

Part B – Health Facility Briefing & Design

117 Inpatient Maternity Unit



*i*HFG

International Health Facility Guidelines
2025

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117 Inpatient Maternity Unit

1 Executive Summary

This Functional Planning Unit (FPU) addresses the requirements for the Maternity inpatient accommodation, including Antenatal, Intranatal and Postnatal care, in addition to the inter-departmental relationships with the general care, special care and neonatal intensive care nurseries.

Several potential Planning models are described where some or all Units can be co-located depending on the service plan, size of the facility, resources and levels of neonatal care required. However, in all models, it is preferable to separate the Antenatal accommodation from the Postnatal inpatient rooms within the Maternity Unit. Postnatal rooms should be in a quiet area and single bedrooms are preferred for patients with high-risk pregnancies that will require rest and quiet.

The Inpatient Maternity Unit will have required supporting facilities including a feeding room, milk/formula room and a bathing/ examination area. Adequate space for the option of a rooming-in model in the Postnatal Unit according to the Service Plan should be considered, also, the provision of accommodation for a partner/ support person to stay in the room overnight is recommended.

The Functional Relationship Diagrams demonstrate the ideal internal and external relationships between key rooms and other departments within the hospital. There are 3 planning models depicted which are the General Care Nursery incorporated with the Inpatient Unit, General and Special Care Nursery separate from the Inpatient Unit, and a fully integrated model where General, Special care Nurseries and NICU are linked to the Inpatient Unit.

Design Considerations such as acoustics, privacy, lighting and finishes are addressed. Important guidelines relating to safety and security, building services and infection control are also outlined.

The typical Schedule of Accommodation (SOA) is provided using Standard Components (typical room templates) and quantities for the rooms. The SOA is presented for facilities of RDL 3-6, for a 25 bed Unit.

For each of the nominated room types within the SOA the code link to the corresponding Room Data Sheets (RDS) and Room Layout Sheets (RLS) has been provided. These codes may be used to access information on the rooms in the section titled Standard Components on the website.

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

Refer to the further reading materials at the end of this FPU for supporting documentation.

2 Introduction

The primary 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 which includes the period before (Antenatal), during (Intranatal) and after (Postnatal) childbirth. Gynaecology may also be included in the Unit.

The Unit must also provide facilities and conditions to meet the needs of patients, neonates 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 co-located with NICU
 - Neonatal Intensive Care Unit (NICU)- which may be co-located with other Intensive Care Units and may be physically separate from the Maternity Unit

Terminology

In this FPU the following terminology may be used interchangeably:

Title	Alternative Titles
Maternity Unit	Obstetric Unit
Birthing Unit	Delivery Suite, Delivery Unit, Birthing 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

3 Functional and Planning Considerations

Operational Models

Hours of Operation

All components of the Maternity Unit will operate on a 24 hour 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 referrals to specialist obstetric care as needed. Obstetric nurses or midwives perform intrapartum and immediate postnatal care.
- 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 the delivery method, practitioner, support person and location whether in a hospital, 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 provided by hospital staff.
- The traditional Obstetric 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).

Planning Models

There are several planning models applicable to the Maternity Unit which include the Birthing Unit, 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. These are described below.

General Care Nursery Incorporated with Maternity Unit

In this model, the Maternity Unit combines the 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. The 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 each for the Antenatal and Postnatal Units, then the General Care Nursery should be co-located with the Postnatal Unit.

Separate General / Special Care Nursery

This model combines the Antenatal/ Postnatal inpatient accommodation and the Birthing Unit. The Inpatient accommodation is similar to a general Inpatient Unit. The General Care Nursery is co-located with the Special Care Nursery and is situated separately to the Postnatal inpatient accommodation, but with convenient access for mothers. Neonatal ICU is located with the adult ICU which may be remote. This model therefore suits facilities with no provision for NICU, where critically ill neonates are transferred to another hospital where they can receive a higher level of care.

Fully Integrated General / Special Care Nursery & NICU

In the fully integrated Maternity Unit, the Birthing Unit and Antenatal/ Postnatal Inpatient accommodation are co-located with the General Care Nursery, which is adjacent to the Special Care Nursery and NICU. The Nursery areas are physically linked to have close access to both the Postnatal Inpatient area and Birthing Unit. This model represents the ideal planning arrangement and relationship between the Birthing Unit, Inpatient accommodation and Nurseries.

