

HUMANITIES

Amazing Grace:

A history of the Grace Maternity Hospital in Halifax

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The Izaak Walton Killam (IWK) Health Centre is the leading institution for women's health in Atlantic Canada, providing over 7 200 mammograms, as well as 3 600 gynecologic and obstetric procedures annually¹. Approximately 4 500 newborns are delivered there each year, accounting for about half of all deliveries in Nova Scotia^{1,2}. The IWK is a vital teaching hospital for Dalhousie University, involved in clinical training for physicians, nurses, and other allied health professions. The IWK, as a combined women's and children's hospital, has formally existed for fewer than 30 years; however, the two institutions that merged to form today's IWK each contributed decades of service to families in Atlantic Canada.

This article summarizes the history of the Grace Maternity Hospital, beginning with a general discussion of early maternal care in Nova Scotia. The chronicle of this venerable institution parallels a century of dramatic changes to the landscape of maternal care in Canada, during which the Grace often stood at the forefront. In spite of financial challenges and demographic shifts in recent decades, the Grace in its current incarnation as part of the IWK Health Centre continues to provide exemplary care to women and families across Atlantic Canada. The story of the Children's Hospital will be presented in a later article.

Beginnings

As previously described, hospital care in Halifax was not readily accessible or popularly sought until the latter half of the nineteenth century^{3,4}. For those with the means, it was preferable to hire nurses and physicians to provide personal care within their own homes, a tradition that also extended to maternal care. Expectant mothers generally delivered at home with the assistance of close relatives, and possibly their own physician or a midwife⁵. Indeed, the Halifax Poor Asylum even employed a full-time midwife⁶. As a lay-profession, midwifery co-existed with the Halifax medical establishment in Halifax from the time of the city's founding⁷, and continued in Nova Scotia into the early twentieth century, before the shift to hospital-based maternal care became dominant⁶.

The first maternity hospital in Halifax was likely Dr. William Slayter's private infirmary on Argyle Street, that opened in 1884⁶. Following this, in 1893, the Salvation Army established a small maternity

hospital on Windsor Street. This hospital, also known as the Home for Unwed Mothers and Infants, later moved into a former schoolhouse on the south end of Tower Road, in 1906^{5,8}. Conceived as a resource for "fallen women," the Home primarily served the area's poor and unmarried women, educating new mothers around childcare, assisting in their search for work and accommodations, or potentially facilitating adoption. Additionally, some local physicians arranged to admit their private obstetrical patients to the Home, particularly when difficulties were anticipated⁹. Even so, the home's facilities at this time were rather minimal, offering only a single delivery room, one large patient ward, and a smaller room for privately-paying patients. Due to the Home's limitations, patients who had severe comorbidities such as eclampsia or who required caesarean section still needed to be treated at the Victoria General Hospital.

Though it was not the only maternity hospital in Halifax – three private maternity hospitals also existed during the First World War⁶ – the Home nonetheless developed a reputation for quality care, and would welcome an increasing number of mothers through the second decade of the twentieth century⁵. With the demand for services beginning to outstrip the Home's meagre capacity, Salvation Army officials considered constructing an addition to the building, or even a brand new facility. These aspirations auspiciously coincided with some other developments locally.

First, the scathing 1910 Flexner Report on medical education resulted in the closure of numerous medical schools in Canada and the United States, including the Halifax Medical College¹⁰. Soon thereafter, Dalhousie University took on the task of training physicians locally. Having identified obstetrical training as an area gravely in need of improvement, the new medical school supported the Salvation Army in its goal of constructing a new maternity hospital, by leasing it a plot of land on the corner of Summer Street and Morris Street (now University Avenue)⁵. Additionally, the Halifax Explosion would bring about a wave of redevelopment, and this activity sparked discussion about what services ought to be provided in the rebuilding city¹¹. In September 1918, the Halifax Medical Association passed a resolution endorsing the establishment of a new maternity hospital, with the Salvation Army to lead this initiative. Finally, much-needed funding for

construction was provided by public funds, personal donations, as well as sizeable contributions from the Carnegie Foundation and Rockefeller Foundation.

