Department of Health

Children, young people and maternity services

Health Building Note 09-02: Maternity care facilities

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Maternity care facilities

Preface

About Health Building Notes

Health Building Notes give "best practice" guidance on the design and planning of new healthcare buildings and on the adaptation/extension of existing facilities.

They provide information to support the briefing and design processes for individual projects in the NHS building programme.

The Health Building Note suite

Healthcare delivery is constantly changing, and so too are the boundaries between primary, secondary and tertiary care. The focus now is on delivering healthcare closer to people's homes.

The Health Building Note framework (shown below) is based on the patient's experience across the spectrum of care from home to healthcare setting and back, using the national service frameworks (NSFs) as a model.

Health Building Note structure

The Health Building Notes have been organised into a suite of 17 core subjects.

Care-group-based Health Building Notes provide information about a specific care group or pathway but cross-refer to Health Building Notes on **generic (clinical) activities** or **support systems** as appropriate.

Core subjects are subdivided into specific topics and classified by a two-digit suffix (-01, -02 etc), and may be further subdivided into Supplements A, B etc.

All Health Building Notes are supported by the overarching Health Building Note 00 in which the key areas of design and building are dealt with.

Example

The Health Building Note on accommodation for adult in-patients is represented as follows:

> "Health Building Note 04-01: Adult in-patient facilities"

The supplement to Health Building Note 04-01 on isolation facilities is represented as follows:

> "Health Building Note 04-01: Supplement 1 – Isolation facilities for infectious patients in acute settings"

Health Building Note number and series title	Type of Health Building Note
Health Building Note 00 – Core elements	Support-system-based
Health Building Note 01 – Cardiac care	Care-group-based
Health Building Note 02 – Cancer care	Care-group-based
Health Building Note 03 – Mental health	Care-group-based
Health Building Note 04 – In-patient care	Generic-activity-based
Health Building Note 05 – Older people	Care-group-based
Health Building Note 06 – Diagnostics	Generic-activity-based
Health Building Note 07 – Renal care	Care-group-based
Health Building Note 08 – Long-term conditions/long-stay care	Care-group-based
Health Building Note 09 – Children, young people and maternity services	Care-group-based
Health Building Note 10 – Surgery	Generic-activity-based
Health Building Note 11 – Community care	Generic-activity-based
Health Building Note 12 – Out-patient care	Generic-activity-based
Health Building Note 13 – Decontamination	Support-system-based
Health Building Note 14 – Medicines management	Support-system-based
Health Building Note 15 – Emergency care	Care-group-based
Health Building Note 16 – Pathology	Support-system-based

Other resources in the DH Estates and Facilities knowledge series

Health Technical Memoranda

Health Technical Memoranda give comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare (for example medical gas pipeline systems, and ventilation systems).

They are applicable to new and existing sites, and are for use at various stages during the inception, design, construction, refurbishment and maintenance of a building.

All Health Building Notes should be read in conjunction with the relevant parts of the Health Technical Memorandum series.

Activity DataBase (ADB)

The Activity DataBase (ADB) data and software assists project teams with the briefing and design of the healthcare environment. Data is based on guidance given in the Health Building Notes, Health Technical Memoranda and Health Technical Memorandum Building Component series.

1. Room data sheets provide an activity-based approach to building design and include data on personnel, planning relationships, environmental considerations, design character, space requirements and graphical layouts.
2. Schedules of equipment/components are included for each room, which may be grouped into ergonomically arranged assemblies.
3. Schedules of equipment can also be obtained at department and project level.
4. Fully loaded drawings may be produced from the database.
5. Reference data is supplied with ADB that may be adapted and modified to suit the users' project-specific needs.

Note

The sequence of numbering within each subject area does not necessarily indicate the order in which the Health Building Notes were or will be published/printed. However, the overall structure/number format will be maintained as described.

Executive summary

This Health Building Note covers the policy and service context, and planning and design considerations for maternity care facilities.

It covers the following:

1 antenatal clinics, early pregnancy assessment units, pregnancy (fetal and maternal) assessment units;

2 birthing facilities and in-patient areas, including the requirements for the routine care of neonates;

3 obstetric theatres.

It covers facilities provided in:

1 midwife-led units, often known as birth centres – which may be located alongside a consultant-led unit on an acute hospital site, co-located with a community healthcare facility, or exist as a stand-alone centre;

2 consultant-led units.

The guidance recognises that the services and facilities provision will be different between CLUs and MLUs. It also recognises that MLUs located alongside a CLU may have differences in provision to those that are separate.

Contents

1 Policy context

1.1 Maternity care is provided in several different healthcare settings, decided on a local basis by commissioning bodies. This can be either on a hospital site, in the community or at home. There is an increasing call for woman-centred, user-friendly services offering choice and continuity of care.

1.2 Each setting should be designed so it is appropriate for use by the family and the staff who are providing care. Whatever the setting and model of care, the main objective is to provide for the safe care of both mother and baby in a comfortable, relaxing environment that facilitates what is a normal physiological process, enabling self-management in privacy whenever possible, and enhances the family's enjoyment of an important life event.

1.3 In all units, rooms should be designed to give women choice and control over their labour and birth, to normalise the process and welcome family participation.

1.4 The "normality" of the experience is a key driver, but appropriate facilities are needed for intervention when complications occur.

Key policy and standards

1.5 This guidance takes account in particular of the following key standards and reports:

- National Screening Committee Report
- Standards for Maternity Care: Report of a Working Party
- Towards Better Births: A Review of Maternity Services in England
- Intrapartum care: management and delivery of care to women in labour
- National Service Framework for Children, Young People and Maternity Services
- British Association of Perinatal Medicine guidance: Obstetric standards for the provision of perinatal care
- Standards for hospitals providing neonatal intensive and high dependency care and Categories of babies requiring neonatal care
- Creating a Better Birth Environment: An audit toolkit
- Are women getting the birth environment they need?

