

Part B – Health Facility Briefing & Design

20 Birthing Unit



iHFG

International Health Facility Guidelines

Version 5 Sep 2017

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20 Birthing Unit

1 Introduction

Description

The Birthing Unit is a discreet Unit providing facilities for the safe prenatal care, delivery and immediate postnatal care of mothers and their newborn babies. The number of birthing rooms and the size of the associated service areas shall be as required by the proposed obstetrical workload outlined in the Service Plan.

The Birthing Unit will form a component of the Maternity Unit or Obstetric Unit which consists of the following areas:

- Inpatient unit for mothers suffering from antenatal complications
- Inpatient unit for postnatal care, normal or complicated
- General Care (Well Baby) Nursery for newborn babies requiring minimal care
- Special Care Nursery for newborn babies requiring care for complications arising from medium risk factors.
- Neonatal Intensive Care Unit may be incorporated into Maternity Unit or with Critical Care Units according to the Operational Policy of the facility.

This FPU will address Birthing Unit facilities and requirements specifically. Refer to the Maternity Unit FPU in these Guidelines for Antenatal and Postnatal Inpatient Unit, General Care Nursery and Special Care Nursery. Neonatal Intensive Care (NICU) will be the subject of a separate FPU.

2 Functional and Planning Considerations

Operational Models

Hours of Operation

The 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 a number of 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-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, Obstetrician and/or Consultants (such as Neonatal Specialists).
- Woman Centred Care where women have the choice of delivery method, practitioner and location, whether in hospital, in a Birthing Centre or at home.

A traditional Obstetrical model of care is based on the patient being moved between areas dedicated to the individual processes. The preferred design for a Birthing Unit however, particularly for smaller birthing centres, includes a number of self-contained rooms fitted out to perform several of the processes, without the patient having to move.

These models are explained in greater detail below.

Labour, Delivery, Recovery Model (LDR)

LDR design model accommodates the birthing process from labour through delivery and recovery of mother and baby within the one room. The room is equipped to handle most small complications. The patient is only moved from this room in the case of complications requiring surgery (e.g. to the Caesarean section delivery room) or after recovery, to an in-patient room. LDR rooms are for single occupancy.

Labour, Delivery, Recovery, Postpartum Model (LDRP)

Room design and capability to handle emergencies are similar to LDR rooms. The LDRP model eliminates an additional move to postpartum care. Equipment is moved to the room as needed, rather than moving the patient to the equipped room. This model is particularly relevant in the increasing demand for early discharge, within 24 hours.

The models selected may depend on the risk factors of the pregnancy. Other factors contributing to the models of care provided include the size of the birthing unit. Larger birthing centres may adopt a more traditional model where a separate Birthing Suite is provided along with dedicated maternity in-patient beds. The design preferred by smaller birthing centres includes a number of self-contained rooms provided by the LDR and LDRP models.

If the Birthing Unit does not provide a standalone Special Care Nursery or Neonatal Intensive Care Unit, a Level 1 (General Care) nursery may be provided.

General Practice Shared Care Model (GPSC)

GPSC is a collaborative model that combines the skills of midwives, GPs 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.

This 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.

Planning Models

The Birthing Unit may be provided as a:

- Unit within the Maternity Unit in a Hospital facility
- Stand-alone facility in a community setting; which may also be referred to as a Birth Centre.

For ease of access for patients in labour, a ground floor location for the Birthing Unit is recommended; however, ready access via lifts is acceptable. The Unit will require easy 24 hour access for patients arriving by private vehicles, taxi cabs and ambulances. A ground floor location or directed lift access is therefore preferable.

The Birthing Unit will require rapid access to an operating unit for emergency Caesarean Section deliveries and this may be achieved by incorporation of an Operating Room within the Unit. Inclusion of operating facilities within the Unit will be determined by the Service Plan and Operational Policy.

The Birthing Unit shall be located and designed to prohibit non-related traffic through the unit. When Birthing and Operating Rooms are in close proximity, access and service arrangements shall be such that neither staff nor patients need to travel through one area to reach the other. Access to an outdoor area is also desirable for patient recreation; this may be provided as a courtyard in a multi-storey facility.

The functional needs of the unit should take priority over location requirements. However, some consideration should be given to reducing disturbing sounds (from on-site and off-site) such as sirens and traffic, and avoiding disturbing views, such as cemeteries and mortuaries.

The hours of operation of other units should be considered when planning the location of the Birthing Unit. Staff should not be working in an isolated area and the spatial organisation should

enable staff to observe and assist each other. Staff should not have to travel through unoccupied areas at night.

Access by women and their supporters to food and retail facilities that may be provided within a hospital setting may also be a consideration of the location of the birthing unit within the spatial plan.