Changes

Built at a cost of \$150 000, the Grace Maternity Hospital opened its doors on April 29, 1922, with speeches by local dignitaries and music by the rousing Salvationist Band¹². The three-storey brick hospital had its own operating suite, a greater number of delivery rooms, a nursery with 48 bassinets, and 65 ward beds that segregated married and unmarried women (Figures 1, 2)^{5,11}. The hospital also offered 6 sunrooms with fireplaces for patients to enjoy. Hospital linens were generously sewn by religious and secular women's groups from across the city; the hospital's Auxiliary group would be officially founded the following year. The cost of a private room with bath was \$35 per week, and public ward beds were available for \$10 per week, though this fee was waived for the most destitute¹¹.

On May 10, 1922, the first infant was born at the Grace. Christened Grant Booth Livingstone, this child took his namesake from Nova Scotia's long-serving Lieutenant Governor MacCallum Grant who had presided over the hospital's opening ceremony, as well as William Booth, founder of the Salvation Army^{5,11,13}. This first delivery would be followed by around 400 more, in the Grace Maternity Hospital's first twelve months¹⁴.

From the outset, the hospital was an important site for teaching. Nova Scotian nurses previously completed specialized obstetrical training in the United States or Quebec, but the 18-month program at the Grace Maternity School of Nursing now allowed local nurses to receive this education closer to home^{11,15}. Between its inception and its final graduating class of 1961, the School of Nursing trained over 400 nurses (Figure 2)¹⁶.



Figure 1. Cornerstone laying ceremony, attended by local dignitaries and Salvationist officers. Photographer unknown. 1920. Courtesy of the Salvation Army Archives, Toronto, Ontario.

As hoped for by Dalhousie University administration, the Grace also helped to usher a new era of medical education in Halifax^{9,17}. Under the medical school's newly-appointed Chief of Obstetrics and Gynecology, Dr. Harold Benge Atlee, medical students benefited from increased opportunities for exposure to prenatal and obstetrical care. In his writings, Dr. Atlee contrasted this new era of obstetrical education to his own training at Halifax Medical College, when medical students learned to conduct deliveries by simply witnessing four births at the Poor Asylum; the pedagogical value of these sessions was suspect, since these students typically watched from across the delivery room while an aged physician performed the procedure, mostly obscured under the cover of blankets.

In the following decades, obstetrical care at the Grace would evolve considerably⁹. During the hospital's early years, peripartum sedation with opioids, barbiturates, or ether, a practice known as "twilight sleep," was widely employed. As in other institutions, forceps and caesarean deliveries also were indiscriminately pursued, with variable outcomes. Treatments for sepsis and eclampsia were limited. Organized prenatal care was still a nascent concept. In due course, though, ineffective or harmful ways gave way to practices that have stood the test of time. For instance, the Grace was the first North American hospital to promote an "early rising" philosophy, encouraging mothers to mobilize on their first postpartum day, while other institutions still routinely recommended 12 days' of bedrest^{16,18}. Additionally, medical staff at the Grace became early adopters of the "natural childbirth" philosophy, that sought to minimize the use of sedatives in order for mothers to actively participate in childbirth^{9,19,20}. Starting in the 1970s, the hospital encouraged fathers



Figure 2. The Grace Maternity Hospital on Summer Street. Photographer unknown. c. 1920s. Courtesy of the Dalhousie University Photograph Collection, Dalhousie University Archives, Halifax, Nova Scotia.

to attend pre-natal classes, and even began allowing them into the delivery room.²¹ Neonates were also increasingly moved out of the nursery to spend more time with their parents in hospital, as the Grace continued to favour a family-centred approach.²²