2 Service context

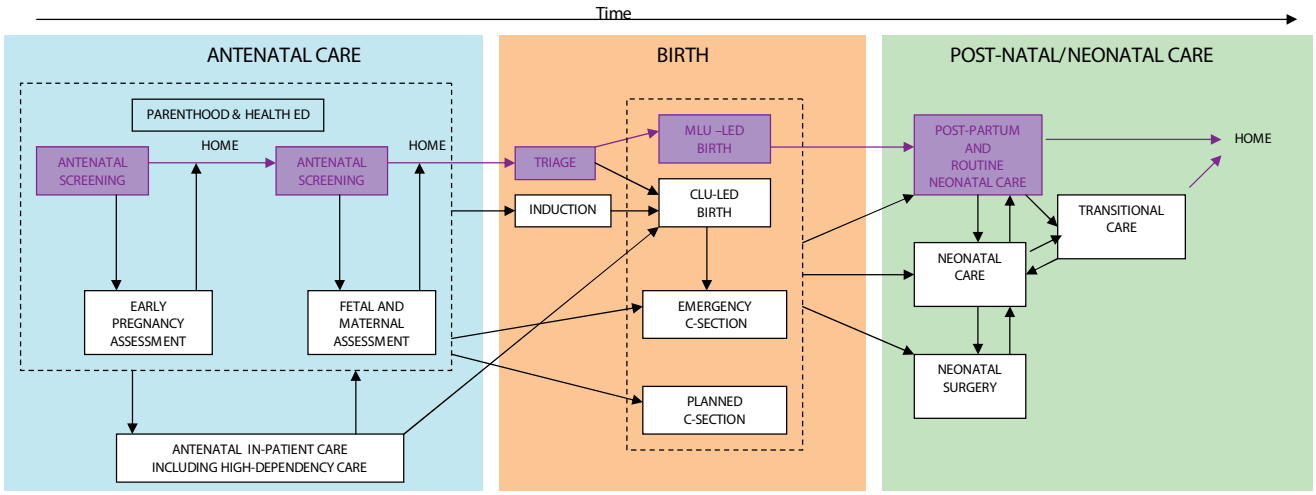

Figure 1 Care pathway

Midwifery-led units (MLUs)

2.1 These units are managed and staffed by midwives and are sometimes known as "birth centres". They may be located alongside a consultant-led unit on an acute hospital site (see 'Consultant-led units'), be part of a community healthcare facility, or exist as a stand-alone facility. They are suitable for women expected to have an uncomplicated birth. Women can give birth in these units with little or no intervention. If complications arise they are transferred to a CLU. Transfer to an acute hospital is a key issue for MLUs that are separate from an acute hospital site. For MLUs adjacent to a CLU, their protocols for accepting mothers may be influenced by the proximity of the more specialist facilities and staff.

2.2 The services provided within an MLU will vary depending on its location. If co-located with another healthcare facility, the MLU may use their antenatal and out-patient clinics. If stand-alone, it may include these and other diagnostic services. Antenatal and outreach services will also be provided in the community, in line with the National Service Framework (NSF) for Children, Young People and Maternity Services (DH, 2003).

Consultant-led units (CLUs)

2.3 These are secondary-level units, providing team-based care. They are located on a hospital site and provide antenatal out-patient and in-patient services, birthing and postnatal care, with facilities for neonatal care and access to adult critical care facilities.

2.4 CLUs with perinatal centres provide team-based care for mothers with fetal or maternal complications. They will provide the same range of services and require the same facilities as CLUs, with the addition of facilities for neonatal high-dependency and intensive care. Many of these units will be professorial/medical schools.

Antenatal care

Antenatal out-patient care

2.5 In the antenatal period, a pregnant woman usually attends for antenatal care and screening tests at a site that is as local and convenient as possible. This may be at a GP surgery/community health centre, local birth centre, children's centre, or an antenatal clinic in an acute hospital. She may also attend for parenthood and health education sessions in any of

these settings. If she requires more specialist antenatal care, she will be referred from the community to an antenatal clinic in a CLU. See Chapter 4, 'Antenatal clinic'.

Ultrasound services

2.6 Ultrasound examinations are an important element of most antenatal screening and monitoring. Some women may require more than the routine two ultrasound examinations to assist in the diagnosis and management of complications of pregnancy, whereas others may require procedures under ultrasound guidance – for example amniocentesis. Ultrasound examinations are also important in the management of neonates, a factor that should be considered when planning ultrasound facilities.

2.7 A large CLU will have dedicated ultrasound facilities, a proportion of which will be equipped for invasive procedures. Some small units may not have their own ultrasound facilties but will access the ultrasound facilities in the main imaging department. See Chapter 5, 'Ultrasound suite'.

Early pregnancy care

2.8 This guidance reflects the increasing provision for early pregnancy management for women with complications in the first few months of the pregnancy, including spaces for screening and counselling. Some women with complications may be managed in the community. Others will be seen in the early pregnancy assessment unit (EPAU). This may be located in the maternity unit or within the gynaecology department.

2.9 Facilities are required for confirmation of pregnancy by pregnancy test and ultrasound to check the viability of the pregnancy, gestational age and that the pregnancy is intra-uterine. This is a very anxious time for women, and the facilities must above all be easily accessible and designed with these sensitivities in mind. See Chapter 6, 'Early pregnancy assessment unit'.

Pregnancy (fetal and maternal) assessment

2.10 Women may attend a pregnancy assessment unit in a CLU for more detailed scanning or fetal assessment in late pregnancy. This is to assess potential complications in later pregnancy without the need for admission to the antenatal in-patient facilities. The unit provides a full range of fetal monitoring services, which includes cardiotocography and ultrasound. Access is required to laboratory facilities for biochemistry and haematology and urgent laboratory results. See Chapter 7, 'Pregnancy (fetal and maternal) assessment unit'.

Antenatal in-patient care

2.11 A pregnant woman may need to be admitted as an in-patient in a CLU for more detailed assessment and monitoring. The stage of gestation must be taken into account – some units now routinely take women from an early gestation for conditions such as hyperemesis. A woman may need to stay on the antenatal ward for a few hours only, or until delivery. A mixture of single rooms and multi-bed accommodation can be provided. See paragraph 8.46, 'In-patient spaces'.

Birth

2.12 Unless she has been previously admitted as an antenatal patient, a woman in labour will go directly to the MLU or CLU. On arrival she will be assessed, ideally in a triage suite. This facility is increasingly being used to assess women before transfer to birthing rooms, to reduce unnecessary admissions. All women in confirmed labour should be admitted to a single birthing room with an en-suite facility, which most will usually occupy for the entire period of their stay.

2.13 Women who are in hospital for induction of labour may go to an induction suite/ antenatal ward and then be transferred to a birthing room when the delivery process commences. Those who go into spontaneous labour while an in-patient will be transferred to a birthing room at the onset of labour, so that they have the same privacy as women in early labour at home.

2.14 The birthing rooms in an MLU will be set up and designated for straightforward births and will often include birthing pools.

2.15 In the case of any unexpected complications arising, the mother will be moved to a CLU with the appropriate facilities and equipment. There should be good telecommunication links with other units within the managed clinical network and facilities for transfer and transport arrangements as and when required. Any MLU on a community hospital or isolated site will need clear and unfailing transfer arrangements. There should be a clear referral pathway for each unit.