Functional Areas

The Birthing Unit consists of the following functional areas:

- Entry/ Reception area including:
 - Waiting areas for families and provisions for children
 - Public amenities including parenting facilities and play area
 - Consult/ Interview room for discussions with patients and family members
 - Storage for wheelchairs

- Birthing Suite with:
 - Assessment/ examination rooms
 - Birthing rooms
 - Associated Ensuites and Bathrooms
 - Waiting areas within the Birthing Unit for support persons and families

- 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 at entries and exits
 - Staff Station
 - Storerooms for sterile stock, equipment and general supplies

- Staff Areas including:
 - Change Rooms with lockers, toilets and showers
 - Meeting Rooms
 - Offices and write-up/ handover rooms
 - Overnight On-call rooms
 - Staff Room including beverage making facilities

- Optional Operating Rooms area for emergency Caesarean sections with
 - Operating Room
 - Scrub room
 - Holding and Recovery bays
 - Support areas including clean-up and sterile stock room.

Entry/ Reception Area

The Reception is the receiving hub of the unit and should therefore ensure the security of the entire Unit through access control. The Reception may be used for the registration of expectant mothers; alternatively this can occur at the Staff Station within the Birthing Suite, according to Operational Policy. Good access from Reception to the nursing administration offices and education areas is beneficial.

Patients, their supporters and members of the public will need to have good access to amenities including separate male/female toilet facilities, prayer rooms (a minimum of 1 prayer room per sex, per floor) and waiting areas. A separate waiting area for families should be provided, preferably with a small play area for children.

A Consult/ Interview room may be included for private discussions with patients and families.

Birthing Suite

The Birthing Suite caters for all the processes surrounding the birth of a newborn: assessment, labour, delivery (with/ without intervention), bonding between mother and baby (and the greater family), resting and recovery and finally, the transfer to an inpatient unit or a discharge in case of a community midwifery programme. Most of these processes will take place in one dedicated room in the LDRP model of care.

A Birthing Suite shall include:

- Birthing rooms, typically LDR type, each with an Ensuite containing shower and toilet facilities; provision of a bath is optional. Birthing units require acoustic privacy from other parts of the unit.
- An Examination/ Assessment Room; a multi-purpose room for consultations, examinations and if required, for delivery
- Family/supporters facilities, allowing them to take part in the entire birthing process, including provision for partners to stay overnight; this may be provided within the LDR Birthing Rooms
- Staff and support areas including Beverage Bay, Storage, Utilities, Staff Change areas and Staff Rooms.

Birthing Rooms and Ensuites are to comply with Standard Components particularly for essential inclusions which contain provisions for maternal and baby resuscitation equipment and services. Refer to Standard Components Birthing Room, Ensuite – Birthing Room and Bathroom for details.

Water Birthing

If water birthing is included in the Operational Policy, the Birthing Room will require direct access to a water pool area; this may be integrated within the Birthing Room. Water pools may be a fixed item or removable and will need to be installed to manufacturer's specifications. Additional considerations include:

- Provision of non-slip surfaces to the area
- Provision of grab rails for patients
- Provision of conveniently located emergency call and patient/nurse call buttons
- Provision of medical gases including nitrous oxide and oxygen used for pain relief to the pool area
- Provision of sufficient space to enable a patient lifter and staff to access the pool in the event of a patient needing to be lifted out of the pool
- Ongoing cleaning and disinfection of the pool.

Note: These Guidelines do not suggest or recommend water birthing as a safe or appropriate birthing option.

Support and Staff Areas

Support Areas will include Bays for linen, resuscitation trolley, mobile equipment, Cleaners Room, Clean and Dirty Utilities, Disposal Room, Staff Station and Store Rooms for consumable stock, sterile stock and equipment.

Like elsewhere in the facility, sharing space, equipment and staffing should be promoted, both within the Unit and with other units. Within the unit, sharing of staff stations, support and waiting areas may be possible between the different zones. Toilet facilities, prayer rooms and educational spaces could be shared with other units. Where spaces are shared, the size should be modified proportionally to suit the number of occupants.

Operating Room/s and Support Facilities

If provided within the Obstetric Unit, emergency Operating Rooms shall have:

- Operating Room to comply with Standard Components – Operating Room, General; provision should be made for twin baby resuscitation areas within the Operating Room
- Scrub-up/ Gowning Bay to comply with Standard Components Scrub-up/ Gowning
- Clean-up Room
- Two patient bed bays for recovery for each Operating Room, to comply with Standard Components Patient Bay, Recovery Stage 1.

An Anaesthetic Room is optional as anaesthetics are generally administered in the Operating Room in urgent cases, however the room may be used for patient preparation and administration of spinal /epidural anaesthetics.

The time taken to travel to the Operating Room from the Birthing Room ideally should not exceed three minutes. An assessment of the distance between the Birthing Room and the Operating Rooms should be done taking into consideration the average speed of travel and whether lifts are involved including any delays associated with lift travel.

