

Part B – Health Facility Briefing & Design
117 Inpatient Maternity Unit



iHFG

International Health Facility Guidelines

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117 Inpatient Maternity Unit

1 Introduction

Description

The prime function of the Inpatient Maternity Unit is to provide appropriate accommodation for the delivery of health care services for women in the process of childbirth. This unit may be used for the period before and after the childbirth. Gynaecology may also be included in the Unit.

The Unit must also provide facilities and conditions to meet the needs of patients, newborn babies and visitors as well as the workplace requirements of staff.

The Maternity Unit provides facilities for:

- Antenatal care of mothers with complications during pregnancy
- Assessment, management of labour, delivery and immediate post-delivery observation of mothers
- Postnatal care of mothers following birth including complicated or uncomplicated deliveries
- Neonatal care by mothers under supervision from nursing and midwifery trained staff
- Neonatal care of newborns requiring special care from specialist neonatal medical and nursing staff

The Maternity Unit may incorporate:

- Inpatient accommodation – Antenatal
- Inpatient accommodation – Postnatal
- Birthing Unit
- Nurseries:
 - General Care
 - Special Care (SCN)- Which may be collocated with NICU
 - Intensive Care Nursery (NICU)- which may be collocated with other Intensive Care Units and may be physically separate from the Maternity Unit

This FPU will address Maternity inpatient accommodation and general care/ special care/ neonatal intensive care nursery areas and their relationships.

Facilities and requirements for assessment, delivery and immediate postnatal care of mothers are addressed in the separate Birthing Unit FPU in these Guidelines.

Terminology

In this FPU the following terminology may be used interchangeably:

Title	Alternative Titles
Maternity Unit	Obstetrical Unit
Birthing Unit	Delivery Suite, Delivery Unit, Birth Suite, Birth Centre, Mothercraft
General Care Nursery (GCN)	Well Baby Nursery Newborn Nursery Baby Holding Nursery
Special Care Nursery (SCN)	Special Care Unit (SCU) Special Care Baby Unit (SCBU) Neonatal High Dependency Unit (NHDU) Continuing Care Nursery

2 Functional and Planning Considerations

Operational Models

Hours of Operation

All components of the Maternity Unit will operate on a 24 hour per day basis, with admissions at any time of the day or night.

Models of Care

Maternity care including antenatal care, delivery and postnatal care may be provided in several different ways that will impact on the organisation and provision of facilities including:

- Midwife-managed or midwife case load care, where care is delivered by a single midwife or by a group/ team of midwives, from both hospital and community settings
- Obstetrician-led care, where an Obstetrician is the main provider of antenatal care and is present for the birth. Nurses provide postnatal and sometimes intrapartum care
- General Practitioner (GP)-led care, where a medical doctor provides the majority of the antenatal care with referral to specialist obstetric care as needed. Obstetric nurses or midwives perform intrapartum and immediate postnatal care but not at a decision-making level as the Medical doctor is present during the birth
- Shared care, which may include General Practitioners, Midwives, Obstetricians and/ or Consultants (such as Neonatal Specialists)
- Woman-Centred Care where women have the choice of delivery method, practitioner, support person and location whether in hospital, in a Birthing Centre or at home
- General Practice Shared Care Model (GPSC) is a collaborative model that combines the skills of midwives, General Practitioners and Obstetricians to varying degrees. It is generally only applicable to low-risk pregnancies, as women with moderate to high-risk pregnancy require more tailored care (note: pregnancy risk can alter during the course of the pregnancy). A General Practitioner provides most of the antenatal and postnatal care, while inpatient and outpatient obstetric care is performed by hospital staff.
- The traditional Obstetrical model is based on the patient being moved between areas dedicated to the individual processes. Facilities enabling the successful collaboration between caregivers should be considered.
- Pregnancy Centred Programs for Antenatal Care, often used in conjunction with GPSC, is a model where pregnancy centred care is concerned with group antenatal care and combines regular health assessment with educational and support programs. The purpose of this type of program is to offer a support network and increase continuity of care within the GPSC Model. Group antenatal care requires access to a room that is large enough for 8-10 women seated, plus space for examination (possibly an adjoining room).
- A minimum of 70% of the total bed complement shall be provided as Single bedrooms in an Inpatient Unit used for overnight stay; the current trend is to provide a greater proportion of single bed rooms largely for infection control and privacy reasons.

Planning Models

There are several planning models applicable to the Maternity Unit providing for combinations of birthing suite, antenatal and postnatal inpatient accommodation, General Care Nursery, Special Care Nursery and Neonatal ICU. The different combinations demonstrate alternative management options for neonatal care depending on the level of service provided by the facility and are described below.

General Care Nursery Incorporated with Maternity Unit

The Maternity Unit may be provided as a unit combining Birthing Unit, Antenatal/ Postnatal Accommodation and General Care Nursery under one management. The General Care Nursery for well babies is located within the Maternity postnatal Inpatient Unit, allowing mothers quick access to the nursery for specialist nursing care as required. Antenatal inpatient beds are located within a quiet area of the inpatient unit away from babies and excessive noise.

In this model, Special Care Nursery is provided separately, as a component of a Neonatal ICU, providing intensive care and step-down care for neonates and concentrating specialist neonatal trained staff in one area. Typically, neonatal care may change between special care, high-dependency and intensive care, so maintaining flexibility and a close relationship between these areas without transferring the baby is recommended. This model suits larger facilities where the numbers of sick and critical neonates warrant a separate NICU/ SCN.

If the operational model prefers a separate unit for Ante-natal and separate Postnatal Unit, then the General Care Nursery should be collocated with the Postnatal Unit.

Separate General / Special Care Nursery

This model combines antenatal/ postnatal inpatient accommodation and Birthing Suite. The Inpatient accommodation is similar to a general Inpatient Unit. The General Care Nursery is collocated with Special Care Nursery and situated separately to the postnatal inpatient accommodation, but with convenient access for mothers. Neonatal ICU is located with the adult intensive care unit which may be remote. This model suits facilities with no provision for NICU, where critically ill neonates are transferred to a referral hospital for higher level care.

Fully Integrated General / Special Care Nursery & NICU

The fully integrated Maternity Unit includes Birthing Unit, Antenatal/ Postnatal Inpatient accommodation with nursery areas all collocated with General Care Nursery adjacent to Special Care Nursery and NICU. Nursery areas are adjacent and physically linked to have close access to both the Postnatal Inpatient area and Birthing Unit. This model represents the ideal planning arrangement and relationships between the Birthing Suite, Inpatient accommodation, and neonatal care.

Bed Numbers and Supporting Components

Each Maternity Unit may contain up to 30 patient beds (± 2) and shall have the mandatory rooms complying with the Standard Components included in the Schedule of Accommodation (SOA) in this FPU. This maximum number is based on the minimum support rooms required to appropriately serve each unit as listed in the SOA within this FPU. To be clear, the same minimum number and size of support rooms will be required for any number of beds up to 32. For example, a 20-bed unit will require the same support rooms as a 32-bed unit.

Additional beds up to 15, as a direct extension of a standard 30 bed (± 2) are permitted with additional small sized support rooms for example 1 extra Sub Clean Utility, Sub Dirty Utility and storage. The minimum provisions for the 15-bed extension are provided as part of the Schedule of Accommodation (SOA) in this FPU.

Any extension beyond 15 additional beds will be regarded as a separate unit requiring the full set of support rooms as per the Schedule of Accommodation (SOA) in this FPU.


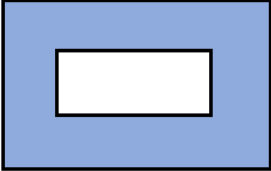
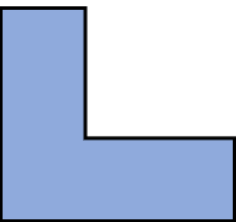
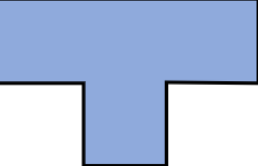
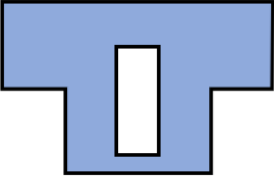
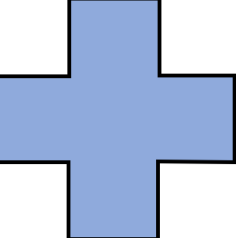
Even though the maximum bed number per Maternity Unit is 30 (± 2), in situations where the unit is vertically stacked with other Inpatient Units (eg Medical/ Surgical) in a tower block, the preferred maximum number of beds is 25 to 27. This is due to the need for additional facilities in a Maternity Unit such as General Care Nursery.

If the provision of a large number of single bedrooms is not possible (for example due to costs), then the best recommendation is to provide the shared bedrooms in a 2-bed configuration. This permits most of the 2-bed rooms to be used by a single patient until the occupancy level of the hospital demands the use of the second bed in the room.

Larger shared rooms, up to 4 and 6 beds are not permitted in new buildings or refurbishments over 50% of the unit area.