2.16 The birthing rooms in a CLU will be designed and equipped for birth that will encompass different levels of intervention, assistance and support. They provide for a higher clinical function than is required in an MLU. The appropriate concealment/storage of interventional equipment is important.

2.17 Whatever the setting and the type of care that the woman is receiving, the environment should be as non-clinical as possible with a comfortable, non-institutional ambience and should enable self-management in privacy whenever possible. In all units, rooms should be designed to give women choice and control over their labour and birth, to normalise the process and welcome family participation. The social needs of higher-risk groups should not be overlooked.

2.18 Partners and other supporters should be made to feel welcome, and their presence should be a key consideration in designing facilities for birth. There should be overnight accommodation for partners within the rooms or within or close to the unit. See paragraph 8.9, 'Birthing spaces'.

Surgical procedures

2.19 A woman will be moved to a dedicated obstetric theatre if unanticipated problems arise or more serious interventions are required than can be offered in the birthing rooms. Arrangements must be in place for MLUs to transfer women to a hospital with the appropriate facilities. Access routes to the theatres for emergency caesarean sections, both from within the unit and from outside, must be designed to ensure speed of access and high levels of privacy for the mother.

2.20 Elective caesarean sections may also take place in these theatres or in the main theatres. Women usually go straight to theatre then to a single room following the procedure. See Chapter 9, 'Obstetric operating theatre suite'.

Postnatal/neonatal care

Postnatal care

2.21 This guidance recognises the general need for an increase in single room provision in the postnatal period in order to enhance the experience and improve privacy and dignity. Women will either remain in the birthing room for their recovery period and go straight home from it, or be transferred to the postnatal area, ideally to a single room. Women's preferences are generally not to move but to stay in the same room until they are transferred home. However, project teams should ensure that there are sufficient postnatal beds available in order to maximise the efficient use of space at peak times. Women who have had a caesarean section will need to be accommodated in a bed in the postnatal bed area.

2.22 Multi-bed accommodation may be provided.

2.23 Where there have been complications, the mother and/or the baby may need extra care or intervention. The main philosophy of care is that mothers and babies should stay together. The project team may decide to provide a well-baby nursery to allow mothers to obtain rest; security will be an important consideration. See paragraph 8.46, 'In-patient spaces'.

Newborn care

2.24 Every type of birthing unit, whether or not care of sick babies is undertaken, must have clearly established arrangements for the prompt, safe and effective resuscitation and thermal care of babies, and for the care of babies who require continuing support, either in the birthing unit or by safe transfer elsewhere.

2.25 All birthing rooms should include:

- an area designated and equipped for resuscitation of a newborn baby;
- space at the bedside so that a healthy newborn baby can be cared for alongside its mother;
- the ability to care for a baby for short periods in a warm environment, for example during neonatal examination, or for observation after birth. This will normally be achieved in a cot alongside the mother. Phototherapy may be carried out here.

2.26 Healthy newborn babies, healthy pre-term babies, those born by assisted and operative procedures and babies transferred from the neonatal unit will be cared for in cots alongside the mother, where general maternal care and certain medical and nursing procedures will be carried out.

2.27 A neonatal unit is a facility for those newborn babies requiring care that cannot be provided beside the mother (see the BAPM 'Standards for hospitals providing neonatal intensive and high dependency care and Categories of babies requiring neonatal care' (2001) for definitions of the levels of neonatal care). A neonatal unit may be provided

depending on the clinical network and local requirements, equipped according to the level of care that the unit is designated to provide. Accessibility of neonatal units and parent facilities is very important. See paragraph 8.9, 'Birthing spaces'.

Transitional care

2.28 Transitional care facilities are increasingly being provided, where mothers can look after their baby/babies with supervision from midwives and neonatal professionals (for up to two weeks) prior to transfer home. These usually take the form of generic multi-bed bays associated with the postnatal beds.

Adult high dependency/critical care

2.29 Women who develop serious problems, for example fulminating pre-eclampsia or eclampsia, major organ failure, clotting disorders or severe haemorrhage, require prompt access to high dependency, intensive care and/or resuscitation facilities. These women will need intensive observation, treatment and nursing care and may require invasive cardiovascular monitoring. Provision will depend on the workload, casemix and local circumstances. High dependency care may be provided within the CLU, but critically ill women requiring artificial ventilation will need to be transferred to critical care facilities.

2.30 Every CLU, secondary and tertiary, must have ready access to high dependency and critical care facilities on site. The provision required will relate to the number of births per year and needs to be assessed locally for each project. In tertiary centres, the number of cases requiring high dependency care can be more than 5% of the number of deliveries per year.

2.31 At an MLU remote from a hospital, temporary high dependency care can be provided in the birthing room. A paramedic ambulance would treat and stabilise the mother before transfer. There should be recognised routes of access to critical care facilities, together with equipment and staff for safe transfer. See paragraph 8.46, 'In-patient spaces'.

Bereavement support

2.32 Access to appropriate facilities is very important for women and families who suffer bereavement at any stage of pregnancy.

- Women attending the out-patient clinic, EPAU and pregnancy assessment facilities should have access to quiet spaces for counselling in the event of bad news.
- The birthing suite and in-patient facilities should include single bedroom(s), away from the birthing area and with a separate exit from the ward, for use in the event of a bereavement.

3 Whole maternity unit considerations

Location of birthing facilities

3.1 The consultant-led unit (CLU) should be located to enable 24-hour easy access for ambulances and cars. Women may arrive by ambulance, taxi or car and need to be dropped off at the entrance to the unit. Particular consideration is needed to ensure that partners can park their cars easily and then accompany women into the building.

3.2 The CLU should be adjacent or close to the midwifery-led unit (MLU), if there is one, and have good access to the neonatal unit. Adult high dependency and critical care facilities should be close enough for direct transfers to take place, and close enough for the mother to visit the baby or vice versa. Easy access to surgical and medical consultants is desirable to facilitate consultation.

3.3 Access to external spaces is important in all units. The location should protect other patients and visitors in the hospital from the noise of women in labour whether the windows are open or shut. Positioning of courtyards is important, since these areas are used for relaxation or play.

3.4 Units should ideally not be sited near A&E or mental health units as these patients may wander, and security of the CLU/MLU is an important consideration.

3.5 A maternity unit should have its own separate entrance, because of the need for 24-hour access and security control. The entrance to all units should be designed and located to provide easy access and to provide a welcoming, non-clinical environment. WC facilities should be provided in this area. Entrance areas to larger units may incorporate a café facility.