Functional Relationships

External

The Birthing unit should be in close proximity to:

- Short term parking/drop off bay for dropping off expectant mothers
- Hospital car parking and public transport access points
- Outpatients/Women's' Health Units
- Inpatient antenatal and postnatal Units
- General Care Nursery
- Special Care / Neonatal Intensive Care Nursery
- Flower delivery drop off and parking bay

Obstetric emergencies can rapidly result in life threatening situations for the mother or neonate; The Birthing Unit requires rapid access to:

- Operating Unit
- Anaesthetic Services
- Intensive Care Unit – General and Neonatal
- Emergency Unit (for urgent admissions from Emergency Unit).
- Ambulance transport parking bay
- Helipad

Other departments that may relate to the Birthing Unit include Community Maternity services, Day Only Units, Medical Imaging (particularly for obstetric ultrasound), Pathology, and Pharmacy services.

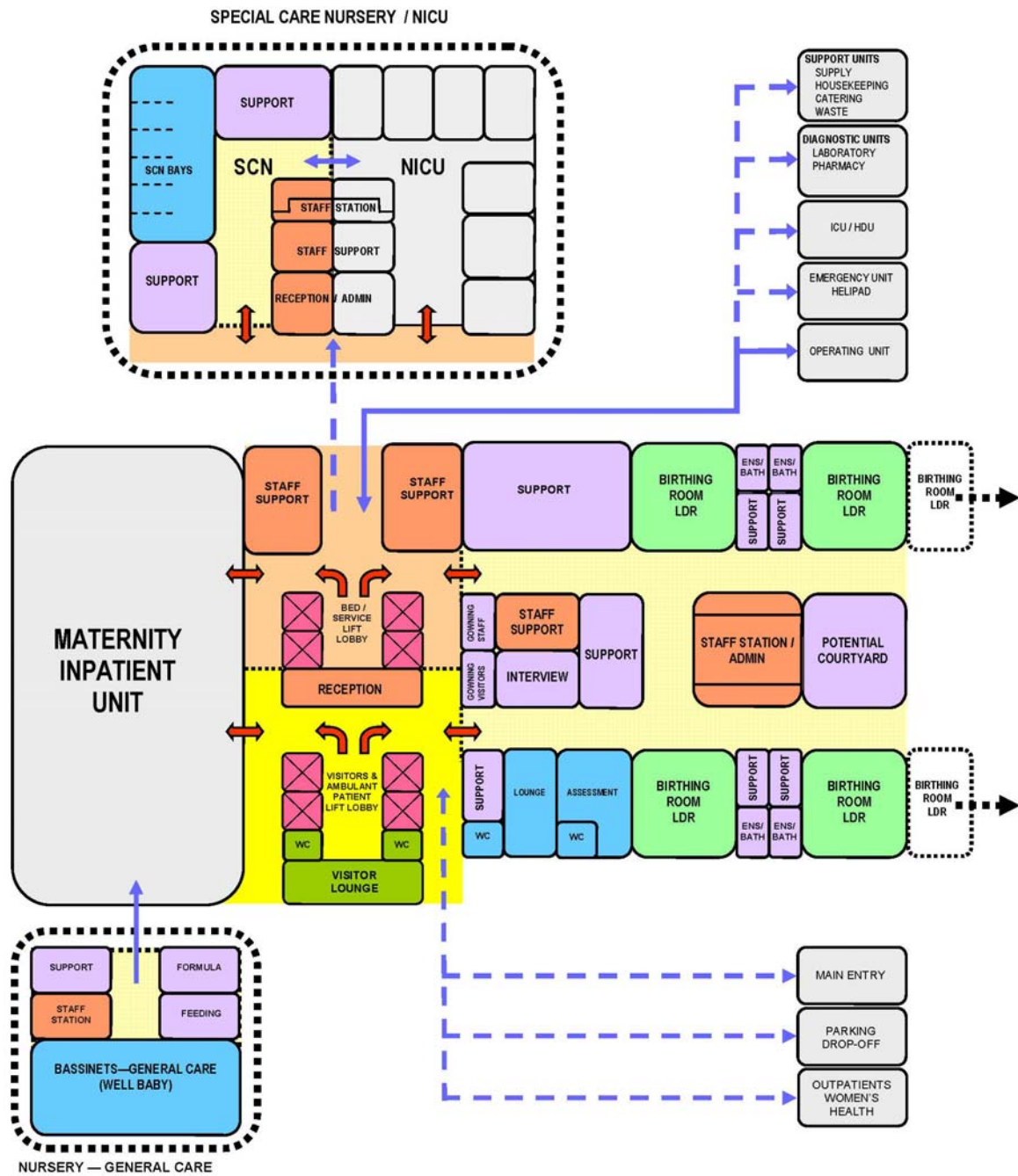
Internal

The Reception area at the entrance to the Unit should provide access control for all visitors to the Birthing Unit. Adjacent to Reception separate Waiting areas may be provided for females and families. From the Reception, direct access to assessment/ consultation/ examination, and birthing rooms shall be provided.

Direct access to a climate controlled internal garden or courtyard for mothers and their supporters would be beneficial.

These relationships are demonstrated in the Functional Relationship Diagram below.