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.

As a direct extension of a standard 30 bed (± 2) Unit, up to 15 additional beds 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 (e.g. 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.

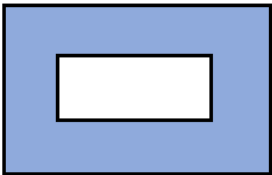
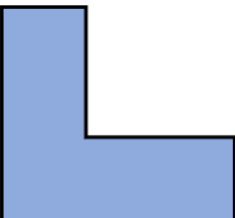
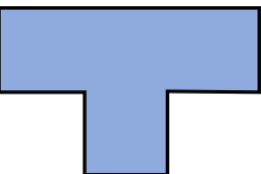
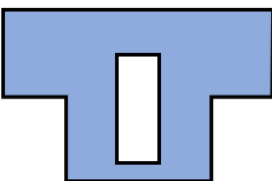
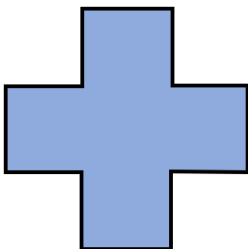
A minimum of 70% of the total bed complement shall be provided as Single bedrooms in an Inpatient Unit used for overnight stay. The current trend is to provide a greater proportion of single bedrooms largely for infection control and privacy reasons.

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 over 50% of the unit area, are not recommended in new buildings or refurbishments.

Unit Geometric Options

There are several 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 "+" (plus) 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 the Birthing Unit are addressed in a separate FPU in these Guidelines.

Functional Areas

The Maternity Unit will comprise of the following Functional Areas:

- Entry/ Reception area (may be shared with Birthing Unit or provided at the Main Entry)
- Maternity Inpatient accommodation. 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
 - Cleaners' room
 - Clean Utility/ Medication Room
 - Dirty Utility room
 - 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, sterile supplies etc.
- 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 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. If immediately adjacent to the Unit, visitor and staff gowning and protective equipment may also be located here for infection control requirements during ward isolation, if included in the Service Plan.

Patient Accommodation

Patient rooms may be grouped together in zones corresponding to their required levels of visibility by staff and according to differing levels of dependency. Antenatal accommodation will preferably be separated from postnatal beds and be provided in single bedrooms.

The Postnatal zone may provide a relaxed environment including group activity rooms, where patients can gather, breastfeed and participate in informal education groups. The more clinical acute

care rooms are 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 and families 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 may require additional equipment such as a wheelchair.

With regards to the different types of rooms:

- Due to the 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 maintaining infection control parameters and patient privacy. Single bedrooms are preferred particularly for Antenatal patients that may require additional rest, and for Postnatal patients that may disturb other patients with baby care.
- A negative pressure isolation room with an anteroom is required at the rate of two for up to 30 beds.
- 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
- Clinical handover room (if required)
- 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 where possible.

Shared Areas

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

- Patient Bathroom
- Treatment Room
- Public Toilets
- Visitor Lounge

Nursery Areas

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

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- 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 cleaners' room, utility rooms, 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 are awaiting transfer to a neonatal intensive care unit/ facility
- Premature newborns who require additional care or who are simply recovering due to their prematurity and/ or low weight, and are 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 Unit (NICU) requirements are outlined in a separate FPU in these Guidelines.

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 and formula storage

The Formula room should be located close to the Nurseries and include facilities for holding milk supplies, both expressed breast milk and prepared formula milk. This room should be a staff only area that is lockable.

The formula room will include:

- Bench with sink for rinsing equipment
- Cupboards for storage
- Refrigerator with freezer (with temperature monitoring and alarms)
- Baby milk warmer or electric kettle
- Bottle disinfectant
- Hand wash basin
- Sink to dispose of unused milk preparation

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

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 linen, towels and dirty linen. A staff handwashing basin should be located within easy 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

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 Handwash 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.