Unit Geometric Options

There are a number of common and acceptable planning models for Inpatient Units. Most plans can be categorised and diagrammatically reduced to one of the following geometric forms which are named for convenience. Each model has its own potential, and should be studied thoroughly along with the particular local conditions to achieve the best results. The planning options include the following:

1		Linear	Single corridor configuration. Patient and support rooms are clustered along a single corridor.
2		Racetrack	Double corridor configuration. Patient rooms are located on the external aspects of the unit and support rooms are clustered in the central areas in a racetrack configuration.
3		L shaped	Single corridor configuration. A variation of the linear model where two linear wings are joined at 90 degrees to create the "L" shape.
4		T shaped	Single corridor configuration. A variation of the linear model, where two linear wings intersect to create a "T" shape.
5		Hybrid T	Combination of the Racetrack model and T model. The entrance wing has a racetrack configuration with support services in the centre. This splits into two wings at 90 degrees to form a "T" shape.
6		+ shaped	Single corridor configuration. A variation of the linear model, where two linear wings intersect approximately in the centre to create a "+" shape.

Sample functional relationship diagrams of each of the above planning models are provided below.

For further information on the above Unit Planning models including representative diagrams refer to Part B - Inpatient Unit - General in these Guidelines.

The Planning models for Birthing Unit are addressed in the Birthing Unit FPU in these Guidelines.

Future Planning

When planning for future developments the following trends should be considered:

- Increased prevalence of obesity in society requiring bariatric facilities
- Steep rise in caesarean births may result in more high dependency postnatal accommodation
- Increasing numbers of multiple births
- Increasing numbers of pre-term deliveries and survival of pre-term babies
- Demand for midwife led care throughout the pregnancy, birth and post-natal period
- Expectation by families/cares that patient rooms can accommodate partners and family to stay with the mother
- Patient demand for control over heating, lightning and visitor access
- Early discharge into community support programs
- Ongoing development in electric medical records and information technology
- Infant and facility security system developments

Functional Areas

The Maternity Unit will comprise the following Functional Areas or zones:

- Entry/ Reception area (may be shared with Birthing Unit or provided at the Main Entry)
- Maternity Inpatient accommodation; bed areas for antenatal and postnatal patients including:
 - Bedrooms
 - Ensuites and bathrooms
 - Patient/ visitor lounge areas
- Support Areas including:
 - Beverage making facilities
 - Bays for storage, linen, blanket warmer as required, Resuscitation Trolley and mobile equipment
 - Cleaner's room
 - Clean Utility/ Medication Room
 - Dirty Utility
 - Disposal Room
 - Handwashing facilities in corridors, at entries and exits
 - Staff Station
 - Storerooms for equipment and general supplies
- Nursery areas (depending on the planning model adopted):
 - General Care Nursery for well babies
 - Special Care Nursery for babies requiring closer observation and care
 - Neonatal Intensive Care for newborns requiring life support
- Nursery Support Areas
 - Feeding Room for mothers to receive assistance with feeding from nursing staff
 - Formula Room for holding milk supplies
 - Clean and Dirty Utility Rooms
 - Clean-up room for cleaning cots and mobile equipment
 - Store rooms for equipment, consumable stock, sterils supplies
- Staff Areas - areas accessed by staff, including administration and rest areas
- Shared Areas, including Bathrooms, Treatment room, Visitors lounge and amenities that may be shared with an adjacent unit.

Reception Area

The Reception is the receiving hub of the unit and may be used to control the security of the Unit. A Waiting area for visitors may be provided with access to separate male/ female toilet facilities

and prayer rooms. If immediately adjacent to the Unit, visitor and staff gowning and protective equipment may also be located here for infection control during ward isolation.

Patient Accommodation

Patient rooms may be grouped together in zones corresponding to different levels of dependency. Antenatal accommodation will preferably be separated from postnatal beds and be provided in single bedrooms.

Postnatal accommodation may be arranged to provide a more relaxed environment of mother care rooms, where women can gather, breastfeed and participate in informal education groups, located further away from the staff observation posts and more clinical acute care rooms situated close to the staff station to allow for effective staff observation and ease of access from the support areas.

A small, discreet group of rooms may be provided for women who have lost their baby. These women require ongoing psychological care, post-natal medical care and support which is best provided within a quiet area of the maternity inpatient unit.

A number of larger postnatal rooms should be available to cope with multiple births, bariatric patients and people with disabilities that require additional equipment such as a wheelchair.

With regards to the different types of rooms:

- Due to requirement for a high level of privacy, the use of shared bedrooms should be minimised unless specifically requested by the operational policy of the facility.
- Single bedrooms assist with infection control and patient privacy. Single Bedrooms are preferred particularly for antenatal patients that may require additional rest and postnatal patients that may disturb other patients with baby care.
- Subject to the level of service provided and the likelihood of contagious diseases in the population, a negative pressure isolation room with ante room is required at the rate of one for up to 30 beds or 2 for up to 60 collocated.
- Bedrooms for postnatal patients with babies rooming-in may consider provisions for baby bathing, although this is not necessarily recommended for safety reasons. Alternatively baby bathing may be undertaken within a specially designed part of the Nursery area under nursing supervision (and training), according to the operational policy of the Unit.

All patient areas are to comply with Standard Components.

Support Areas

Support Areas including Utility rooms, Disposal and Storerooms should be located conveniently for staff access. Meeting Room/s and Interview rooms for education sessions, interviews with staff, patients and families may be shared with adjacent areas where possible.

Staff Areas

Staff Areas will consist of:

- Offices and workstations
- Staff Room
- Staff Station and handover room
- Toilets, Shower and Lockers

Offices and workstations will be required for administrative as well as clinical functions to facilitate educational/ research activities and will be provided according to approved staffing levels for the Unit.

Staff Areas, particularly Staff Rooms, Toilets, Showers and Lockers may be shared with adjacent Units as far as possible.

Shared Areas

In addition to the shared Staff areas above, Shared Areas may include:

- Patient Bathroom

- Treatment Room
- Public Toilets
- Gender segregated Visitor Lounge

Nursery Areas

The General Care Nursery will accommodate well newborn babies as required for short term care. The Nursery will include:

- A bathing/ examination area where newborn babies may be examined, weighed and bathed
- A Staff Station with direct observation of all bassinets in the Nursery and a resuscitation trolley in close proximity; sterile stock and medications may be co-located with the Staff Station
- Support rooms including Cleaner's room, utilities, linen holding and storage areas

The Special Care Nursery will provide facilities for:

- Short term care, including the provision of assisted ventilation, for babies who suffer from complications or awaiting transfer to a neonatal intensive care unit/ facility
- Premature newborns who are ill or who are simply recovering due to their prematurity and/ or low weight, nursed in humidicribs and bassinets
- Isolation room/s as required
- Resuscitation and transfer to a neonatal intensive care unit
- Feeding, bathing, changing and weighing the baby
- Darkening the area to allow babies to sleep during the day and dimmable lighting
- Education of staff and parents
- Phototherapy
- Access to public amenities for parents

The Neonatal Intensive Care Nursery (NICU) includes facilities for critically ill newborns requiring life support and monitoring, nursed in open intensive care cots or humidicribs. Parent support facilities should be available including lounge and overnight stay room with ensuite for parents who stay for extended periods with a sick neonate.

Feeding and Formula Room/s

The Feeding Room provides an area close to Nurseries for mothers to feed under the supervision of staff. The Feeding room will include:

- Comfortable chairs suitable for breast feeding
- Provision for use of breast pumps
- Privacy screening for mothers
- Space for assistance from nursing personnel
- Access to a Formula room for milk storage

The Formula room should be located close to the Nurseries and include facilities for holding milk supplies, both breast milk and prepared formula milk.

The formula room will include:

- Bench with sink for rinsing equipment
- Cupboards for storage
- Refrigerator with freezer
- Baby milk warmer or electric kettle
- Bottle disinfectant

Refer to Standard Components Room Data Sheets (RDS) and Room Layout Sheets (RLS) for additional information.