3.6 It is essential that 24-hour immediate access for women in advanced labour is provided. On arrival, the means of communicating with staff and the routes to the unit need to be immediately clear inside the entrance. Entrance via a deserted lobby should be avoided.

3.7 If an MLU is provided within a hospital, it should have direct access for women and families separate from the access to the CLU. Ideally, it should have a dedicated entrance. There should be internal communication for ease of transfer if necessary, and a time-efficient access route between the two.

Reception area, Barts and the London NHS Trust
Photographer: Lisa Payne

3.8 Figures 2 and 3 illustrate the key relationships of separate and combined units.

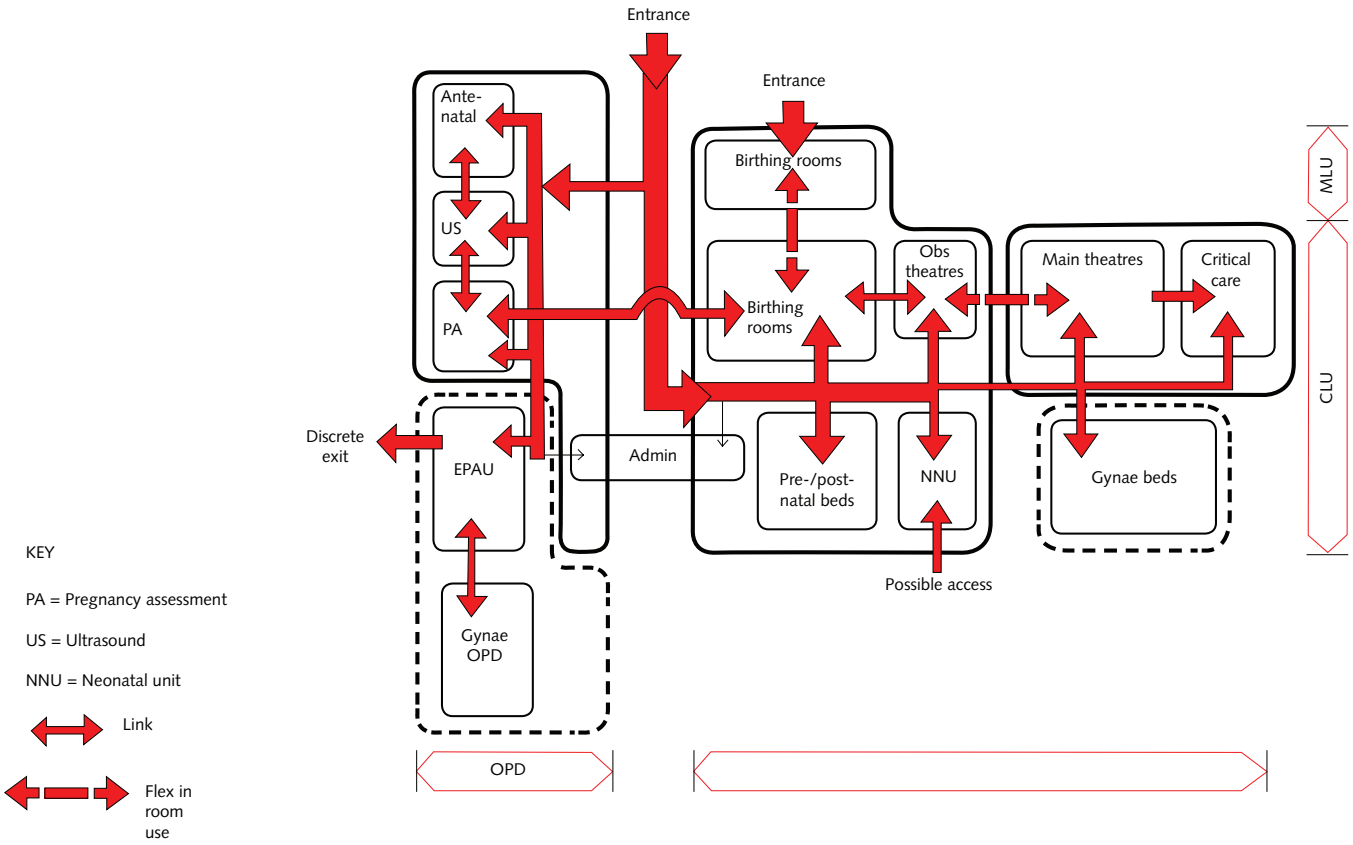

Figure 2 Combined CLU and MLU – key functional relationships

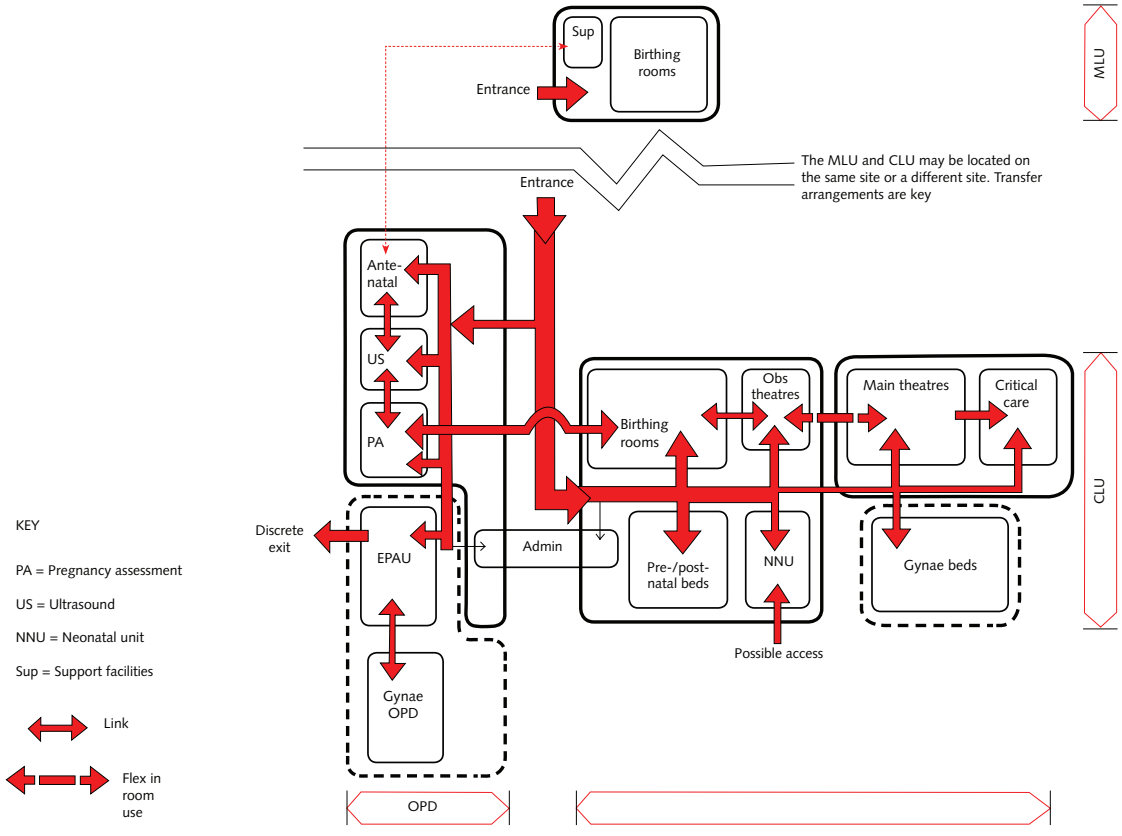

Figure 3 Separate CLU and MLU – key functional relationships

Design considerations

Inclusivity

3.9 In calculating numbers of birthing pools, project teams will need to take into account that certain ethnic groups will not use pools.

3.10 General guidance on inclusivity is set out in Health Building Note 00-01 – 'General design principles' (under 'Functional design issues').

Security

3.11 General security guidance is set out in Health Building Note 00-01 – 'General design principles' (under 'Functional design issues') and in Health Technical Memorandum 00 – 'General engineering principles' (under 'Security').

3.12 Security is an issue of importance for staff, mothers and babies.

a. Babies born in hospital should be cared for in a secure environment to which access is restricted.

b. An effective system of staff identification is essential.

c. A robust and reliable baby security system should be enforced, such as baby tagging, closed-circuit television, alarmed mattresses.

d. Strict criteria for the labelling and security of the newborn infant are essential.

3.13 The number of entry and exit points to the unit should be reduced to a minimum. Public access and egress should be limited to one door, which should be in the vicinity of and with good natural surveillance from the reception desk/staff communication base; although security should not solely rely on the presence of staff/observation. The use of centrally managed access control using one of the following systems should be considered essential: swipe card, proximity or biometric recognition. Swipe cards are considered the least secure, with biometric recognition being the most secure. Digital code locks should be avoided. Where this is not possible, access/egress controls to wards should be operated at ward level.

3.14 Overt and well-publicised CCTV cameras should be installed at all entrances to the unit. Where the unit is only one department within a larger health facility building, consideration should be given to installing CCTV at all exits from the building in order to maximise the opportunity for detecting, identifying and apprehending an abductor. Previous infant abductions have shown that abductors generally plan their abductions thoroughly, which includes visiting different maternity units to establish security strengths and weaknesses. CCTV should ideally be monitored and recorded at the security control room. Digital recording is now normal practice as it allows for instant retrieval of images while the system is still recording and being used during an incident.

3.15 A system of electronic tagging of babies may be considered. See 'Safe and Sound: Security in NHS maternity units' (National Association of Health Authorities and Trusts, 1995) for further information. In some centres, controlled entry using FM cards has been used in preference to baby tagging, which has been difficult to control. Project teams should consult their local security adviser when considering any electronic tagging system.

3.16 A separate, differently-coloured identification badge is commonly used to denote staff permitted access to young children and infants.

3.17 An integrated security system should link the building/fire door alarm system to the baby tagging, and CCTV systems to an appropriate monitoring station.

3.18 Signage should be displayed alerting users of the security systems in place, for example CCTV cameras and baby tagging systems.