Functional Relationship Diagram
 Birthing Unit (All Models)



LEGEND

- | | | | | |
|---------------|------------------------|------------------|-----------------------|----------------|
| Patient Areas | Procedural Areas | Public Amenities | Direct Relationship | Path of Travel |
| Support Areas | Circulation | Public Corridors | Indirect Relationship | |
| Staff Areas | Staff/Service Corridor | Lifts | Controlled Access | |

Important external Relationships identified in the diagram above include:

- External access and entry for arriving patients, directly from an access corridor or via a lift
- Close access for emergency patients from a helipad or Emergency Unit
- Close access to Operating Unit
- Access to service Units via a service corridor
- Ready access to Neonatal ICU/ Special Care Nursery and Maternity Inpatient Units.

The optimal internal relationships are demonstrated in the diagram above:

- Reception located with control of access for visitors
- Waiting area at the Unit entry and within the Unit for families
- Ready access between Birthing Suite, Nurseries and Maternity Inpatient Units
- Separate entrances to the Unit for staff and visitors
- Staff Station located centrally to Birthing Rooms
- Support areas decentralised, located close to treatment areas for staff convenience.

3 Design

Patient Treatment Areas

Birthing Unit design involves recognizing and respecting the diverse needs, values and circumstances of each patient.

As 24 hour access is required to the Unit, a dedicated drop off zone and entry with rapid access to the Birthing Unit or lifts that transport patients directly to the Birthing Unit is required. After-hours access requires careful consideration, it should be well sign-posted and conveniently located.

Birthing Rooms

The trend in Birthing Room design is to provide a home-like environment with concealed services and procedural lighting. Additional considerations include:

- Privacy screening from the corridor
- Temperature control within the room for mother and baby'
- Space for patients to walk around the room with sufficient supports
- Provisions within the room to support a variety of pain relief methods such as bean bags, alternative seating areas and shelves for patients to lean on at standing and sitting heights
- Provision of soothing music or aromas.

Current research indicates the bed should not be the focal point in the room, indicating to the patient that the bed is the centre of attention. Consideration should be given to location of comfortable seating as the focal point and the Ensuite and bathing areas within the room to create privacy.

Ensuite Bathrooms and Showers

The Birthing Room will require an Ensuite Bathroom or Ensuite Shower with toilet. The shower should have dual shower sprays in opposing directions.

If a Bathroom is provided, it will require an island bath with access around the bath for patient lifting, as well as steps and rails for safe patient access.

Environmental Considerations

Acoustics

The unit in general should be isolated from disturbing sounds of traffic and sirens of ambulances, either through its strategic location or through applying sound absorption and insulation techniques.

The following areas require careful consideration of acoustic privacy:

- Noisy spaces such as Waiting and play areas shall be located further away from the treatment spaces and staff areas
- Loud speakers, paging systems and music in common areas
- Interview areas with patients where confidential information is discussed must not be overheard in adjacent areas
- Birthing sounds must not be audible outside confines of space

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

Natural Light/ Lighting

Natural light and views by means of a window is essential and shall be available in all Birthing Rooms and is desirable in patient lounge areas and staff rooms. Windows are an important aspect of sensory orientation and psychological well-being of patients.

All high acuity care areas such as Birthing Rooms (including Bathrooms/ Ensuites), assessment rooms, baby examination/ resuscitation areas require colour-corrected lighting to allow staff to observe natural skin colour. Lighting in Birthing Rooms should be dimmable for patient comfort.

Privacy

Privacy is essential for both the Assessment and Birthing Rooms. Avoid direct views into the room from the outside, through the windows and through the door – i.e. do not provide door viewing panels and a privacy curtain should be allowed for. Furthermore, the foot end of the bed should be facing away from the door or the access point.

Interior Décor

Interior décor includes colour, textures, surface finishes, fixtures, fittings, furnishings, artworks and atmosphere. It is desirable that these elements are combined to create a calming, non-threatening environment that meets the expectations of patient, staff and visitors.

Birthing rooms, lounges, treatment and reception areas should be open and inviting, of domestic scale and décor rather than institutional. Access to outdoor areas is desirable. Colours should be used in combination with lighting to ensure that they do not mask skin colours particularly in rooms where clinical observation takes place.

Space Standards and Components

Accessibility

Design should provide ease of access for wheelchair bound patients in all patient areas including Assessment Rooms, Birthing Rooms and Lounges. Waiting areas should include spaces for wheelchairs (with power outlets for charging electric mobility equipment) and suitable seating for patients or their visitors with disabilities or mobility aids. The Unit may require provision for bariatric patients.

Doors

Doors used for emergency bed transfer within the Birthing or to 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 Birthing Rooms and Nurseries must consider Ergonomics and OH&S issues for patient, visitor and staff safety and welfare.

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

Size of the Unit

The number of Birthing Rooms required will be dependent on:

- The size of the population served by the Unit and demographic trends
- The average length of stay
- The number of booked Caesarean section deliveries
- Early discharge programmes
- Transfers from other units or hospitals.

Assuming an LDR model where Birthing rooms may be occupied for 24 hours after admission, the following can be used as a guide:

- 3 Birthing Rooms with 1 Assessment room for up to 1,000 births
- 4 Birthing Rooms with 1 Assessment room for up to 1,500 births
- 5 Birthing Rooms with 1 Assessment room for up to 2,000 births
- 8 Birthing Rooms with 1 to 2 Assessment rooms for up to 3,000 births.