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

Principal relationships with Staff Areas

- Ready access to/ from staff amenities

Notes:

- The Maternity Unit must not be located so that access to one component is via another
- One type of Nursery must not open directly into a different type of Nursery. E.g. The General Care Nursery is not to open directly into the Special Care 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

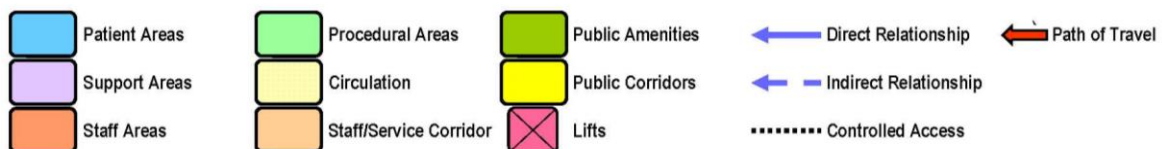
Functional Relationships Diagrams

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



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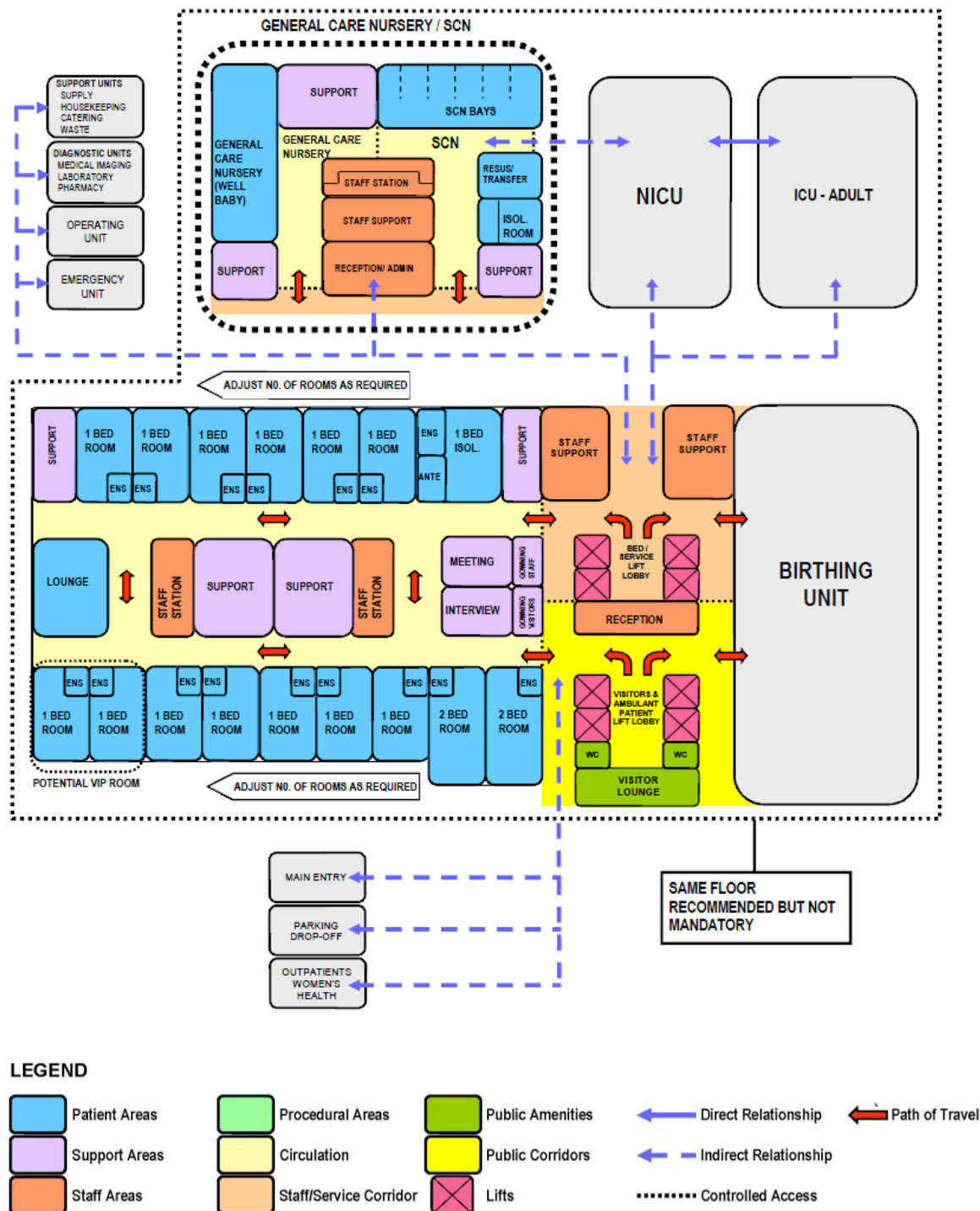


In this model the Postnatal Inpatient Unit and Delivery/ Birthing unit are located in close proximity with controlled access and entry from the public access areas. General Care Nursery is incorporated into the Postnatal Inpatient Unit for the maximum convenience of mothers.