3.19 Security systems in place should not impede movement of staff or safe transfer of mother or baby in the event of an emergency.

3.20 The need to provide system security to deter potential criminal behaviour and to reassure parents should be balanced with the need to create a welcoming atmosphere on the unit.

3.21 In birthing rooms, the woman should be able to control access of visitors from the bedhead. Staff should be able to override this from the staff base.

Infection control

3.22 Birthing pools and other equipment should be disposed of or thoroughly cleaned and dried after every use, in accordance with local infection control policies. Local information and guidelines regarding prevention of legionella build up in water supply from seldomly used pools should be obtained from the local estates team and should be

adhered to. See also Health Facilities Note 30 – 'Infection control in the built environment'.

Records

3.23 There is a statutory requirement in maternity care to provide contemporaneous records of all events, and records need to be kept for 25 years to support any litigation claims. There should be storage facilities to keep records traceable and secure against loss, damage or use by unauthorised persons. Archived records do not need to be kept on the unit itself, but should be accessible within 24 hours.

3.24 Women carry their own notes in the antenatal and postnatal period. In antenatal facilities some space is required for the storage of paper overview records, while postnatal facilities require a retrieval system for re-filing full records.

3.25 Requirements for records storage need to take into consideration the development of electronic records, and the space within units should be reduced accordingly. Project teams will also need to take into account initiatives such as the clinical messaging initiative and the Integrated Care Record, which will replace the Hospital Information System, the EPR and the Integrated Children's System.

3.26 Easy access for staff and confidentiality are key considerations.

Storage

3.27 Over and above general storage requirements, which are dependent upon local supply and storage policies, maternity facilities require storage space for a large volume of items such as birthing packs. See also Health Building Note 00-01 – 'General design principles' (under 'Supplies, storage and distribution').

4 Antenatal clinic

4.1 Within a hospital setting, the antenatal clinic should be designed so that it has an identity of its own and can function independently from the general out-patients department. It should be located on the ground floor, well signposted and with a separate entrance that is easily accessible from outside the hospital. This can be via the main entrance to the maternity unit.

4.2 Antenatal clinics may also be used as gynaecology clinics. There are likely to be local variations in where the early pregnancy assessment unit (EPAU) is located. The EPAU is usually separate from the antenatal clinic, but nearby to allow patients with unexpected problems on scanning to be referred easily.

4.3 Attendance at an antenatal clinic is often a woman's first introduction to a healthcare facility. The suite should appear attractive and user-friendly, with a quiet, relaxed atmosphere that will maintain the woman's confidence and dignity. The partner, friends or other family members, including children, may accompany her. Waiting areas should be planned with this in mind, with access to play areas, drinking water and WCs. Wall décor should be non-clinical in nature and not adorned with medical diagrams.

Scope and size of provision

4.4 Specific clinical areas include:

- a suite of standard/multidisciplinary consulting and examination (C/E) rooms;
- interview rooms;
- ultrasound rooms, which may be shared with the EPAU.

4.5 The size of the antenatal clinic suite will depend on the number of expected attendances per session, the number of proposed sessions, the number of doctors and midwives, and the number of education classes. Clinic sessions may be dedicated to women with specific care needs, for example diabetes, other medical conditions or pregnancy complications, and this should be considered when determining the clinic size. An influential factor in determining the number of sessions will be the level of services provided in other facilities. Rooms should be designed for maximum flexibility of use.