Schedules of Accommodation have been provided for typical Birthing Units located within a hospital with 2, 4, 8 and 12 rooms and Stand-alone Birthing Units with 4, 8 and 12 rooms. Refer to Section 5 Schedules of Accommodation.

Safety and Security

The number of access points to the unit should be minimised. All entries should be under direct control of staff and daytime access is to be via the Reception area. After-hours access should provide direct access to the Birthing Suite. As a minimum, this entry point should be fitted out with video intercom and remote access hardware, allowing for 24 hours access for expectant mothers, support persons of patients in the Unit or parents of neonates.

All entry points should also be controlled through an Access Control System – a combination of reed switches, electric strike/ magnetic locks and card readers. Card readers should be provided on both sides of these entry points and these only should be deactivated in case of an emergency. CCTV surveillance of entry/ exit points is also recommended and if provided, should be monitored at a central control point.

To increase the safety of newborns even further, the use of electronic tagging may be implemented immediately from birth. This involves a combination of the infant wearing a tag around the ankle and sensor panels located at every access and egress point to the unit and possibly the entire hospital or facility.

All reception areas and staff stations are to have duress alarm buttons in obscure but easily accessible locations.

To promote OH&S safety of staff, where lifting devices are used for baths or pools within the birthing rooms, special attention should be given to the storage and handling of this equipment.

Finishes

A homely, non-clinical ambience is preferred for birthing rooms and lounge areas. Medical equipment and services should be easily accessible but concealed behind built in joinery or screens.

Colours should be chosen carefully to avoid an adverse impact on the skin colour of patients and neonates.

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

Fixtures and Fittings

Patient and foetal monitoring such as cardiocotograph (CTG) monitors should be located to provide ready access to the patient and the monitor.

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

Building Service Requirements

Communications

The Birthing Unit will require efficient and reliable IT/ Communications services for effective operation of the Unit.

The following items relating to IT/ Communication shall be addressed in the design of the Unit:

- 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
- 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.

Staff/ Emergency Call

Patient call, staff assist and emergency call facilities shall be provided in all patient areas including Assessment rooms, Birthing 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 at night. The alert to staff members shall be done in a discreet manner at all times.

Heating Ventilation and Air Conditioning (HVAC)

The Birthing and Assessment Rooms should be serviced by individual HVAC systems, allowing the temperature to be raised quickly to 25-27 degrees Celsius when a baby is born. The temperature control devices should be located within the room and should only be accessible to the staff.

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

Ventilation and proprietary scavenging systems should be designed to control occupational exposures to medical analgesic gases, used in birthing and recovery rooms.

Medical Gases

Oxygen, medical air and suction will be required to each Assessment and Birthing Room for mother and baby resuscitation. Consideration should be given to provision of additional medical gases in Birthing Rooms for twin deliveries. Oxygen/ nitrous oxide used in the Birthing Suite will

require scavenging suction. For stand-alone Birthing Units a gas bottle store and manifold room will be required located within an external enclosure, adjacent to road access.

Infection Control

General

The placenta is considered contaminated/ clinical waste and should be disposed of according to the hospital waste management policy. Disposal using placental macerators is not appropriate and should be avoided. Freezer storage should be provided within the unit to allow for collection by the family, for cultural reasons. Placenta disposal using cultural methods should also be accommodated.

Hand Basins

Each Assessment and Birthing Room will include a clinical scrub basin. Handwashing basins will be required at the Unit entry and exit, Staff Stations and in corridors.

Handbasins are to comply with Standard Components - Bay - Hand-washing and Part D - Infection Control in these Guidelines.

Isolation Rooms

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

4 Components of the Unit

Standard Components

The Birthing Unit contains Standard Components to comply with details in the Standard Components described in these Guidelines. Refer to Standard Components Room Data Sheets and Room Layout Sheets.