The Special Care Nursery is co-located with NICU and located separately to the Maternity Unit.

The advantage of this arrangement of neonatal care is that critically unwell 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.

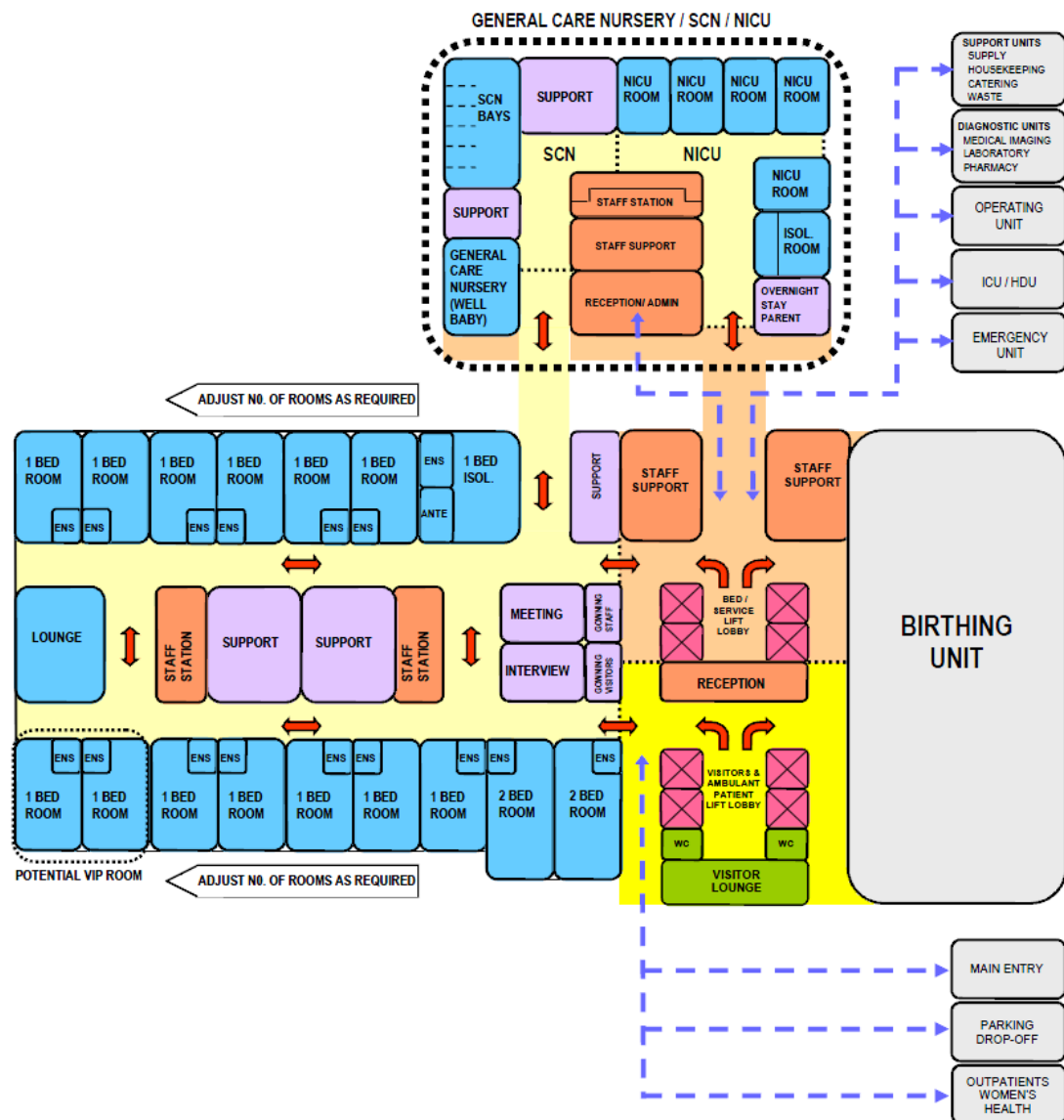
Separate General Care Nursery / SCN



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, feeding support and milk storage.

