The Honorable Joseline Pena-Melnyk
Chair, House Health and Government Operations Committee
House Office Building, Rm. 241
11 Bladen St
Annapolis, MD 21401

Re: House Bill 351

Dear Chair Pena-Melnyk and Members of the Committee,

I am writing in support of HB 351. My name is Kirra Brandon. I am a practicing physician in Maryland and the mother of 5 daughters.

My personal motherhood journey began with the cesarean birth of my oldest daughter in 2007. She was born in Louisiana, a state with one of the highest cesarean rates in the nation. My medical opinion, as a physician, is that my cesarean birth was unnecessary. We know that many are. The world health organization advises that cesarean rates of 15% unnecessarily put women and babies at risk, and yet, the cesarean rate in the United States is 31.8% (2020 CDC Data).

I meticulously evaluated the risks and benefits of vaginal birth after cesarean (VBAC) at home with a Direct Entry Midwife with my husband (also a physician) and chose to have my second child at home. She was born in Texas, where Direct Entry Midwives have been licensed for decades. Direct Entry Midwives in Texas routinely attend VBAC births, and I was able to interview several different midwives and select the one that I wanted to attend my birth. My second daughter was born without incident at home.

In 2012, I moved home to Maryland (both my husband and I were born and raised in Maryland), where my 3rd, 4th and 5th daughters were born. It was difficult to find a direct entry midwife prior to their licensure in 2015, and even more so afterwards. Licensure of direct entry midwives made it easier for many women to get care with a direct entry midwife, but licensure made it nearly impossible for me (and any other woman seeking a VBAC with a direct entry midwife) to access the evidence-based care that I wanted.

HB 351 is incredibly important for women like me, women who have had a cesarean birth and do not want to unnecessarily accept the risks of another cesarean birth. Multiple cesareans are associated with significant risks to mothers and babies. Particularly for women who are planning large families, it is paramount that they have access to providers who are supportive of VBAC. Direct Entry Midwives are trained to attend VBAC clients and do so in the vast majority of states where they are licensed. They have an excellent record of safety and an impressive VBAC success rate. Upwards of 80-90% of women who attempt a VBAC with a Direct Entry Midwife succeed in delivering vaginally. This is a stark contrast to the hospital VBAC rates in Maryland which hover between 10 and 15%.

Women in Maryland should have the birthing options that women in so many other states have. They should not be forced to give birth in a location where they are less likely to actually achieve a VBAC. I urge you to support HB 351. It is a critical piece in increasing access to VBAC in Maryland, which will reduce the overall cesarean rates and eventually improve birthing outcomes.

Sincerely,
Dr. Kirra Brandon