5 Schedule of Accommodation – Birthing Unit

Birthing Unit located within a health facility

ROOM/ SPACE	Standard Component Room Codes	RDL ALL Qty x m ²			RDL ALL Qty x m ²			RDL ALL Qty x m ²			RDL ALL Qty x m ²			Remarks
		2 Rooms			4 Rooms			8 Rooms			12 Rooms			
Entry / Reception														
Reception/ Clerical	recl-10-i recl-12-i				1	x	10	1	x	12	1	x	12	Provides access control to the unit
Waiting	wait-15-i wait-20-i wait-30-i				1	x	15	1	x	20	1	x	30	May be divided into female/ family areas as applicable
Waiting - Family	wait-15-i wait-20-i wait-30-i	1	x	15	1	x	15	1	x	20	1	x	30	May be divided into female/ family areas as applicable
Play Area	plap-8-i plap-10-i	1	x	8	1	x	8	1	x	10	1	x	10	Adjacent to family waiting
Parenting Room	par-i				1	x	6	1	x	6	1	x	6	May share with another collocated unit
Bay - Wheelchair Park	bwc-i	1	x	2	1	x	4	1	x	4	1	x	4	May share with another collocated unit
Consult/ Interview	cons-i				1	x	14	1	x	14	1	x	14	Optional
Store - Files	stsf-10-i similar				1	x	8	1	x	10	1	x	10	For clinical records; optional if electronic records used
Toilet - Accessible	wcac-i							2	x	6	2	x	6	May share with another collocated unit
Toilet - Public	wcpu-3-i				2	x	3	2	x	3	2	x	3	Male/ Female; May share with another collocated unit
Birthing Suite Patient Areas		2 Rooms			4 Rooms			8 Rooms			12 Rooms			
Examination/ Assessment (Birthing LDR Room)	birm-i				1	x	31	1	x	31	2	x	31	In addition to Birthing Rooms; includes 3 m ² store within the room; also used as a Birthing room
Birthing Room - LDR	birm-i	2	x	31	4	x	31	8	x	31	12	x	31	Includes scrub basin and 3 m ² store within the room
Ensuite – Shower, Birthing Room	ens-br-i-b	1	x	8	3	x	8	5	x	8	7	x	8	Double SH & WC only; alternatively provide ensuites with bath
Ensuite - Bathroom, Birthing Room	ens-br-i-a	1	x	15	2	x	15	4	x	15	6	x	15	Bath, shower and toilet; alternatively provide ensuites with SH/WC only
Waiting	wait-10-i wait-15-i wait-25-i				1	x	10	1	x	15	1	x	25	Within Birthing Suite, for support persons
Support Areas														
Bay - Beverage	bbev-op-i bbev-enc-i	1	x	4	1	x	4	1	x	5	1	x	5	
Bay - Blanket Warmer	bbw-i	1	x	1	1	x	1	1	x	1	1	x	1	Optional
Bay - Handwashing, Type B	bhws-b-i	1	x	1	1	x	1	2	x	1	3	x	1	At entry to the Suite and in Corridors
Bay - Linen	blin-i	1	x	2	1	x	2	2	x	2	2	x	2	
Bay - Mobile Equipment	bmeq-4-i	1	x	4	1	x	4	2	x	4	2	x	4	
Bay - Resuscitation Trolley	bres-i	1	x	1.5	1	x	1.5	1	x	1.5	1	x	1.5	Adult resuscitation trolley
Cleaners Room	clrm-5-i	1	x	6	1	x	6	1	x	6	1	x	6	
Clean Utility/ Medication	clur-8-i clur-12-i clur-14-i	1	x	8	1	x	8	1	x	12	1	x	14	Medication room may be separate
Dirty Utility	dtur-10-i dtur-12-i	1	x	10	1	x	10	1	x	12	1	x	12	

ROOM/ SPACE	Standard Component Room Codes	RDL ALL Qty x m ²			RDL ALL Qty x m ²			RDL ALL Qty x m ²			RDL ALL Qty x m ²			Remarks
		2 Rooms			4 Rooms			8 Rooms			12 Rooms			
Disposal Room	disp-8-i disp-10-i				1	x	8	1	x	10	1	x	10	
Staff Station	sstn-10-i sstn-14-i sstn-20-i	1	x	10	1	x	10	1	x	14	1	x	20	May be provided as small sub stations to a group of rooms
Store - Equipment	steq-6-i steq-10-i steq-14-i	1	x	6	1	x	10	1	x	14	2	x	14	May be subdivided and located near Birthing rooms as required
Store - General	stgn-6-i stgn-10-i stgn-14-i	1	x	6	1	x	10	1	x	10	2	x	14	
Store - Sterile Stock	stss-12-i (sim)	1	x	6	1	x	12	1	x	12	2	x	12	
Staff Areas														
Bay - Beverage	bbev-op-i bbev-enc-i				1	x	4	1	x	5	1	x	5	Optional, near Meeting Room
Change - Staff (Male/Female)	chst-10-i chst-14-i chst-20-i	2	x	10	2	x	14	2	x	14	2	x	20	Toilets, Shower and Lockers; size dependent on staffing numbers
Meeting Room	meet-1-15-i meet-1-25-i	shared			1	x	15	1	x	15	1	x	25	May be shared
Office - Clinical/ Handover	off-cln-i				1	x	15	1	x	15	1	x	15	Locate near staff station
Office - Single Person, 12 m ²	off-s12-i				1	x	12	1	x	12	1	x	12	Note 1; Service Manager
Office - Single Person, 9 m ²	off-s9-i	1	x	9	1	x	9	1	x	9	2	x	9	Note 1; Unit Manager
Office - 2 Person, Shared	off-2p-i							1	x	12	1	x	12	Note 1; Nurse Educators, Specialists, Clinicians
Overnight Stay - Bedroom	ovbr-i	1	x	10	1	x	10	1	x	10	1	x	10	Optional
Overnight Stay - Ensuite	oves-i	1	x	4	1	x	4	1	x	4	1	x	4	Optional
Staff Room	srm-15-i srm-20-i srm-25-i	shared			1	x	15	1	x	20	1	x	25	May divide into Male & Female areas
Sub Total		218.5			504.5			749.5			1069.5			
Circulation %		35			35			35			35			
Area Total		295.0			681.1			1011.8			1443.8			

Note 1: Offices to be provided according to the number of approved full time positions within the Unit

Please also note the following:

- Refer to Maternity Unit for Inpatient accommodation requirements
- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the FPU.
- Rooms indicated in the schedule reflect the typical arrangement according to the Role Delineation.
- Exact requirements for room quantities and sizes will reflect Key Planning Units identified in the service plan and the 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.