3 Functional Relationships

External

Principal relationships with other Units include ready access to:

- Short term parking/ drop off bay for dropping off expectant mothers
- Drop off and parking bays for florist deliveries
- Emergency Unit
- Birthing Unit
- Operating Unit
- Neonatal ICU and Special Care Nurseries
- Intensive Care Unit and HDU for mothers requiring advanced care
- Diagnostic facilities such as Medical Imaging, Laboratories and Pharmacy
- Supply, Housekeeping, Catering and Waste Handling Units
- Outpatients/ Women's Health Units and Community support services

Principal relationships with public areas include:

- Easy access from the Main Entrance of a facility
- Easy access to public amenities
- Easy access to parking

Principal relationships with Staff Areas

- Ready access to staff amenities

Notes:

- The Maternity Unit must not be located so that access to one component is via another
- A Nursery must not open directly into another Nursery

Internal

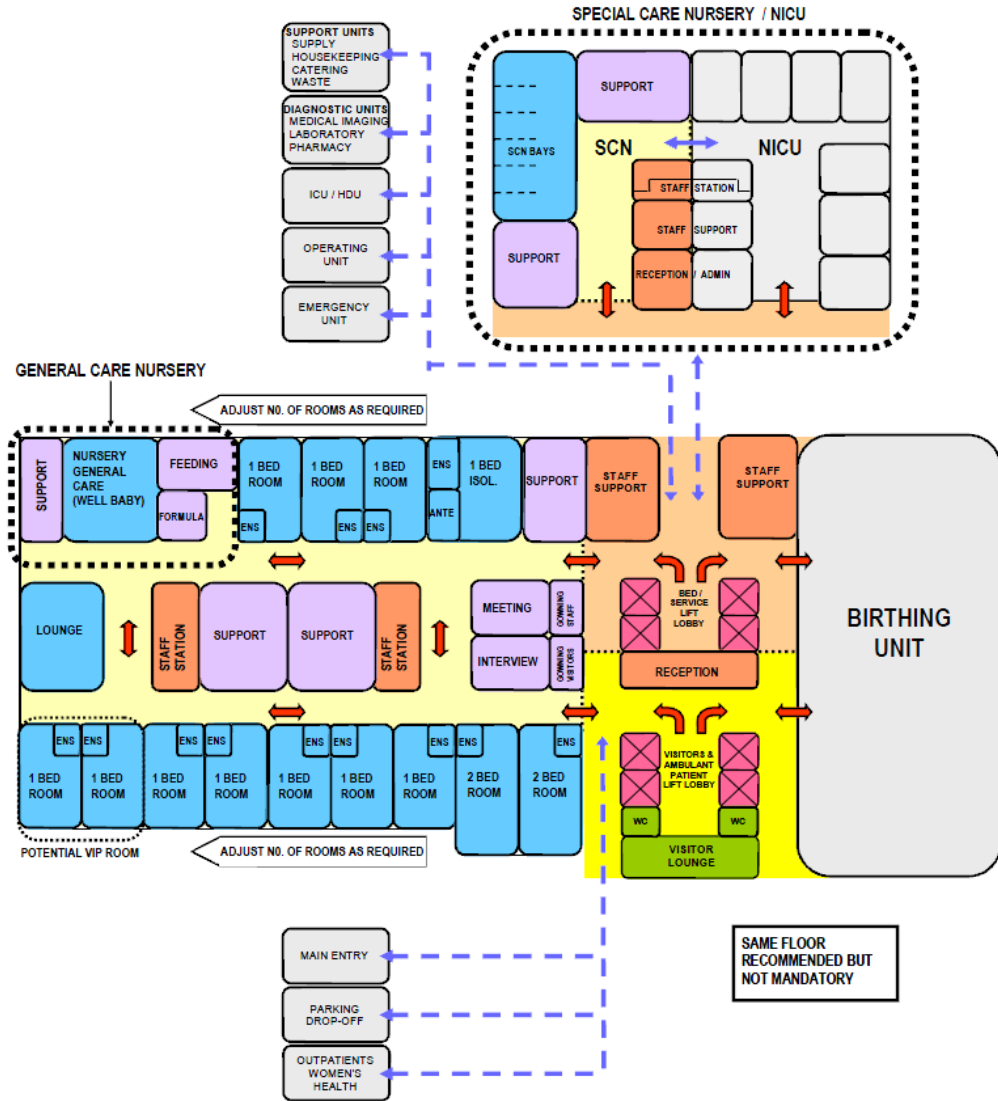
Optimum internal relationships in all models include:

- Reception to supervise security to the entire unit with restricted access to Maternity Inpatient accommodation, Birthing Unit and NICU/ SCN Nursery areas
- The Staff Station and associated areas need direct access and observation of Patient Areas
- Utility and storage areas need ready access to both patient and staff work areas
- Nursery areas to be accessible from postnatal inpatient areas particularly the General Care Nursery
- Feeding and Formula rooms to be accessible to both Nursery and Postnatal inpatient areas
- Public Areas located in the entry area, prior to entry into restricted access zones
- Shared support areas should be easily accessible from the Units served

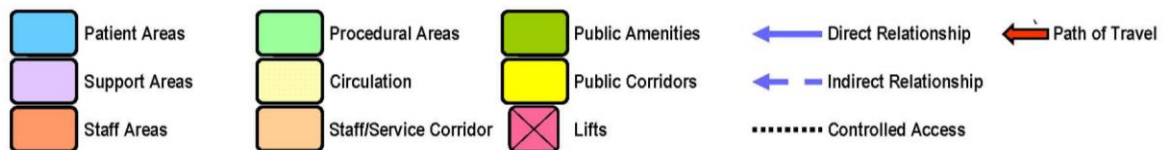
Functional Relationships Diagrams

The functional relationships of the Maternity Unit and options for Neonatal Care are demonstrated in the diagrams below.

General Care Nursery Incorporated with Postnatal Unit



LEGEND

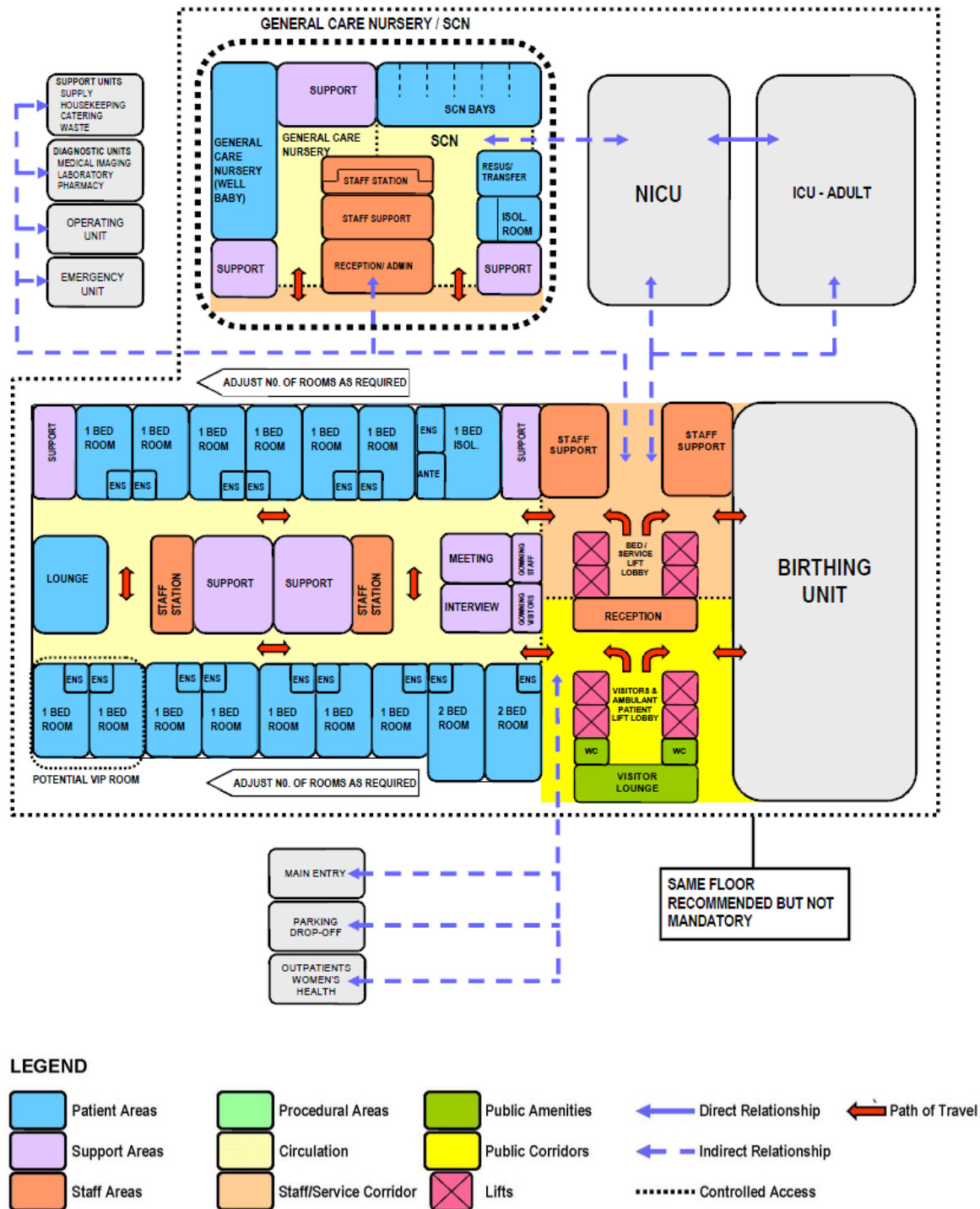


In this model the Postnatal Inpatient Unit and Delivery/ Birthing unit are located in close proximity with controlled access and entry from the public access areas. General Care Nursery is incorporated into the Postnatal Inpatient Unit for maximum convenience of mothers.

Special Care Nursery is collocated with NICU and located separately to the Maternity Unit.

The advantage of this arrangement of neonatal care is that sick/ critical babies and specialist neonatal trained staff are concentrated in one area. A disadvantage is that the location may be less convenient for mothers who require frequent access for feeding and nursing sick babies.