Fully Integrated General Care, Special Care Nursery and NICU



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	

The fully integrated model provides for all components of the Maternity unit located in close proximity to each other. The General Care Nursery, Special Care Nursery and 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 it provides 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

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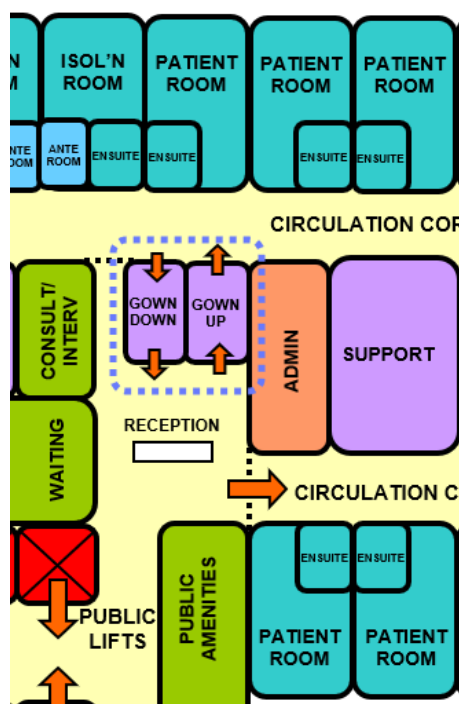
- Access to/ from key clinical units associated with patient arrivals/ transfers via service corridor and lifts
- Access to/ from key diagnostic facilities via service corridor and lifts
- Entry for staff via the public or service corridor
- Close access to/ from staff support areas that may be shared 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 the 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 for a 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 strategy during unit isolation, if required

Optional PPE Entrance Module

In cases where the Unit is to be isolated due to an infectious disease outbreak such as a pandemic, there may be a requirement to include Gown-Up and Gown-Down rooms for visitors to access upon entry to and exit from the Unit.



4 Design Considerations

General

Antenatal accommodation may be provided in a quiet zone within the Maternity 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 Bed rooms 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 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

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

Specifications given for natural light 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 the psychological wellbeing of patients. Natural light must be available in all bedrooms and is desirable in patient 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 lighting should be dimmable for adjustment at night.

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.

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 during labour
- 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 facing atrium spaces is acceptable if the atrium itself has natural light

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 which may be 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 appearing atmosphere.

Patient treatment and reception areas should be open and inviting with décor that feels residential and casual rather than institutional. Access to outdoor areas is desirable.

Space Standards and Components

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 is to be determined by the clinical service plan. Accessible Bedrooms and Ensuites should enable normal activity for wheelchair dependent 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 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 arranged in the same vertical tower as a General Inpatient Unit.

The number of cots in the Nursery areas will be determined by the service plan and will be 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 ideally 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.

Room Capacity and Dimensions

Maximum room capacity for Maternity Unit shall be two patients.

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

Room Type	Width	Length
Single Standard Bedroom	4200mm	3600mm
Two Standard Bedroom	4200mm	6400mm

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 2200mm length x 1050mm width. Minor encroachments including columns and hand basins that do not interfere with functions may be ignored when determining space requirements.

Bed Spacing

In all bedrooms there shall be a clearance of 1200mm 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 2900mm.

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

Safety and Security

Security issues are important due to the risk of infant abduction in addition to violence and theft in healthcare 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 the 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 features for the protection of newborn babies will be according to the Operational policy of the facility.

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.

Finishes

The finishes including fabrics, floor, wall and ceiling finishes should create an environment that is relaxing and has a non-institutional appearance. The following additional factors should be considered in the selection of finishes:

- acoustic properties
- durability and resilience
- ease of cleaning
- infection control
- fire safety
- occupational health and safety
- compliance with relevant standards and guidelines

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 paint. Wall protection shall be provided where bed and trolley movement occur such as corridors, patients' bedrooms, equipment and linen storage, and treatment areas.

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

Window Treatments

Each Bedroom and the Nursery area 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 in compliance with the Infection Control Policy of the facility.

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

- Blinds must not have loose cords or strings that can cause children to become entangled
- Vertical or roller 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. This option is preferable in rooms used for isolation.

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).