Stand-alone Birthing Unit

For Birthing Unit component only; Refer to Maternity Unit for Inpatient accommodation and Nursery requirements.

ROOM/ SPACE	Standard Component Room Codes			RDL ALL Qty x m ²	RDL ALL Qty x m ²	RDL ALL Qty x m ²	Remarks
				4 Rooms	8 Rooms	12 Rooms	
Entry / Reception							
Airlock - Entry	airle-10-i			1 x 10	1 x 10	1 x 10	With covered drop-off area
Reception/ Clerical	recl-10-i recl-12-i			1 x 10	1 x 12	1 x 12	Provides access control to the unit ; Admissions and bookings
Waiting	wait-15-i wait-20-i wait-30-i			1 x 15	1 x 20	1 x 30	May be divided into female/ family areas as applicable
Waiting - Family	wait-15-i wait-20-i wait-25-i			1 x 15	1 x 20	1 x 25	May be divided into female/ family areas as applicable
Play Area	plap-8-i plap-10-i			1 x 8	1 x 10	1 x 10	Adjacent to family waiting
Parenting Room	par-i			1 x 6	1 x 6	1 x 6	
Bay - Wheelchair Park	bwc-i			1 x 4	1 x 4	1 x 4	
Consult/ Interview	cons-i			1 x 14	1 x 14	1 x 14	Optional
Store - Files	stfs-8-i stsf-10-i			1 x 8	1 x 10	1 x 10	For clinical records; optional if electronic records used
Toilet - Accessible	wcac-i			1 x 6	2 x 6	2 x 6	
Toilet - Public	wcpu-3-i			2 x 3	2 x 3	2 x 3	
Birthing Suite Patient Areas				4 Rooms	8 Rooms	12 Rooms	
Examination/ Assessment (Birthing LDR Room)	birm-i			1 x 31	1 x 31	2 x 31	In addition to Birthing Rooms; includes 3 m ² store within the room; also used as a Birthing room
Birthing Room - LDR	birm-i			4 x 31	8 x 31	12 x 31	includes 3 m ² store within the room
Ensuite – Shower, Birthing Room	ens-br-i-b			3 x 8	5 x 8	7 x 8	Double Sh & WC only; alternatively provide ensuites with bath; 1 for Assessment room
Ensuite - Bathroom, Birthing Room	ens-br-i-a			2 x 15	4 x 15	6 x 15	Bath, shower and toilet; alternatively provide ensuites with Sh/WC
Waiting	wait-10-i wait-15-i wait-25-i			1 x 10	1 x 15	1 x 25	Within Birthing Suite, for support persons
Support Areas							
Bay - Beverage	bbev-op-i bbev-enc-i			1 x 4	1 x 5	1 x 5	
Bay - Blanket Warmer	bbw-i			1 x 1	1 x 1	1 x 1	optional
Bay - Handwashing, Type A	bhws-a-i			1 x 1	2 x 1	3 x 1	at entry to the Suite and in Corridors
Bay - Linen	blin-i			1 x 2	2 x 2	2 x 2	
Bay - Mobile Equipment	bmeq-4-i			1 x 4	2 x 4	2 x 4	
Bay - Resuscitation Trolley	bres-i			1 x 1.5	1 x 1.5	1 x 1.5	Adult resuscitation trolley
Communications Room	comm-12-i			1 x 12	1 x 12	1 x 12	Size dependant on IT equipment

