who is a typical student?

JR: Most of them are atypical. They live elsewhere and are taking the course to get ready for the exam. It was the first online course at the university. It made history.

AE: Can you talk more about your role in those early [years]?

JR: My contribution has to do with books. I've written five books on breastfeeding and the books are used, I'm told, as a primary resource for taking the certification exam. I wrote my first book in 1983. It had a cover that

was hot pink. But then when I went to another publishing company, Jones & Bartlett, then that was the first edition (Riordan & Auerbach, 1993) and there have been four editions. That's my major contribution.

AE: One of the questions I'm trying to get at is: In making the profession a legitimate health profession, how did that happen?

JR: Well, it's not there yet because we're not reimbursed. It's not set [with] the qualifications of a bona fide health profession. Second, the curriculum is not the same, it's not standardized. We're all doing something a little different. It's getting closer.

AE: Well, in the eyes of other health professionals, do you think lactation consultants [IBCLCs] are seen as a legitimate profession?

JR: I think they are valued. They have value.

AE: From the beginning, do you think in 1985, it was that way too?

JR: That's changed because they thought the league was everything, it was everything with the league and the philosophy of child rearing and stuff. Some [in LLL] didn't want to interfere with the breastfeeding, and [said] that they felt it was just too much—"you have to breastfeed and you must only breastfeed. You can't go to work" and stuff like that. I think that just led to a bad reputation. I say bad, but they were considered non-open to different lifestyles. Then, when women were going back to work, the league was in a tight situation because everybody was leaving, they wanted to be there and stay with the league, but the rules were that you can't work. So, it really took a couple of years for the league to catch on, at least in the United States.

AE: So, it sounds like lactation consulting [IBCLCs] as a profession had to kind of differentiate themselves from Le Leche League to get respect.

JR: Unfortunately, because I'm both a league leader and a certified IBCLC, unfortunately it's true.

AE: How did you do that? For those of you who were both.

JR: Well, we just went with the flow.

AE: Someone described it as just 'switching hats.'

JR: Switching hats, yeah. Well, you kept part of the hat on, you know. There's still the philosophy of being with your child and all that. So, much of the good things are retained I think in the league. But they didn't jump fast enough into the IBCLC world.

AE: So, the first year of the exam, where did you find people to come and take that first exam?

JR: Through League.

AE: So, they were mostly La Leche League leaders?

JR: They were mostly La Leche League people, leaders I would imagine. I think there were 350 [or] some unexpected amount. I remember we were just overwhelmed that there was such interest from right off. The scores were really high because that first group

were so knowledgeable and skilled. So, we knew that would happen. We predicted that that would happen. As the years went on, the experienced people would give way to less experienced.

AE: So, that first year, you had all those people just show up, and then did you have to do marketing or anything to get people to come and take the exam [in subsequent years]?

JR: We did. Joanne did marketing—ads in *Journal of Human Lactation* mainly: that was the big one. I don't know about League whether they advertised in any of their publications, I just can't remember. But it just caught on like wildfire.

AE: Can you talk about any other sort of challenges in establishing the profession from the beginning?

JR: One of the big problems of course was being able to make a living. I know most of them have to have a second income in the family. They can't live, a few do, but not many.

AE: Did you feel like you were part of a social movement? Did you feel like you were a social activist at all, either when you started with La Leche or with professionalization?

JR: An activist, very much a social mover, absolutely. I was angry that all the mothers that I knew came to me when their physicians told them they couldn't breastfeed, or it was their mother-in-law or their mother or somebody. I was angry that these mothers missed one of the tremendously wonderful experiences in their life and also it helps benefit their babies. So, I definitely came on like a "lion in the winter," you know. But since [then] I have mellowed, now that everybody's breastfeeding.

AE: People talk about how having a supportive environment is so important to succeeding. And social movement wise, do you think it really was a social movement?

JR: I think it definitely was a social movement. It was just a change in thinking about infants' feeding and the child bonding.

AE: How close was it to the birth movement?

JR: Close. We were always sisters with childbirth educators, midwives; we're on the same team.

AE: What about your birth experiences and how they related to your breastfeeding experiences?

JR: Oh well, they knocked me out with scopolamine and then some other drug that I inhaled, I can't think which, and left me alone in a room. My first delivery was faster, and when my child was born, Michael, he was so blue and dusky from all the medication and anesthesia that we feared for his intelligence, you know, for his ability. But he turned out to be a winner anyway.

AE: It must be the breastfeeding!

JR: Yeah, and then with each child it got better and then finally with the twins, I was into the movement, the childbirth reformation so deeply, I had nothing, and my physician didn't want me to have any medication, no anesthesia. The last ones were great.

Author's Note

Dr. Riordan had signed an oral history release form allowing the recorded interview, collected during my dissertation research (Eden, 2013) to be archived, shared, and associated with her name. I am privileged to share her words with you.

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