Privacy Screens

In both single and multiple-bed rooms, visual privacy (privacy screens) shall be provided for each patient. The design for privacy shall not restrict patient access to the entrance, toilet or shower. Bed screens must be regularly cleaned and washed or changed if using disposable curtains.

Selection of fabric that is waterproof, fireproof and optimally with an antimicrobial property is recommended. Disposable privacy screens are another option if it aligns with the Infection Control Policy of the facility. In isolation rooms or patient rooms used for quarantine, disposable privacy screens could be a more appropriate option than regular privacy screens.

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

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).

A single patient handset may combine the entertainment system, nurse call system and lighting control all in one unit.

Building Services Requirements

Mechanical Services (HVAC)

Nurseries should be serviced by HVAC (Heating, Ventilation and Air-conditioning) systems that allow for adequate ventilation and air exchange with at least 6 air changes per hour as per requirements. Inpatient care areas should be kept at positive pressure relative to adjacent areas. The air temperature in Inpatient areas should be capable of being maintained along with relative humidity.

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 within a temperature range comfortable for mothers and babies.

Medical Gases

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

Oxygen, medical air and suction must be provided to all Inpatient beds. Medical gases will be provided according to the quantities noted in the Standard Components Room Data Sheets.

Medical gases shall be installed, readily available and dedicated for each patient. They must not be shared between two patients even in a shared Inpatient room.

Hydraulics/ Water Treatment

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.

Information Technology (IT) and Communications

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

- 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 (DECT system)
- 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

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- Videoconferencing requirements
- Communications rooms and server requirements

Nurse Call / Emergency Call / Staff 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 use in case of urgent assistance requirements.

The individual call buttons shall alert to an annunciator system. Annunciator panels should be 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 always done in a discreet manner.

Pneumatic Tube Systems

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

Infection Control

Handbasins

Handwashing 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 of 1 hand basin, Type B should be provided per 4 cots in general care nurseries, and Type A hand basin, 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

Antiseptic hand rubs should be provided in areas where they can be used frequently, such as at points of care, near patient beds and in high-traffic areas. The placement of antiseptic hand rubs should be consistent and reliable throughout facilities.

Antiseptic hand rubs are necessary and essential for safe patient care delivery, however they should be provided in addition to Handwash Bays and not as a substitute.

Antiseptic hand rubs are to comply with Part D in these Guidelines.

Isolation Rooms

Isolation Rooms can only accommodate one patient bed per room. At least two 'Class N - Negative Pressure' Isolation Room shall be provided for each 30 bed Unit in facilities of Role Delineation Level (RDL) 4 and above.

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

Entry to each Isolation room shall be through an airlock (or anteroom). Handwashing facilities, gown and mask storage, and waste disposal shall be provided within the airlock.

The pressurisation of the isolation room and the airlock must be monitored and displayed on a device on the corridor side. The monitor must have an audible and visible alarm.

The pressure regime for the negative pressure isolation room and airlock should be based on the following:

Corridor	(N) Neutral
Airlock	(-) Negative

Inpatient room (--) Negative

Ensuite (---) Negative

An Ensuite - Special, directly accessible from the Isolation Room, shall be provided for every isolation room, negative or positive.

Refer to Parts D & E in these Guidelines.

5 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 is more than one configuration possible therefore, more than one room layout sheet can be found in the Standard Components for a room with the 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 the provision of these items
- 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 (RLSs) are indicative plan layouts and elevations illustrating an example of a good design. The RLS indicated are designed to satisfy these Guidelines. Alternative layouts and innovative planning shall be deemed to comply with these Guidelines providing the following criteria are met:

- Compliance with 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.

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 - Standard, Room Code (1br-st-18-i), 1 Bed Room - Isolation, Room Code (1br-is-n-18-i), 1 Bed Room - Large, Room Code (1br-lg-30-i), 1 Bed Room - VIP, Room Code (1br-vip-36-i), 2 Bed Room - Standard, Room Code (2br-st-30-i)		
Air flowmeter	Locker: bedside	Table: overbed
Bassinet	Oxygen flowmeter	
Bed: inpatient, electric	Suction adapter	
Treatment Room, Room Code (trmt-14-i)		
Air flowmeter	Light: examination	Refrigerator: drugs (optional)
Diagnostic set (optional)	Monitor: physiologic, acute care	Stretcher: procedure/ recovery
Infusion pump: single channel	Oxygen flowmeter	Suction adapter
Neonatal Bay - General Care, Room Code (nbgc-i)		
Air flowmeter	Diagnostic set	Lamp: phototherapy, neonatal
Bassinet	Light: examination	Suction adapter
Bilirubinometer	Oxygen flowmeter	Warmer unit: neonatal