ROOM/ SPACE	Standard Component Room Codes				RDL ALL Qty x m ²	RDL ALL Qty x m ²	RDL ALL Qty x m ²	Remarks
					4 Rooms	8 Rooms	12 Rooms	
Cleaners Room	clrm-6-i				1 x 6	1 x 6	1 x 6	
Clean Utility/ Medication	clur-8-i clur-12-i clur-14-i				1 x 8	1 x 12	1 x 14	Medication room may be separate
Dirty Utility	dtur-10-i dtur-12-i				1 x 10	1 x 12	1 x 12	
Disposal Room	disp-8-i disp-10-i				1 x 8	1 x 10	1 x 10	
Laundry - Hospital	laun-ho-i				1 x 10	1 x 10	1 x 10	Washing of small items
Linen Holding - Clean	lho-cl-i similar				1 x 8	1 x 10	1 x 15	Bulk Linen processing off-site
Loading Dock	lodk-i similar				1 x 10	1 x 15	1 x 20	Covered external area
Pantry	ptry-i				1 x 25	1 x 30	1 x 40	Food preparation and serving
Staff Station	sstn-10-i sstn-14-i sstn-20-i				1 x 10	1 x 14	1 x 20	May be provided as small sub stations to a group of rooms
Store - Bulk	Sstbk-20-i similar				1 x 10	1 x 15	1 x 20	Consumable and general stock
Store - Equipment	steq-10-i steq-14-i				1 x 10	1 x 14	2 x 14	May be subdivided and located near Birthing rooms as required
Store - Gas Bottles	stgb-f-i similar				1 x 8	1 x 10	1 x 15	
Store - General	stgn-10-i stgn-14-i				1 x 10	1 x 10	2 x 14	
Store - Records	sfs-10-i sfs-20-i				1 x 10	1 x 20	1 x 20	Clinical records, size may be adjusted if electronic records used
Store - Sterile Stock	stss-12-i (sim)				1 x 12	1 x 12	2 x 12	
Waste Holding/ Recyclables	waco-l (similar)				1 x 15	1 x 20	1 x 30	
Staff Areas								
Bay - Beverage	bbev-op-i bbev-enc-i				1 x 4	1 x 5	1 x 5	Optional, near Meeting Room
Change - Staff (Male/Female)	chst-10-i chst-14-i chst-20-i				2 x 14	2 x 14	2 x 20	Toilets, Shower and Lockers; size dependent on staffing numbers
Meeting Room	meet-l-15-i meet-l-25-i				1 x 15	1 x 15	1 x 25	
Office - Clinical/ Handover	off-cln-i				1 x 15	1 x 15	1 x 15	Locate near staff station
Office - Single Person, 12 m ²	off-s12-i				1 x 12	1 x 12	1 x 12	Note 1; Facility Manager
Office - Single Person, 9 m ²	off-s9-i				1 x 9	1 x 9	2 x 9	Note 1; Unit Manager, Nurse Specialist
Office - 2 Person, Shared	off-2p-i					1 x 12	1 x 12	Note 1; Nurse Educators, Specialists, Clinicians
Office - Workstation	off-ws-i				4 x 5.5	4 x 5.5	6 x 5.5	Administration, Medical records support
Overnight Stay - Bedroom	ovbr-i				1 x 10	1 x 10	1 x 10	Optional
Overnight Stay - Ensuite	oves-i				1 x 4	1 x 4	1 x 4	
Staff Room	srm-15-i srm-20-i srm-25-i				1 x 15	1 x 20	1 x 25	May divide into Male & Female areas
Sub Total					650.5	923.5	1294.5	
Circulation %					35	35	35	
Area Total					878.2	1246.7	1747.6	

Operating Rooms Area (Optional)

Operating Rooms Area (Emergency C-Sections)								1 OR Room Qty x m2			Optional - Dependent on Service Plan
Air Lock	airl-6-i							1	x	6	Entry to Operating Room area
Operating Room	orgn-i							1	x	42	
Anaesthetic Induction Room	anin-i							1	x	15	Optional
Scrub-up/ Gowning	scrb-6-i							1	x	6	
Patient Bay – Stage 1 Recovery / Holding	pbtr-rs1-9-i							2	x	9	2 Beds per Operating Room
Bay - Handwashing, Type A	bhws-a-i							1	x	1	
Clean-up	clup-7-i							1	x	7	
Staff Station/ Clean Utility	sscu-i							1	x	9	
Store - Sterile Stock	stss-12-i							1	x	12	
Sub Total										116.0	
Circulation %										35	
Area Total										156.6	

Note 1: Offices to be provided according to the number of approved senior full time positions within the Unit and Operational Policy

Please also note the following:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the FPU.
- Rooms indicated in the schedule reflect the typical arrangement according to the Role Delineation.
- Exact requirements for room quantities and sizes will reflect Key Planning Units identified in the service plan and the policies of the Unit.
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- 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.

6 Future Trends

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

- Increased prevalence of obesity in teenage and adult women
- Steep rise in caesarean births
- Demand for midwife led care throughout the pregnancy, birth and post-natal period.
- Recognition that the physical and sensory surroundings, including access to the outdoors, significantly impacts upon patients and their carers during birthing
- Recognition that flexible birthing rooms, where medical equipment is discreetly stored and the patient bed is not the focal point, enhances birthing experiences
- Demand for deep tubs/baths to facilitate immersion in all positions, enhanced by ledges for support persons. Showerheads with pulsing features, fixed support rails, hammocks and resting ledges improve patient experience
- Expectation by families/carers that live-in accommodation can be provided
- Strong preferences for one patient room to facilitate birthing and post-natal period
- Patient demand for control over heating, lighting and visitor access
- Early discharge into community support programs
- Ongoing development in support, monitoring, diagnostic, security and treatment technology
- Ongoing development in electronic medical records and information technology
- Infant and facility security systems developments
- Recognition that midwives and birth attendants require a retreat space within the birthing room to complete documentation and provide separation from the patient and carers.

7 References and Further Reading

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