The hospital introduced a few modest expansions to its physical structure, starting in 1956 with the addition of an East Wing, providing new operating rooms and labour rooms.²³ This expansion also provided some much-welcomed physical space for prenatal care, and an area for expectant mothers to move freely during early labour.^{9,16} 1962 saw the construction of a West Wing, adding five floors of nurseries, patient rooms, and dietary facilities.²³ After Dr. Kenneth Scott was recruited as the institution's first neonatologist, a Neonatal Intensive Care Unit was introduced in 1972.²³⁻²⁵

By the 1970s, the hospital had 109 adult beds, 10 labour rooms, six delivery rooms two of which were used for operative procedures, and also 24-hour radiology coverage.²⁶ A basic laboratory could provide on-site results, though more extensive testing was conducted at the laboratory of the IWK Children's Hospital or at the Nova Scotia Pathology Institute (now, Mackenzie Building). Allied health services such as physical therapy and nutrition were also provided. During this time, the Grace was home to the largest reproductive endocrinology and infertility clinic in Canada. Finally, an antepartum assessment unit was organized in 1980, allowing for assessment and treatment of high risk pregnancies on an outpatient basis.^{23,27}

The New Grace

In the interest of reducing duplication of services in the metro area, the Halifax Infirmary and Dartmouth General Hospitals shuttered their 80 obstetrical beds in 1976, allowing the Grace Maternity Hospital to further its role as the province's leading obstetrical centre.^{3,28-30} The Grace was able to absorb the increased caseload, performing over 5000 deliveries per year.^{21,31} In fact, for some time, this development made the Grace into the busiest obstetrical hospital in the country.³² However, after more than 5 decades in use, the hospital was in need of replacement. With consideration to anticipated healthcare needs in Halifax, the provincial government began planning for an \$81-million hospital complex to replace the Grace Maternity, Camp Hill, and Halifax Infirmary hospitals.^{3,33-38} Unfortunately, due to economic concerns and climbing costs, plans for this Camp Hill Complex were placed on hold in 1982.³⁹

Given the advanced age of the Grace hospital and ongoing concerns for its obsolescence, alternative plans were investigated, including possible relocation across the street from the Victoria General Hospital,

on the School for the Blind property.^{8,30} Ultimately, a more favourable location was chosen on the corner of Robie Street and University Avenue. In close proximity to the IWK Children's Hospital, this site aided further integration of Women's Health and Pediatrics services, as well as mutual cost-sharing for support services. To enlarge the available space for construction, land was also purchased from the adjacent Civic Hospital. The Civic was owned by the city of Halifax, having initially been a tuberculosis hospital but later converted to a convalescent facility; by the 1980s the building was also nearing the end of its lifespan.

In the spring of 1983, the Grace Maternity Hospital officially withdrew from the indefinitely-delayed Camp Hill Complex.⁴⁰ While planning continued, the Grace performed its 150 000th delivery in March, 1985.⁴¹ At last, the project kicked off on June 24, 1987, when a well-attended sod-turning ceremony marked the beginning of the new Grace's construction.⁴² Budgeted at \$43 million, the province of Nova Scotia agreed to pay 80% of the hospital's construction costs, while the Salvation Army contribution and public donations accounted for the remainder.^{43,44} Standing at seven-stories, with 150 adult beds, 170 infant beds, and 18 labour suites, the hospital was designed to accommodate up to 6 000 births per year, in accordance with demographic projections that also correctly predicted an impending decline in the provincial birth rate (Figure 3).²⁸ The new Grace Maternity Hospital officially opened on April 10, 1992, in the presence of 10 000 well-wishers.⁴⁵⁻⁴⁷ Taking part in the ribbon-cutting was none other than Grant Booth Livingstone himself, the first infant delivered at the original Grace in 1922.^{13,24,48}

Though many in the city lamented the loss of the old Grace Maternity Hospital and the sense of community formed there, it is likely that few grieved its cramped spaces, its antiquated climate-control



Figure 3. Grace Maternity School of Nursing, graduating class of 1953. Photographer unknown. 1953. Courtesy of the IWK Health Sciences Library, Halifax, Nova Scotia.