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 of 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, which 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 are 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	This column is not used			This column is not used			This column is not used			RDL 3-6 Qty x m2 25 Beds			Remarks
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										9	x	18	Postnatal; Mix and number depend on service demand
1 Bed Room - Isolation	1br-is-p-18-i 1br-is-n-18-i										2	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										2	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

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Room/ Space	Standard Component Room Code	This column is not used			This column is not used			This column is not used			RDL 3-6 Qty x m2 25 Beds			Remarks
Lounge - Patient	lnpt-15-i similar 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	bmt-4-i										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	bpts-i										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.
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)

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Room/ Space	Standard Component Room Code	This column is not used			This column is not used			This column is not used			RDL 3-6 Qty x m2 25 Beds			Remarks
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-20-i										1	x	20	Meetings, Tutorials; shared between 2 units
Staff Lounge (Male/ Female)	srn-15-i										2	x	15	Includes food preparation area
Property Bay	prop-2-i										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											911			
Circulation %											35			
Total Area											1230			

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 '4 Floor Area Measurement Methodology, Definitions and Diagrams' as described in these Guidelines. Refer to Part B, Complete Part.
- 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 the individual 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.
- 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	This column is not used			This column is not used			This column is not used			RDL ALL Qty x m2 12 Cots			Remarks
Nursery - General Care														No. of Cots as per Service Plan
Neonatal Bay - General Care	nbgc-i										12	x	5	Ratio of 5m ² per cot with ideally a maximum of 16 cots per room
Staff Station/ Clean Utility	sscu-i										1	x	9	
Bathing/ Examination	baex-i										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											179			

Neonatal Special Care Nursery (SCN) Optional

The Neonatal Special Care Nursery (SCN) may be located with General Care Nursery or co-located with Neonatal Intensive Care Unit.

Room/ Space	Standard Component Room Codes	This column is not used			This column is not used			This column is not used			RDL ALL Qty x m2 12 Cots			Remarks
Nursery- Special Care														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 similar										1	x	17	For resuscitation and transfer prep; in addition to neonatal bays
Isolation Room- Negative Pressure	1br-is-n-18-i similar										1	X	18	provide at the ratio of one per 12 cots
Bathing/ Examination	baex-i										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 similar										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 co-located with Staff Station
Dirty Utility	dtur-10-i										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 2m ² per cot
Store - General	stgn-12-i										1	x	12	Consumable stock and sterile supplies
Cleaner's Room	clrm-6-i										1	x	6	May be shared
Staff Areas														

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Room/ Space	Standard Component Room Codes	This column is not used			This column is not used			This column is not used			RDL ALL Qty x m2 12 Cots			Remarks
Staff Station	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	ovbr-10-i										1	X	10	Provide at least one on call room within the unit or within a short distance
On-Call Room - Ensuite	oves-4-i										1	x	4	Ensuite attached to On-Call Room above.
Office - Single Person	off-s9-i										1	x	9	Note 1; SCN Manager
Toilet - Staff (M/F)	wcst-i										2	x	3	May be shared with adjacent general staff amenities
Sub Total											349.5			
Circulation %											35			
Total Area											472			

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 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 Practice Guidelines 2021; refer to website, <https://www.acog.org/clinical/clinical-guidance/clinical-practice-guideline>
- 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_8_update%20nitrous%20oxide.pdf
- AHIA, Australasian Health Facility Guidelines, Part B Health Facility Briefing and Planning, HPU 0390-Neonatal Care Unit, 2019 Rev.7; <https://aushfg-prod-com-au.s3.amazonaws.com/HPU%20390%20Rev%207%20Nov%202019.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: [NHS England » Health Building Note 09-02: Maternity care facilities](https://www.nhs.uk/publication/neonatal-units-planning-and-design-hbn-09-02/)
- DH (Department of Health) (UK) Health Building Note 09-03: Neonatal Units, 2013, refer to website: <https://www.england.nhs.uk/publication/neonatal-units-planning-and-design-hbn-09-03/>
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