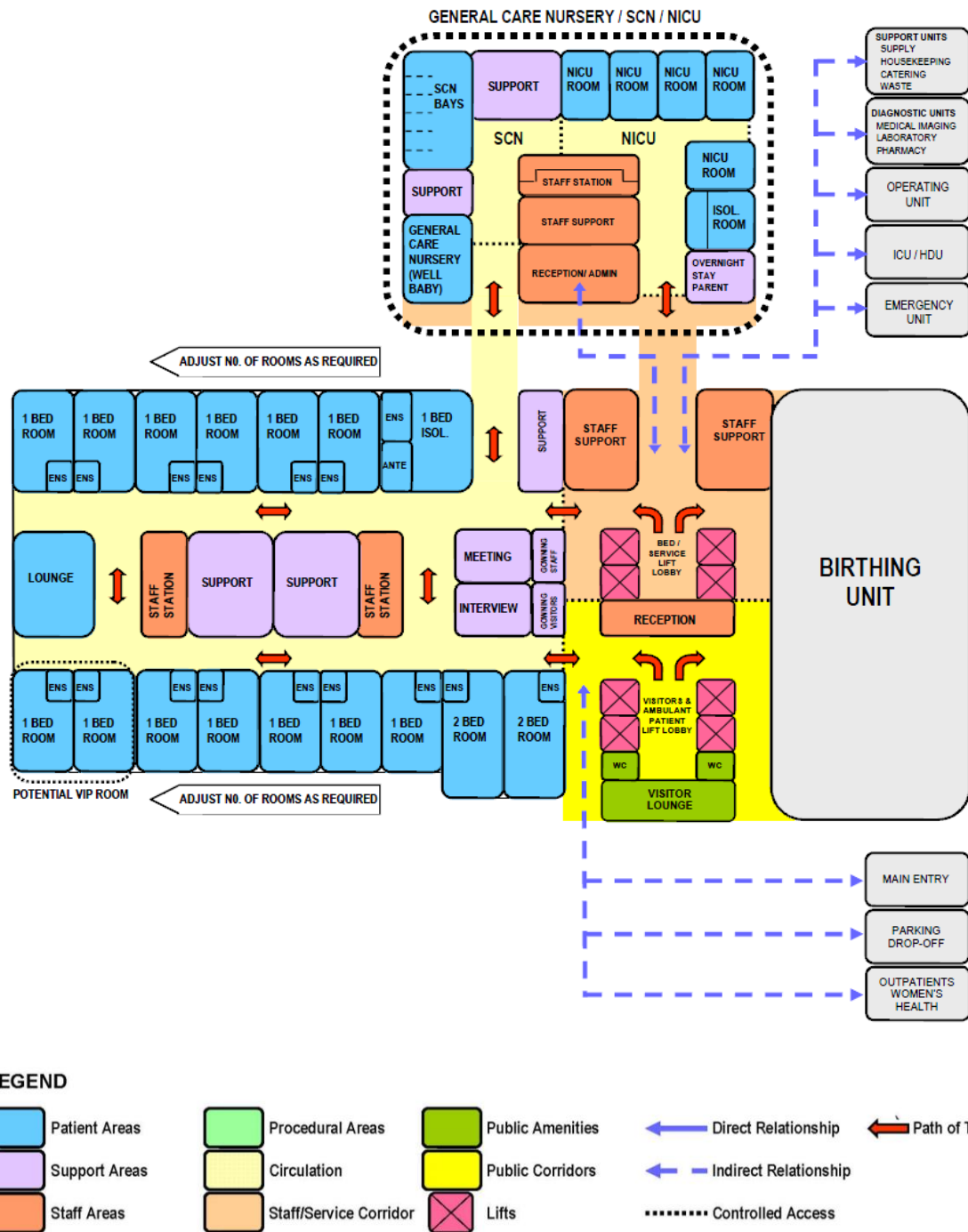
Separate General Care Nursery / SCN



In the model above the Postnatal Inpatient Unit is a standard configuration located in close relationship with Birthing Unit. The general care and special care nurseries are located together, separate from the inpatient unit.

The key advantage of standard configuration inpatient units is flexibility of inpatient accommodation. Inpatient units that are suitable for any specialty allow reassignment of specialties throughout a facility without significant alterations. The major disadvantage of a separate general care nursery is lack of convenience for mothers who need to access nursery staff and facilities for neonatal care and feeding support and milk storage.

Fully Integrated General Care, Special Care Nursery and NICU



The fully integrated model provides for all components of Maternity unit located in close juxtaposition. The General Care Nursery, Special Care Nursery, NICU are accessible from the Postnatal Inpatient Unit with close access to the Birthing Unit. Access to NICU is also available via a staff/ service corridor for admissions directly from Birthing or Emergency Units.

The main advantage of this model is maximum convenience for patients and staff, where neonatal care is clustered in one area better utilising specially trained staff.

External relationships outlined in all the diagrams include:

- Clear Goods/ Service/ Staff Entrance
 - Access to/ from key clinical units associated with patient arrivals/ transfers via service corridor and lifts

- Access to/ from key diagnostic facilities via service corridor and lifts
- Entry for staff via the public or service corridor
- Close access to staff support areas that may be shared with adjacent areas
- Access to/ from Supply, Housekeeping, Catering and Waste Units via service corridor and lifts
- Clear Public Entrance
 - Entry for ambulant patients and visitors directly from dedicated lifts and public corridor
 - Access to/ from key public areas, such as the main Entrance, Parking and Outpatients Units from the public corridor and lifts

Optimum internal relationships outlined in the diagrams include the following:

- Bed Room(s) on the perimeter arranged in a racetrack model (although other models are also suitable)
- Staff Station and staff support areas are centralised for maximum patient visibility and access; a sub staff station may be located close to the General Care Nursery for supervision and security of babies
- Clinical support areas located close to Staff Station(s) and centralised for ease of staff access
- Patient Lounge located conveniently to patient beds within the unit allowing communal space for patients
- Reception located at Visitor Lifts and corridor for control over entry to all areas – Inpatient Unit, Birthing Unit, Nurseries
- Personal Protective Equipment Bays located at entry for both Staff and Visitors for infection control during unit isolation

4 Design Considerations

Patient Care Areas

Antenatal accommodation may be provided in a quiet zone within the postnatal Unit, preferably separated from postnatal patients. Single bedrooms are preferred for patients with high-risk pregnancies that will require rest and quiet. Support areas may be shared with postnatal accommodation.

Postnatal accommodation will generally include a combination of single and 2 Bedrooms and may include communal areas where mothers can gather to socialise or attend educational sessions.

Nursery areas, Feeding Room and Formula rooms should be readily accessible to mothers in postnatal accommodation.

Birthing Unit accommodation is addressed in the separate Birthing Unit FPU in these Guidelines.

Environmental Considerations

Acoustics

Inpatient Areas

Inpatient accommodation should be designed to minimise the ambient noise level within the unit and transmission of sound between patient areas, staff areas and public areas. Consideration should be given to the location of noisy areas or activity, preferably placing them away from quiet areas including patient bedrooms. Acoustic treatment will be required to the following:

- Patient bedrooms
- Interview and Meeting rooms
- Treatment rooms
- Staff rooms
- Toilets and Showers

Nursery Areas

Sound levels within Nursery areas should be minimised to prevent harm and stress to newborn and sick babies. Noise may be generated from air-conditioning, telephones, paging systems, emergency call system, water sources such as taps to sinks and basins, monitors and alarms. Sound levels for all services installed within the Nursery areas, particularly Special Care nurseries, should be controllable to provide minimal noise intrusion, ideally less than 40 dB.

Within the nursery, sound absorption and insulation techniques should be applied to soften the noise created by crying babies and their support equipment. This however should not reduce the observation of babies or the access between staff and support areas.

Refer also to Part C - Access, Mobility and OH&S of these Guidelines.

Natural Light/ Lighting

Specifications given for natural light/ lighting apply to the Inpatient Maternity Unit as a whole.

The use of natural light should be maximised throughout the Unit. Windows are an important aspect of sensory orientation and psychological well-being of patients. Natural light must be available in all bedrooms and is desirable inpatient areas such as lounge rooms.

Natural light should be available in Nursery areas; this may be provided as borrowed light from adjoining rooms or corridors. External windows will require shading and babies must be positioned away from windows to prevent excessive light and radiant heat gain. Artificial lighting must be colour corrected to allow staff to observe natural skin tones and dimmable for night lighting.

Privacy

The design of the Inpatient Unit needs to consider the contradictory requirement for staff visibility of patients while maintaining patient privacy. Unit design and location of staff stations will offer varying degrees of visibility and privacy. The patient acuity including high dependency, elderly or intermediate care will be a major influence.

Each bed shall be provided with curtains to ensure privacy of patients undergoing treatment in both private and shared inpatient rooms. Refer to the Standard Components for examples.

Other factors for consideration include:

- Use of windows in internal walls and/ or doors, provision of privacy blinds
- Location of beds that may affect direct staff visibility
- Provision of bed screens to ensure privacy of patients undergoing treatment
- Location of sanitary facilities to provide privacy for patients while not preventing observation of the bed area by staff
- Location of external, courtyard or atrium facing bedroom windows to prevent others from looking into the bedrooms
- Patient windows to atrium spaces is acceptable as long as the atrium itself is lit with natural light from the top or side

Nursery areas should consider privacy for babies and the family, particularly from casual observation by passing traffic. Blinds and covers should be provided to windows and door glazing; bed screen curtains will be required to neonatal bays.