Figure 4. The Grace Maternity Hospital, from above. Photographer unknown. c. 1970s. Courtesy of the Salvation Army Archives, Toronto, Ontario.

systems, or its crumbling plaster walls. The hospital delivered more than 191 000 infants during its 70 years in operation, peaking at over 6 000 in 1990⁴⁹⁻⁵¹. After the Grace closed its doors, the property then reverted to Dalhousie University^{52,53}. Given the prohibitive cost of renovating the existing structure, it was instead demolished in 1994 to make way for a parking lot. This is now the site of Dalhousie University's Life Sciences Research Institute and Collaborative Health Education Building.

Amalgamation

Soon after the new Grace Maternity Hospital came into being, its administration began negotiating a merger with the IWK Children's Hospital, and these

facilities would eventually join together in 1995 to become the IWK-Grace Health Centre for Children, Women & Families⁵⁴⁻⁵⁸. While financial considerations were not always attributed as a motivating factor for the two institutions to amalgamate, this arrangement did result in further streamlining of services, building on the hospitals' existing relationship in years past⁵⁴. Certainly, the Grace had been weathering financial hardships in the early 1990s, resulting in job losses as well as restructuring of hospital wards⁵⁵⁻⁵⁷. Although other metro hospitals were also contending with budgetary constraints, as a maternity hospital the Grace was unable to significantly contain costs through usual methods such as cancelling elective surgeries or closing beds⁵⁸. In spite of the amalgamation, financial challenges and lay-offs continued to be a challenge for the IWK-Grace^{59,60}. However, the merger itself was at least noted to be more amicable and considerably less acrimonious than that of the Victoria General Hospital and Halifax Infirmary taking place concurrently^{3,4,61,62}.

After the IWK and Grace hospital amalgamated, the Salvation Army became less involved in the daily administration of the hospital. By 1999, as part of the church's ongoing plans to restructure its hospital administration across the country, the Salvation Army discontinued its partnership agreement with the IWK-Grace^{63,64}. The dissolution of this partnership required the hospital to remove the word "Grace" from its name, and it was accordingly rebranded as the IWK Health Centre⁶⁵⁻⁶⁸. In the coming years, the Nova Scotian health system was reorganized into nine District Health Authorities⁶⁹. Though the provincial government had initially intended for the IWK to become part of the Capital District Health Authority,



Figure 5. Left: New Grace Maternity Hospital under construction. The Civic Hospital can be seen on University Avenue. Photographed c. 1991. Right: The completed Grace Maternity Hospital as it appeared upon completion (right). The hospital won the Lieutenant Governor's Award for Architecture in 1994. Photographed in 1992. Courtesy of William Nycum & Associates Limited, Halifax, Nova Scotia.

IWK officials successfully lobbied for the hospital to maintain its independence as a distinct Provincial Health Care Centre, an arrangement that proponents argued would help the hospital better serve its unique patient populations and allow greater flexibility to adapt to changing needs. Even after 2015's further amalgamation of District Health Authorities into a singular organization, the IWK remained as a separate entity from the resulting Nova Scotia Health Authority. Evidently, managing such a facility is no simple task; where the original Grace Maternity Hospital had an operational budget of \$31 000 during its first year, the current IWK Health Centre requires over \$100 million annually¹.

Today, the IWK remains an essential institution for women's health in Atlantic Canada, though it is easy to take for granted the remarkable changes that have taken place over the past century. The data around maternal care are particularly telling. For instance, between 1928 and 1948, maternal mortality plunged from 0.5% to 0.1%. (70 In 1935, 28% of Nova Scotian births occurred in a hospital, a figure that increased to 80% by 1948. In comparison, in 2017 over 99% of deliveries in Nova Scotia took place in a hospital, while maternal mortality in the province has consistently been lower than 0.02% over the past 40 years². These figures reflect important medical advances over the past century, and serve as a testament to the positive impact of the Grace Maternity Hospital, and now the IWK Health Centre.

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