4.6 The schedules of accommodation are based upon estimated attendances/clinic sessions for the given numbers of births.

4.7 It is assumed that a Midwifery-led unit (MLU) co-located with a Consultant-led unit (CLU) would utilise the clinic facilities in the CLU.

4.8 Where stand-alone MLUs remote from the CLU are providing antenatal clinics and maternal assessment, they should include at least two C/E rooms and the ability to undertake ultrasound scanning.

Functional relationships

4.9 C/E rooms should have easy access to ultrasound. The link to pathology services may be by way of a pneumatic tube transport system. Near-patient testing facilities may be provided within the unit, depending on local policy. There should be easy access to the birthing area and maternity in-patient beds. See Figure 4 and Chapter 3, 'Whole maternity unit considerations'.

Spaces

Reception and waiting

4.10 The waiting area should have a welcoming and informal atmosphere. Many pregnant women will be accompanied by a friend or relative and may have small children with them. The area should be planned so that it can be subdivided into separate waiting spaces.

4.11 Within or adjacent to the waiting area, an information/resource space should be provided. This is likely to include a combination of printed and electronic media.

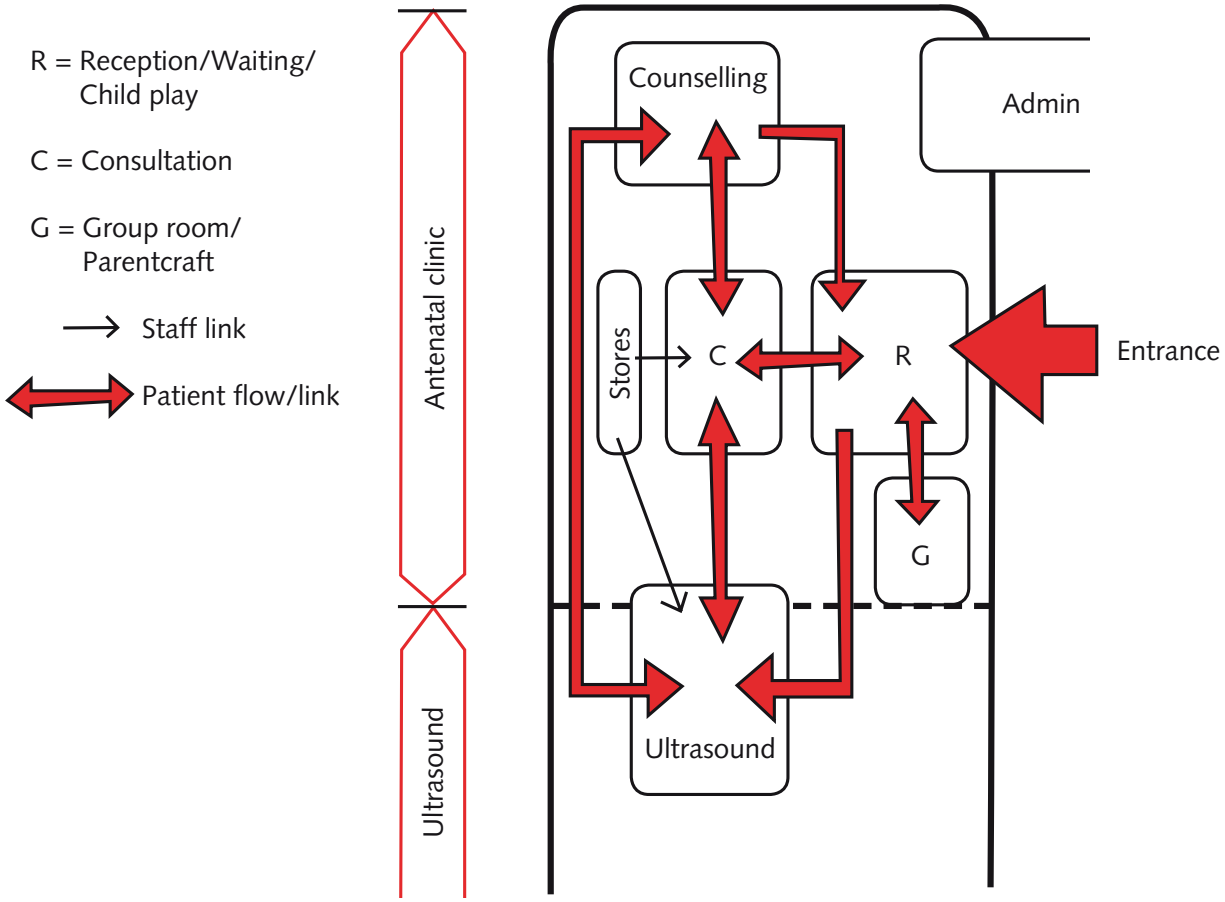

Figure 4 Antenatal clinic functional relationships

4.12 If not conveniently located elsewhere, the following facilities should be provided:

- WCs
- Refreshment facilities
- Children's play area
- Baby changing
- Infant feeding
- Wheelchair parking bay

4.13 See also 'WCs' in Health Building Note 00-02 – 'Sanitary spaces' and 'Entrance, reception and waiting' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

Consulting/examination rooms

4.14 A general-purpose single-sided C/E room should be used, to increase flexibility of use. The C/E room will be large enough to accommodate electronic monitoring and diagnostic equipment. The examination couch should be screened by a curtain to allow privacy. The couch needs to be accessible on the right-hand side and at the foot. The design and layout of the room should ensure that the privacy and dignity of the woman is protected. Acoustic privacy is also important.

4.15 Blood-taking may be carried out in the C/E rooms (in line with the Children's NSF preference), or separate phlebotomy rooms may be provided, depending on local decision. The schedules of accommodation are based upon blood-taking being carried out in the C/E room.

4.16 Some C/E rooms may be larger to facilitate multi-disciplinary consultations. This will be a project decision.

4.17 See 'Consulting/examination room: single-sided couch access' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

Pregnancy assessment room (MLUs only)

4.18 In a stand-alone MLU remote from a CLU, one C/E room may be used to carry out pregnancy assessments. Ultrasound examinations will not usually be carried out in an MLU unless an antenatal clinic or pregnancy assessment clinic is associated with it. Portable equipment may be used.