Interior Décor

Interior decor includes furnishings, style, colour, textures and ambience, influenced by perception and culture. The décor of the Unit should be of a standard that meets the expectations of the clients using the services and make every effort to reduce an institutional atmosphere. Patient treatment and reception areas should be open and inviting with décor that is domestic and casual rather than institutional. Access to outdoor areas is desirable.

Space Standards and Components

Room Capacity and Dimensions

Maximum room capacity for Maternity Unit shall be two patients.

Minimum dimensions, excluding such items as ensembles, built-in robes, alcoves, entrance lobbies and floor mounted mechanical equipment are similar to general Inpatient Units as follows:

Room Type	Width	Length	Area
Single Standard Bedroom	3800 3650 mm	3960 4200 mm	15 18 m ²
Two Standard Bedroom	3800 4200 mm	6300 7250mm	24 30 m ²

These spaces should accommodate comfortable furniture for one or two family members without blocking staff access to patients.

Minimum room dimensions are based on overall bed dimensions (buffer to buffer) of 2250 mm length x 1050 mm width. Minor encroachments including columns and hand basins that do not interfere with functions may be ignored when determining space requirements.

Bed Spacing/ Clearances

In all bedrooms there shall be a clearance of 1200 mm available at both sides and the foot of each bed to allow for easy movement of equipment and beds.

In multiple-bed rooms, the minimum distance between bed centre lines shall be 2400 mm.

Accessibility

Design should provide ease of access for wheelchair bound patients in all patient areas including Lounge rooms and Nurseries. Waiting areas should include spaces for wheelchairs. Within the inpatient accommodation one Bedroom and Ensuite should be provided with full accessibility compliance; the quantity of accessible rooms to be determined by the service plan. Accessible Bedrooms and Ensembles should enable normal activity for wheelchair dependant patients.

Doors

Doors used for emergency bed transfers within the Unit or to the Birthing or Operating Units must be appropriately positioned and sized. A minimum of 1400mm clear opening is recommended for doors requiring bed/ trolley access. Also refer to Part C - Access, Mobility and OH&S of these Guidelines.

Ergonomics/ OH&S

Design of clinical spaces including Bedrooms, Treatment rooms, Feeding Rooms, Formula Rooms, Nurseries and Lounge areas must consider Ergonomics and OH&S issues for patient, visitor and staff welfare.

Refer to Part C - Access, Mobility and OH&S of these Guidelines for more information.

Size of the Unit

The number of beds will be determined by the facility's service plan. The preferred maximum number of beds in the Maternity Unit is 20-25 beds in order to accommodate additional rooms such as the General Care Nursery, Feeding Room, Formula room and communal activities areas. Using this number of beds, therefore will allow a Maternity Inpatient Unit to be stacked on in the same vertical tower arrangement as a General Inpatient Unit.

The number of cots in the Nursery areas will be determined by the service plan dependent on the number of beds in the Maternity Inpatient areas and number of Birthing Rooms, expected numbers of births and expected numbers of complicated deliveries resulting in babies requiring special or intensive care.

The number of cots in a newborn Nursery should not exceed 16 cots. Where the operational policy of the Maternity Unit includes rooming in of babies with mothers, then the number of cots in a general care nursery should accommodate the expected number of babies that are not rooming in with the mother.

Safety and Security

Security issues are important due to the increasing prevalence of infant abduction in addition to violence and theft in health care facilities.

The arrangement of spaces and zones shall offer a high standard of security through the control over access and egress from the Unit, the provision of optimum observation for staff and grouping of like functions into zones.

All Maternity Unit areas including inpatient areas, Nurseries and Birthing Unit must have restricted access, and appropriate staff identification systems. Maternity Units are increasingly adopting a baby tagging system. This involves a combination of the infant wearing a tag around the ankle and sensor panels located at every access point to the unit (and perhaps the entire hospital or facility).

Baby tracking or similar security feature for the protection of newborn babies will be mandatory.

Maternity Unit design should endeavour to limit the access and egress points to one, supervised by staff with additional security measures including:

- Electronic access and egress
- Monitoring of all perimeter doors
- CCTV monitoring of entries and exits
- Duress alarms to all reception areas and staff stations in obscure but easily accessible locations.

It is also important that the security systems installed do not interfere with emergency response and transfer of patients and newborns for critical incidents.

Drug Storage

All components of the Maternity Unit will include lockable drug storage within the Clean Utility or Medication room/s. Refer to Standard Components Clean Utility/ Medication and Store-Drugs Data Sheets and Room Layout Sheets for further details.

Note: Storage for dangerous drugs must be in accordance with the relevant legislation.

Milk Storage

To ensure the correct milk is provided to the right infant, breast milk storage freezers and fridges should be lockable or located within a lockable formula room with access restricted to staff only or to mothers under staff supervision.

Finishes

Finishes including fabrics, floor, wall and ceiling finishes, should be relaxing and non-institutional as far as possible. The following additional factors should be considered in the selection of finishes:

- Acoustic properties
- Durability
- Ease of cleaning
- Infection control
- Fire safety
- Movement of equipment.

As clinical observation of patients and neonates is essential, colours should be chosen carefully to avoid an adverse impact on the skin colour, particularly for cyanosis and jaundiced babies. Walls shall be painted with lead free colour.

Refer to Part C - Access, Mobility and OH&S of these Guidelines for more information on wall protection, floor finishes and ceiling finishes.

Fixtures, Fittings and Equipment

Privacy Screens

In single and two bedrooms, visual privacy from casual observation by other patients and visitors shall be provided for each bed space. The design for privacy shall not restrict patient access to the Ensuite or room entrance in two bedrooms.

Feeding areas will require privacy screening with sufficient space to allow a staff member to assist the mother.

Curtains / Blinds

Each Bedroom and the Nursery areas shall have partial blackout facilities (blinds or lined curtains) to allow patients and babies to rest during the daytime.

Window curtains and privacy bed screens must be washable, fireproof and cleanly maintained at all times. Disposable bed screens may also be considered.

If blinds are to be used instead of curtains, the following will apply:

Vertical blinds and Holland blinds are preferred over horizontal blinds as they do not provide numerous surfaces for collecting dust.

Horizontal blinds may be used within a double-glazed window assembly with a knob control on the bedroom side.

For specific information on fittings, fixtures and equipment typically included in the Unit refer to Part C - Access, Mobility and OH&S of these Guidelines, the Room Layout Sheets (RLS) and Room Data Sheets (RDS).

Building Services Requirements

Communications

Unit design should address the following Information Technology/ Communications issues:

- Electronic patient records and patient information systems
- Electronic forms and requests for investigations, pharmacy, catering, supplies
- Picture archiving communications systems (PACS)

- Telephones including cordless and mobile phones
- Computers, laptops, and tablets
- Patient call, nurse assist call, emergency call systems/ DECT system
- Paging for staff and emergencies
- Duress systems, personal mobile duress systems may be considered
- Supply and records management systems including bar coding for supplies
- Wireless network requirements
- Videoconferencing requirements
- Communications rooms and server requirements

Nurse Call

Patient call, staff assist, and emergency call facilities shall be provided in all patient areas including Bedrooms, Nurseries, Feeding Rooms, Lounges, Toilets, Ensuites and Bathrooms for patients and staff to request urgent assistance.

The individual call buttons shall alert to an annunciator system. Annunciator panels should be located in strategic points within the circulation area, particularly in Staff Stations, Staff Rooms, and Meeting Rooms, and should be of the “non-scrolling” type, allowing all calls to be displayed at the same time. The audible signal of these call systems should be controllable to ensure minimal disturbance to patients and babies. The alert to staff members shall be done in a discreet manner at all times.

Patient Entertainment Systems

Patient Bedrooms and lounge areas may be provided with the following entertainment/communications systems according to the Operational Policy of the facility:

- Television
- Telephone
- Radio
- Internet through (Wi-Fi).

Heating Ventilation and Air Conditioning (HVAC)

Nurseries should be serviced by HVAC systems that allow for adequate ventilation and air exchange, with at least 6 air changes per hour as per ASHRAE requirements. Inpatient care areas should be kept at positive pressure relative to adjacent areas. The Units temperature should be maintained at 24 degrees Celsius or less in adult bedrooms, and 22 to 26 degrees Celsius in the nurseries. Relative humidity should be adjustable between 30% to 60%.

High efficiency filters should be installed in the air handling system, with adequate facilities provided for maintenance, without introducing contamination to the delivery system or the area served.

To ensure confidentiality and reduce noise the ventilation ductwork should minimise transmission of sounds throughout the Unit, particularly nursery areas.

Inpatient accommodation areas should be air-conditioned and maintain a temperature range comfortable for mothers and babies.

Medical Gases

Medical gas is intended for administration to a patient in anaesthesia, therapy, or diagnosis. Medical gases shall be installed and readily available in each patient bay.

Oxygen and suction must be provided to all inpatient beds, while medical air is optional dependent of the service being provided. Medical gases will be provided for each bed according to the quantities noted in the Standard Components Room Data Sheets.

Medical Gases must be dedicated to each patient. Gas outlets may not be shared between two patients.

Pneumatic Tube Systems

The Inpatient Unit and Nursery areas may include a pneumatic tube station, as determined by the facility Operational Policy. If provided the station should be located in close proximity to the Staff Station or under direct staff supervision.

Hydraulics

Warm water supplied to all areas accessed by patients within the Maternity Unit and Nursery areas must not exceed 43 degrees Celsius. This requirement includes all staff handwash basins and sinks located within patient accessible and Nursery areas.

Infection Control

Hand Basins

Hand-washing facilities in corridors shall not impact on minimum clear corridor widths. In the Maternity Unit at least one clinical handwashing basin is to be conveniently accessible to the Staff Station and one should be located at the entry and exit to the Unit.

Each nursery should have a hand basin at the point of entry for staff and parents. Within the nursery, a minimum 1 hand basin, Type B should be provided per 4 cots in general care nurseries and Type A, 1 per 2 cots in special care and intensive care nurseries; the distance between any point in the nursery to the closest basin should not exceed 6 metres.

Handbasins are to comply with Standard Components - Bay - Handwashing, Type A, B and Part D - Infection Control in these Guidelines.

Antiseptic Hand Rubs

Corridor handbasins may be replaced with Antiseptic Hand Rub dispensers, depending on infection control policies. Antiseptic Hand Rubs are to comply with Part D - Infection Control, in these guidelines. Antiseptic Hand Rubs, although very useful and welcome, cannot fully replace Handwash Bays. A combination of both is required.

Refer to Part D – Infection Control for additional details

Isolation Rooms

Standard Single (1 bed) patient rooms should be regarded as Class N – Negative Pressure Isolation Rooms. At least two 'Class N - Negative Pressure' Isolation Room shall be provided for each Unit in facilities of Role Delineation Level (RDL) 4 and above.

The need for Negative Pressure Isolation rooms is to be evaluated by an infection control risk assessment and will reflect the requirements of the Service Plan.

Negative Pressure and Standard Pressure Isolation cot spaces may be required according to the Service Plan.

5 Standard Components of the Unit

Standard Components

Standard Components are typical rooms in a health facility, each represented by a Room Data Sheet (RDS) and Room Layout Sheet (RLS). Sometimes, there are more than one configuration possible and therefore, more than one room layout sheet can be found in the Standard Components for a room with same function. They may differ in room size and/or the requirement of FF&FE items.

The Room Data Sheets are presented in a written format, describing the minimum briefing requirements of each room type divided into the following categories:

- Room Primary Information; includes briefed areas, occupancy, room description, relationships and special room requirements
- Building Fabric and Finishes; describes fabric and finishes for the room's ceiling, floor, walls, doors and glazing requirements
- Furniture and Fittings; lists all the fittings and furniture typically located in the room; Furniture and Fittings are identified with a group number indicating who is responsible for providing the

item according to a widely accepted description as follows:

Group	Description
1	Provided and installed by the Builder/ Contractor
2	Provided by the Client and installed by the Builder/Contractor
3	Provided and installed by the Client

- Fixtures and Equipment; includes all the serviced equipment commonly located in the room along with the services required such as power, data, water supply and drainage; Fixtures and Equipment are also identified with a group number as above indicating who is responsible for provision
- Building Services - indicates the requirement for communications, power, HVAC (Heating, Ventilation and Air Conditioning), medical gases, nurse/ emergency call and lighting along with quantities and types where appropriate. Provision of all services items listed is mandatory

The Room Layout Sheets (RLS's) are indicative plan layouts and elevations illustrating an example of a good design. The RLS indicated are deemed to satisfy these Guidelines. Alternative layouts and innovative planning shall be deemed to comply with these Guidelines provided by the following criteria are met:

- Compliance with the text of these Guidelines
- Minimum floor areas as shown in the Schedule of Accommodation
- Clearances and accessibility around various objects shown or implied
- Inclusion of all mandatory items identified in the RDS

Standard Components have considered the required design parameters described in these Guidelines. Each FPU should be designed with compliance to Standard Components - Room Data Sheets and Room Layout Sheets, nominated in the Schedules of Accommodation in Appendices of this FPU.

Non-Standard Rooms

Non-Standard rooms are identified in the Schedules of Accommodation as NS and are described below.

Bathing/ Examination

The Bathing/ Examination area will be used for baby bathing, baby examinations, weighing and baby bathing demonstrations for parents. The area may be located within or adjacent to the neonatal general care or special care nursery. The Bathing/ Examination area will include a bench with a baby examination area and baby weighing scales and a sink for baby bathing. Storage will be required for clean baby linen, towels and dirty baby linen. A staff handwashing basin should be located within easily access.

Special considerations include:

- Provision of heating over the examination/ bathing area
- Provision of temperature controlled warm water
- Provision of good lighting levels; lighting should permit the accurate assessment of skin colour
- The baby bathing sink should be manufactured from a material that will not retain heat or cold, (stainless steel is not recommended)
- Staff will require access to an emergency call button for use in emergencies

Bay - Pneumatic Tube

The Bay - Pneumatic Tube should be located at the Staff Station/s under the direct supervision of staff for urgent arrivals. The location should not be accessible by external staff or visitors.

Requirements include:

- The bay should not impede access within staff station areas
- Racks should be provided for pneumatic tube canisters
- Wall protection should be installed to prevent wall damage from canisters

Neonatal Isolation Room - Negative/ Positive Pressure

The Neonatal Isolation Room will be similar to an enclosed Neonatal Bay - Special Care or Intensive Care, with appropriate air-conditioning - filtered, negative pressure or positive/ standard pressure to comply with standards and guidelines applicable to Isolation rooms. The room will require additional 2 m² for door access. Doors and walls facing the staff station should be fully glazed for maximum visibility, with privacy screening.

The Isolation room/s will require:

- Anteroom, for Negative Pressure Isolation rooms
- Handwashing basin, Type A, within the room
- PPE located at the room entry - may be combined with the Handwashing bay
- Room fabric and doors to comply with standards and guidelines for Isolation rooms

The quantity of Negative Pressure or Positive Pressure Isolation rooms will be dependent on the service plan for the unit. Positive pressure isolation rooms should be provided at a ratio of 1 per 8 NICU bassinets. Refer to NICU FPU for further details regarding Isolation Room quantities and requirements in these Guidelines.

Parent Lounge/ Dining/ Kitchenette

The Parent Lounge is provided for the convenience of parents who may be visiting neonates in the NICU for extended periods of time.

The Lounge should be located with convenient access to the NICU inpatient area. The Lounge will include:

- Comfortable seating
- Dining table and chairs
- Kitchenette with facilities for preparing drinks and food reheating (cooking facilities are not included)
- Television and telephone

An external outlook is essential. Acoustic treatment should be provided to minimise noise transfer to adjacent areas.

6 Schedule of Equipment (SOE)

This Schedule of Equipment (SOE) below lists the major equipment required for the key rooms in this FPU.

Room Name		
1 Bed Room, room code (1br-st-18-i)		
Air flowmeter	Locker: bedside	Table: overbed
Bassinet	Oxygen flowmeter	Suction adapter
Bed: inpatient, electric		
1 Bed Room - Isolation, room code (1br-is-p-28-i, 1br-is-n-28-i)		
Air flowmeter	Infusion pump: single channel	Oxygen flowmeter
Bassinet	Locker: bedside	Suction adapter
Bed: inpatient, electric	Table: overbed	
1 Bed Room - Large, room code (1br-lg-30-i)		
Air flowmeter	Locker: bedside	Suction adapter
Bassinet	Oxygen flowmeter	Table: overbed
Bed: inpatient, electric		
1 Bed Room - VIP, room code (1br-vip-36-i)		
Locker: bedside	Suction adapter	Air flowmeter
Mattress: powered, VIP	Table: overbed	Bassinet
Oxygen flowmeter	Bed: inpatient, VIP	
2 Bed Room, room code (2br-st-30-i)		
Air flowmeter	Bed: inpatient, electric	Oxygen flowmeter
Bassinet	Locker: bedside	Suction adapter
Table: overbed		
Neonatal Bay - General Care, room code (nbgc-i)		
Air flowmeter	Diagnostic set: portable	Suction adapter: low flow
Bassinet	Lamp: phototherapy, neonatal	Warmer unit: neonatal
Bilirubinometer	Oxygen flowmeter: low flow	
Neonatal Bay - Intensive Care, room code (nbicu-e-i)		
Air flowmeter	Lamp: phototherapy, neonatal	Infusion pump: single channel
Incubator: infant	Linen carrier: dirty, single	Infusion pump: syringe
Infusion pump: enteral feeding	Monitor: physiologic, critical care, neonatal	Oxygen flowmeter: low flow
Ventilator: neonatal/ paediatric	Suction adapter: low flow	Services pendant: ceiling
Neonatal Bay - Special Care, room code (nbsc-i)		
Air flowmeter		
Incubator: infant	Infusion pump: syringe	Monitor: physiologic, critical care, neonatal
Infusion pump: enteral feeding	IV pole: mobile	Oxygen flowmeter: low flow
Infusion pump: single channel	Lamp: phototherapy, neonatal	Suction adapter: low flow

7 Schedule of Accommodation

The Schedule of Accommodation (SOA) provided in the Appendices of this FPU represents generic requirements for this Unit. It identifies the rooms required along with the room quantities and the recommended room areas. The sum of the room areas is shown as the Sub Total as the Net Area. The total area comprises of the sub-total areas of these rooms plus an additional percentage of the sub-total applied as the circulation (corridors within the Unit). Circulation is represented as a percentage is the minimum recommended target area. Any external areas and optional rooms/ spaces are not included in the total areas in the SOA.