C/E room, Consultant-led unit (CLU) antenatal clinic Courtesy Queen Elizabeth Hospital NHS Trust Photographer: Lisa Payne

C/E room, Midwifery-led unit (MLU) antenatal clinic Courtesy Queen Elizabeth Hospital NHS Trust Photographer: Lisa Payne

4.19 See 'Consulting/examination room: single-sided couch access' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

Interview rooms

4.20 Depending on the size of the unit, rooms may be used flexibly for counselling, parental education, staff training and meetings. However, ideally, dedicated facilities should be provided so that there is always a space available when required.

4.21 The locations of rooms used for counselling should be discreet, and exit routes from them should not pass through public or waiting areas. These rooms should provide a non-clinical environment for discussion with people who may be distressed. Privacy is essential.

4.22 See 'Interview room: 4 places' and 'Interview room: 7 places' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

Preparation for parenthood room/relaxation classes

4.23 Local community facilities are often used for this activity. If provided in the hospital it should be used flexibly. The location should facilitate easy access for people in the evening and at weekends. It should not create any security issues and should ideally be located within a 24-hour functioning unit. The room should provide enough space to accommodate at least ten couples (plus facilitators), with room to move freely and use birth balls, mats and other equipment. This room will also be used for relaxation classes.

4.24 Equipment used in classes will include: mats; cushions; birthing aids such as balls; comfortable chairs; display boards for posters; a flipchart stand and sheets; audiovisual equipment (OHP/video/DVD); and a whiteboard. Ceiling hooks and ropes may be provided for use with slings. Computer(s) with Internet access should also be available.

4.25 It is important to be able to control the lighting, and have access to fresh air and cool drinking water. Ideally there should be access to tea and coffee-

making facilities. There should be access to WC facilities close by.

4.26 See 'Group rooms' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

Preparation for parenthood store (optional)

4.27 The preparation for parenthood store may be located within or adjacent to the preparation for parenthood room. The door should be lockable for the safekeeping of valuable teaching aids. Storage is required for mats, bean bags, pillows, balls etc.

Treatment room (optional)

4.28 A treatment room may be required for diagnostic and clinical procedures, which may include specimen collecting and cardiotocography (CTG). A couch and two chairs should be provided, along with an adjustable examination lamp. A clinical wash-hand basin is required. Adequate space is required for mobile surgical trolleys, and monitoring and diagnostic equipment.

4.29 See 'Treatment rooms' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

Support spaces

4.30 The following support spaces are required, but may be shared with other out-patient or maternity facilities:

- Clean utility
- Dirty utility
- Disposal hold
- Cleaners' room
- Staff changing
- Staff rest/beverage bay
- Offices
- Stores
- Specimen collection/pneumatic tube (optional)

4.31 See Health Building Note 00-02 – 'Sanitary spaces' and 'Utility', 'Refreshments and rest', 'Offices' and 'Facilities management' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

5 Ultrasound suite

5.1 Imaging procedures may be required for the diagnosis of complications in the postnatal period or for the management of newborn babies. Although suitable portable imaging equipment should be available within a Consultant-led unit (CLU) and within easy access of the neonatal unit, it is assumed that most women requiring ultrasound imaging procedures will have these performed in the main imaging department.

Scope and size of provision

5.2 The accommodation requirements will depend on local factors including the number of deliveries in a particular unit, the casemix, the ultrasound scanning policy for the population served by that unit, and whether portable ultrasound equipment is used. An ultrasound scanning room can cope with approximately 5000 mixed routine examinations per year. This guidance is based on the provision of a minimum of two scanning rooms in a CLU to allow invasive procedures, for example amniocentesis, to be performed while routine scanning continues in the other room.

5.3 The wider introduction of nuchal translucency across the NHS will have an impact on the number of ultrasound rooms required in a unit. These examinations take longer to perform and slow down the throughput in clinics.

Functional relationships

5.4 Where a dedicated ultrasound suite is provided within a larger unit, it should be located within, or close to, the antenatal clinic. It should be close to the C/E rooms and reception, with easy access to records. WCs should be provided immediately adjacent to ultrasound rooms. There should be easy access from the pregnancy assessment facilities. Consideration should be given to access from in-patient areas, depending on local policy.

5.5 See Chapter 4, 'Antenatal clinic' and Chapter 3, 'Whole maternity unit considerations'.

Spaces

Reception/waiting

5.6 Women will be directed to the ultrasound suite from the reception desk in the antenatal clinic. Waiting space is required close to the ultrasound rooms (this may be shared with the antenatal clinic). The number of seats required will depend upon the estimated throughput of women. Cold water drinking facilities will be required.

Ultrasound rooms

5.7 A standard treatment room with black-out and a dimmable lighting system is appropriate for the procedures carried out in this clinic. An examination light should be provided. Privacy for women dressing and undressing is essential. Seating is required for the sonographer and the woman's escorts. In accordance with current policy, instruments will be sent to central sterilizing facilities.

5.8 See 'Treatment rooms' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

Interview rooms

5.9 Interview rooms for counselling should be located adjacent to the ultrasound rooms to avoid families having to walk through busy circulation areas. Two exit/entry doors may be considered.

5.10 See 'Interview room: 4 places' and 'Interview room: 7 places' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

WCs

5.11 WC facilities should be provided immediately adjacent to ultrasound rooms. One WC is required per scanning room; one should be an accessible WC. Additional WCs should be available in the waiting area.

5.12 See 'WCs' in Health Building Note 00-02 – 'Sanitary spaces'.

Support spaces

5.13 Support facilities are required as for the antenatal clinic, with which they may be shared:

- Clean utility
- Dirty utility
- Disposal hold
- Cleaners' room
- Staff changing
- Staff rest room/beverage bay
- Offices
- Stores
- Specimen collection/pneumatic tube (optional)

5.14 See Health Building Note 00-02 – 'Sanitary spaces' and 'Utility', 'Offices' and 'Facilities management' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

6 Early pregnancy assessment unit

6.1 Within a Consultant-led unit (CLU), a dedicated early pregnancy assessment unit may be required with its own reception and waiting area. This may be co-located with the gynaecology clinic/ward, with which it may share certain facilities. For reasons of privacy and dignity, patient spaces in a dedicated EPAU should be physically separate from the antenatal clinic and the pregnancy assessment unit.

Scope and size of provision

6.2 Specific clinical areas include:

- C/E room(s) (pre-scanning);
- ultrasound room(s), although ultrasound facilities close by may be used;
- interview room(s) (post-scanning).

6.3 The number of C/E and scanning rooms will depend upon the number of women attending per session. There will also be a percentage of emergency assessments to consider. The schedule of accommodation is based upon estimated attendances/ clinic sessions for the given numbers of births.

Functional relationships

6.4 A key consideration in its location is ease of accessibility for staff. It should also be within easy reach of the in-patient beds and the operating theatre suite. Women who need to be admitted overnight will be transferred to an in-patient area.