Within the SOA, room sizes indicated for typical units and are organised into functional zones. Not all rooms identified are mandatory, therefore, some rooms are found as optional in the corresponding Remarks. These Guidelines do not dictate the size of the facilities and the SOA provided represents a limited sample based on assumed unit sizes. The actual size of the facilities is determined by the Service Planning or Feasibility Studies. Quantities of rooms need to be proportionally adjusted to suit the desired unit size and service needs.

The Schedule of Accommodation for a 25 bed Maternity Inpatient Unit at all RDL levels follows. Quantities and sizes of some spaces will need to be determined in response to the service needs on a case-by-case basis.

Maternity Inpatient Unit – Antenatal and Postnatal

ROOM/ SPACE	Standard Component Room Code									RDL 3-6 Qty x m2	25 Beds	Remarks	
Unit Size													
Entrance/ Reception													
Reception	recl-10-i									1	x	10	
Lounge - Visitor	wait-30-i									1	x	30	Divided into male/female areas. Area may be enlarged to increase seating capacity
Meeting Room - Small	meet-9-i similar									1	x	12	Interviews with family
Toilet - Public	wcpu-3-i									2	x	3	Separate Male and Female. Minimum 1 pair per floor
Toilet - Accessible	wcac-i									1	x	6	Minimum 1 per floor
Patient Areas													
1 Bed Room - Standard	1br-st-18-i									4	x	18	Antenatal; located in a quiet zone; Mix and number depend on service demand
1 Bed Room - Standard	1br-st-18-i									10	x	18	Postnatal; Mix and number depend on service demand
1 Bed Room - Isolation	1br-is-p-18-i 1br-is-n-18-i									1	x	18	Class N rooms are mandatory at the rate of 1 for up to 30 beds or 2 for up to 60 beds collocated. Minimum size is 18m2. Any isolation room may be combined with the mandatory Bariatric room to form and Isolation Bariatric room at 28m2 (1br-is-p-28-i or 1br-is-n-28-i). Class P isolation rooms according to the clinical services plan.
1 Bed Room - Large	1br-lg-30-i									1	x	30	Minimum 1 per unit of 30 beds required. Include Dialysis outlet in all Bariatric rooms and follow minimum Bariatric Standards. This room may also be combined with any Isolation room to form an Isolation Bariatric room at 28m2.
1 Bed Room - VIP	1br-vip-36-i									1	x	36	Provide according to service demand
2 Bed Room	2br-st-30-i									4	x	30	Postnatal; Mix and number depend on service demand
Anteroom	anrm-i									1	x	6	For 1 Bed Room - Isolation
Ensuite - Standard	ens-st-i or ens-st-a-i									19	x	5	Directly accessible from each 1 Bed, 2 Bed and Isolation rooms
Ensuite - Super	ens-sp-i									1	x	6	For 1 Bed Room - Large. Special fittings required for bariatrics
Ensuite - VIP	ens-vip-i									1	x	8	For 1 Bed Room - VIP
Lounge - Patient	lnpt-15-i or lnpt-s-i similar									1	x	20	Patient communal space
Sitting Alcove	NS									2	x	2	Optional, locate along Corridors
Toilet - Patient	wcpt-i									1	x	4	Optional; locate adjacent to communal areas
Bathroom	bath-i similar									1	x	15	1 per 60 beds or may be shared between 2 units
Treatment Room	trmt-14-i									1	x	14	Optional; provide according to service demand
Support Areas													
Bay - Beverage, Enclosed	bbev-enc-i									1	x	5	Can be in an open Bay Refer to Room Code: bbev-ip-i
Bay - Handwashing, Type B	bhws-b-i									4	x	1	In addition to basins in patient rooms; 1 at entry, 1 near staff station; Refer to Part D
Bay - PPE	bppe-i									1	x	1.5	In addition to those required for isolation rooms. Refer to Part D - Infection Control
Bay - Linen	blin-i									2	x	2	Quantity and location to be determined for each facility
Bay - Meal Trolley	bmeq-4-i similar									1	x	4	Optional; dependent on catering and operational policies
Bay - Mobile Equipment	bmeq-4-i or bmeqe-4-i									1	x	4	Quantity, size and location dependent on equipment to be stored; opened or enclosed bay
Bay - Resuscitation Trolley	bres-i									1	x	1.5	
Bay - Pneumatic Tube	NS									1	x	1	Optional, Locate at Staff Station or under staff supervision
Clean Utility	clur-12-i									1	x	12	May be Interconnected with Medication Room
Medication Room	medr-10-i									1	x	10	May be Interconnected with Clean Utility
Clean Utility / Medication	clum-14-i									1	x	14	Optional if Clean Utility and Medication Room provided.

ROOM/ SPACE	Standard Component Room Code									RDL 3-6 Qty x m2 25 Beds	Remarks
Dirty Utility	dtur-14-i									1 x 14	2 may be required to minimise travel distances
Disposal Room	disp-8-i									1 x 8	
Pantry	ptry-i									1 x 8	Optional if Beverage Bay provided.
Feeding Room	feed-i similar									1 x 12	Optional; adjacent to Formula Room if provided; maybe 3 individual cubicles. (May be shared with the GCN)
Formula Room	form-i									1 x 10	Milk storage; only required if Well Baby Nursery is not collocated; adjacent to Feeding Room
Store - Equipment	steq-20-i									1 x 20	Size dependent on equipment to be stored
Store - General	stgn-8-i similar									1 x 10	Size as per service demand and operational policies
Cleaner's Room	clrm-6-i									1 x 6	Includes storage for dry goods
Staff Areas											
Staff Station	sstn-14-i									1 x 14	May include ward clerk; size dependant on qty of staff
Office - Clinical / Handover	off-cln-i									1 x 15	May be collocated with Staff Station
Office - Single Person	off-s12-i									2 x 12	NUM office and clinical personnel as needed
Meeting Room - Medium / Large	meet-l-15-i similar									1 x 20	Meetings, Tutorials; shared between 2 units
Staff Lounge (Male/ Female)	srm-15-i									2 x 15	Includes food preparation area
Property Bay	prop-3-i similar									2 x 2	Separated for male and female. Number of lockers depends on staff complement per shift
Toilet - Staff	wcst-i									2 x 3	Separate Male and Female
Sub Total										893	
Circulation %										35	
Total Areas										1205.55	

Please note the following:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the Standard Components.
- Rooms indicated in the schedule reflect the typical arrangement according to the sample bed numbers.
- All the areas shown in the SOA follow the No-Gap system described elsewhere in these Guidelines.
- Exact requirements for room quantities and sizes will reflect Key Planning Units (KPU) identified in the Clinical Service Plan and the Operational Policies of the Unit.
- Room sizes indicated should be viewed as a minimum requirement; variations are acceptable to reflect the needs of individual Unit.
- Staff and support rooms may be shared between Functional Planning Units dependent on location and accessibility to each unit and may provide scope to reduce duplication of facilities.
- Class N Isolation rooms are not subject to Clinical Services Plan or demand. They are mandatory and must be provided in accordance with this FPU.

General Care Nursery (GCN)

The General Care Nursery (GCN) may be located with the Maternity Inpatient Unit or adjacent to other Nurseries.

ROOM/ SPACE	Standard Component Room Codes									RDL ALL Qty x m2	Remarks
Nursery - General Care										12 cots	No of Cots as per Service Plan
Neonatal Bay - General Care	nbgc-i									12 x 5	Ratio of 5m ² per cot with a maximum of 16 cots per room
Staff Station/ Clean Utility	sscu-i									1 x 9	
Bathing/ Examination	NS									1 x 10	
Bay - Handwashing, Type B	bhws-b-i									4 x 1	1 per 4 cots; refer to Infection Control, Part D
Bay - Linen	blin-i									1 x 2	
Bay - Resuscitation Trolley	bres-i									1 x 1.5	Neonatal resuscitation trolley
Dirty Utility	dtur-s-i									1 x 8	May be shared with adjacent unit
Disposal Room	disp-8-i									1 x 8	May be shared with adjacent unit
Feeding Room	feed-i similar									1 x 12	Located adjacent to Formula Room; maybe 3 individual cubicles.
Formula Room	form-i									1 x 10	Milk storage
Store - Equipment/ General	steq-10-i similar									1 x 8	Mobile equipment, general supplies
Sub Total										132.5	
Circulation %										35	
Total Area										178.9	

Please note the following:

- Support rooms including Cleaner’s Room and Store Rooms may be shared with an adjacent unit
- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the Standard Components
- Rooms indicated in the schedule reflect the typical arrangement according to the sample bed numbers
- All the areas shown in the SOA follow the No-Gap system described elsewhere in these Guidelines
- Exact requirements for room quantities and sizes will reflect Key Planning Units (KPU) identified in the Clinical Service Plan and the Operational Policies of the Unit
- Room sizes indicated should be viewed as a minimum requirement; variations are acceptable to reflect the needs of individual Unit
- Staff and support rooms may be shared between Functional Planning Units dependent on location and accessibility to each unit and may provide scope to reduce duplication of facilities.

Neonatal Special Care Nursery (SCN) Optional

The Neonatal Special Care Nursery (SCN) may be located with General Care Nursery, or collocated with Neonatal Intensive Care.

ROOM/ SPACE	Standard Component Room Codes									RDL ALL Qty x m2	Remarks
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Nursery- Special Care										12 Cots			Optional
Neonatal Bay - Special Care	nbsc-i									11	x	12	Qty will depend on No. of Birthing Rooms, beds and service plan
Neonatal Bay - Resuscitation	nbicu-e-i									1	x	17	For resuscitation and transfer prep; in addition to neonatal bays
Isolation Room- Negative Pressure	1br-is-n-18-i									1	X	18	provide at the ratio of one per 12 cots
Bathing/ Examination	NS									1	x	10	
Treatment Room	trmt-14-i									1	x	14	Optional
Support Areas													
Bay - Handwashing, Type A	bhws-a-i									7	x	1	1 per 2 cots + 1 at entry
Bay - Linen	blin-i									1	x	2	
Bay - Mobile Equipment	bmeq-4-i									1	x	4	
Bay – Pathology (Stat Lab)	bpath-1-i									1	x	6	Point of Care testing, which may also incorporate Pneumatic Tube System station
Bay - Resuscitation Trolley	bres-i									1	x	1.5	Neonatal resuscitation trolley
Clean Utility	clur-12-i									1	x	12	May be collocated with Staff Station
Dirty Utility	dtur-s-i dtur-12-i similar									1	x	10	
Disposal Room	disp-8-i									1	x	8	May be shared
Feeding Room	feed-i similar									1	x	12	Located adjacent to Formula Room
Formula Room	form-i									1	x	10	Milk storage
Store - Equipment	steq-20-i similar									1	x	24	Based on a minimum of 2 m2 per cot
Store - General	stgn-14-i similar									1	x	12	Consumable stock and sterile packs
Cleaner's Room	clrm-6-i									1	x	6	May be shared
Staff Areas													
Staff Station	sstn-14-i similar sstn-20-i									1	x	20	2, 4 staff seated
Meeting Room	meet-9-i									1	x	9	Interviews, Meetings, Tutorials & Education
On Call Room	obvr-10-i									1	X	10	Provide at least one on call room within the unit or within a short distance
Office - Single Person	off-s9-i									1	x	9	Note 1; SCN Manager

Treatment Room	trmt-14-i										1	x	14	Optional
Support Areas														
Bay - Blanket/ Fluid Warmer	bbw-1-i										1	x	1	
Bay - Handwashing, Type A	bhws-a-i										8	x	1	1 per 2 NICU cots, 1 for resus space, 1 at entry
Bay - Linen	blin-i										2	x	2	
Bay - Mobile Equipment	bmeq-4-i										1	x	4	
Bay - Pathology	bpath-1-i										1	x	1	Point of Care testing
Bay - Resuscitation Trolley	bres-i										1	x	1.5	Neonatal resuscitation trolley
Bay - Pneumatic Tube	NS										1	x	1	Optional, may be located with Pathology Bay or Staff Station
Clean Utility	clur-12-i										1	x	12	May be Interconnected with Medication Room
Medication Room	medr-10-i										1	x	10	May be Interconnected with Clean Utility
Clean Utility / Medication	clum-14-i										1	x	14	Optional if Clean Utility and Medication Room provided.
Dirty Utility	dtur-12-i										1	x	12	
Disposal Room	disp-8-i										1	x	8	May be shared
Equipment Clean-up	ecl-10-i similar										1	x	12	For dismantling & cleaning cots, incubators & equipment
Feeding Room	feed-i similar										1	x	12	Located adjacent to Formula Room
Formula Room	form-i										1	x	10	Includes milk storage
Store - Equipment	steq-20-i similar										1	x	24	Based on a minimum of 2 m2 per cot
Store - General	stgn-14-i similar										1	x	12	Consumable stock and sterile packs
Store - Sterile Stock	stss-12-i similar										1	x	10	
Cleaner's Room	clrm-6-i										1	x	6	Smaller units may share
Parent Support Areas														
Parent Lounge/ Dining/ Kitchenette	NS										1	x	35	Optional, communal space, 8, 12 persons
Parent Overnight Stay Bedroom	ovbr-10-i										1	x	10	Optional
Parent Overnight Stay Ensuite	oves-4-i										1	x	4	Optional
Parent Property Bay	prop-3-i										1	x	3	Optional, Lockers for parents visiting

Toilet - Public	wcpu-3-i										2	x	3	Optional, may share adjacent facilities
Staff Areas														
Staff Station	sstn-20-i										1	x	20	2, 4 staff seated
Office - Write-up (Shared)	off-wis-i										1	x	12	May be collocated with Staff Station
Office - Single Person	off-s9-i										1	x	9	Note 1; NICU Manager
Office - 2 Person Shared	off-2p-i										1	x	12	Note 1; Medical, Nursing, Allied Health as required
Office - Workstations	off-ws-i										4	x	5.5	Clerical support, Nursing, Medical as required
On Call Room	ovbr-10-i										1	X	10	Provide one per 12 NICU rooms
Meeting Room, Medium/ Large	meet-l-15-i similar										1	x	20	Meetings, Education
Staff Lounge (Male/ Female)	srm-15-i										2	x	15	May be shared
Change - Staff (M/F)	chst-12-i										2	x	12	Toilet, Shower and Lockers, may be shared
Sub Total													627.5	
Circulation %													40	
Total Area													878.5	

Please note the following:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the Standard Components
- Rooms indicated in the schedule reflect the typical arrangement according to the sample bed numbers
- All the areas shown in the SOA follow the No-Gap system described elsewhere in these Guidelines
- Exact requirements for room quantities and sizes will reflect Key Planning Units (KPU) identified in the Clinical Service Plan and the Operational Policies of the Unit
- Room sizes indicated should be viewed as a minimum requirement; variations are acceptable to reflect the needs of individual Unit
- Staff and support rooms may be shared between Functional Planning Units dependent on location and accessibility to each unit and may provide scope to reduce duplication of facilities
- Offices to be provided according to the number of approved full time positions within the Unit.

8 Future Trends

When planning for future developments the following trends should be considered:

- Increased prevalence of obesity in society requiring bariatric facilities
- Steep rise in caesarean births may result in more high dependency postnatal accommodation
- Increasing numbers of multiple births
- Increasing numbers of pre-term deliveries and survival of pre-term babies
- Demand for midwife led care throughout the pregnancy, birth and post-natal period
- Expectation by families/carers that patient rooms can accommodate partners and family to stay with the mother
- Patient demand for control over heating, lighting and visitor access
- Early discharge into community support programs
- Ongoing development in electronic medical records and information technology
- Infant and facility security systems developments

9 References and Further Reading

In addition to Sections referenced in this FPU, i.e. Part C- Access, Mobility, OH&S, Part D - Infection Control, and Part E - Engineering Services, readers may find the following helpful:

- ACOG, American Congress of Obstetricians and Gynecologists Clinical Guidelines 2017; refer to website, <http://www.acog.org/Resources-And-Publications>
- AHIA, Australasian Health Facility Guidelines, Part B Health Facility Briefing and Planning, HPU 0510-Maternity Unit, 2016; refer to website https://aushfg-prod-com-au.s3.amazonaws.com/HPU_B.0510_6_0.pdf
- AHIA, Australasian Health Facility Guidelines, Part B Health Facility Briefing and Planning, HPU 0390-Intensive Care- Neonatal Special Care Nursery, 2016; https://aushfg-prod-com-au.s3.amazonaws.com/HPU_B.0390_6_0.pdf
- DH (Department of Health) (UK) Health Building Note 04-01: Adult Inpatient Facilities, 2009, refer to website; https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148502/HBN_04-01_Final.pdf
- DH (Department of Health) (UK) Health Building Note 09-02: Maternity Care facilities, 2013, refer to website: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147876/HBN_09-02_Final.pdf
- DH (Department of Health) (UK) Health Building Note 09-03: Neonatal Units, 2013, refer to website: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147879/HBN_09-03_Final.pdf
- DH (Department of Health) (UK) Health Technical Memorandum 08-03: Bedhead Services, 2013, refer to website https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/144247/HTM_08-03.pdf
- Guidelines for Design and Construction of Health Care Facilities; The Facility Guidelines Institute, Section 2.2-2.2 Medical/Surgical Nursing Unit, Section 2.2-2.11 Obstetrical Unit, Section 2.2-2.12 Nursery Unit, 2014 Edition; refer to website www.fgiguideines.org
- Royal College of Obstetricians & Gynaecologists (UK) Guidelines, 2017, refer to website <https://www.rcog.org.uk/guidelines>