6.5 There should be good links to pathology facilities and the blood transfusion service. WCs should be immediately adjacent. Easy access is required to rest facilities and counselling facilities.

6.6 See Figure 5 and Chapter 3, 'Whole maternity unit considerations'.

Spaces

Reception and waiting

6.7 The waiting area should have a welcoming and informal atmosphere. Many pregnant women will be accompanied by a friend or relative and may have small children with them. The area should be planned so that it can be subdivided into separate waiting spaces.

6.8 Within or adjacent to the waiting area, an information/resource space should be provided. This is likely to include a combination of printed and electronic media.

6.9 The waiting area may be shared with the gynaecology clinic.

6.10 If not conveniently located elsewhere, the following facilities should be provided:

- WCs: located conveniently for the waiting area, C/E rooms and the ultrasound rooms. These include a wheelchair-accessible WC. They should not be directly overlooked by the waiting area.
- Refreshment facilities
- Children's play area
- Baby changing
- Infant feeding
- Wheelchair parking bay

6.11 See 'WCs' in Health Building Note 00-02 – 'Sanitary spaces' and 'Entrance, reception and waiting' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

Consulting/examination rooms

6.12 Blood-taking may be carried out in the C/E rooms (in line with the Children's NSF preference), or separate phlebotomy rooms may be provided; this is for local decision. See 'Consulting/examination room: single-sided couch access' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

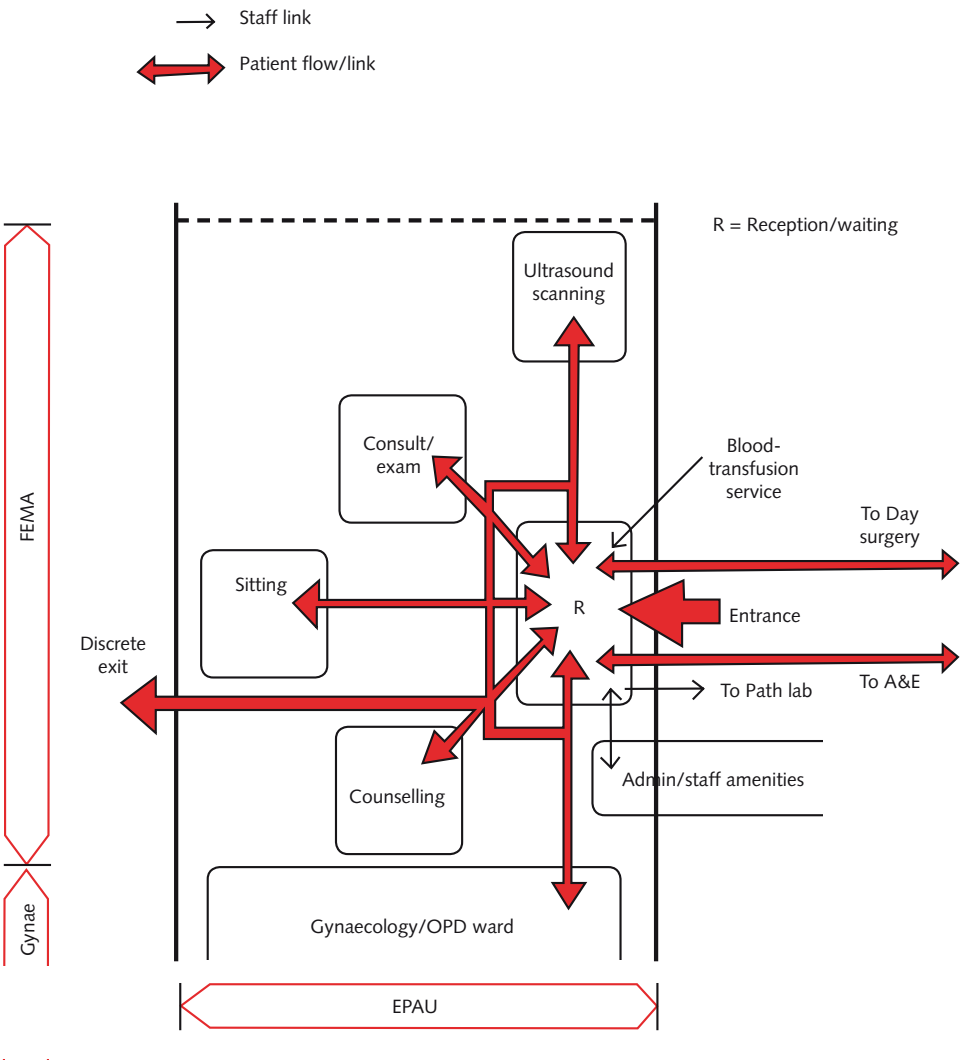

Figure 5 Early pregnancy assessment unit functional relationships

Touchdown base

6.13 A midwifery/nurse touchdown base is required for regular observation of women, and co-ordination of movements to theatre and in-patient areas. See 'Touchdown base' in in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

Ultrasound rooms

6.14 A standard treatment room with black-out and a dimmable lighting system is appropriate for the procedures carried out in this clinic. An examination light should be provided. Privacy for women dressing and undressing is essential.

6.15 Seating is required for the sonographer and the woman's escorts. In accordance with current policy, instruments will be sent to central sterilizing facilities. See 'Treatment rooms' in in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

Interview rooms

6.16 One or two interview rooms should be provided for discussion post-scanning. See 'Interview room: 4 places' and 'Interview room: 7 places' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

Sitting area

6.17 A small waiting/sitting area is required; privacy and quiet are essential.

Support spaces

6.18 The following may be provided separately or shared with other units that may be co-located, depending on the overall design:

- Patient beverage and snack preparation facilities
- Clean utility
- Dirty utility: There should be easy access for women who often bring their own urine specimens for checking. It should be adjacent to the WC facilities so that women can also provide specimens for investigation within easy reach of the test room.
- Disposal hold
- Cleaners' room
- Staff changing
- Staff rest/beverage bay
- Offices: A medical/midwifery office is required within the pregnancy assessment unit to allow for administration duties and private discussion of problems by medical and midwifery staff. This should include telecommunications facilities.
- Stores
- Specimen collection/pneumatic tube (optional)

6.19 See Health Building Note 00-02 – 'Sanitary spaces' and 'Refreshments and rest', 'Utility', 'Offices' and 'Facilities management' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

7 Pregnancy (fetal and maternal) assessment unit

7.1 Local policy will determine the functional requirements, and the opportunity for sharing facilities will depend on the size of the unit and the timing and organisation of clinics.

Scope and size of provision

7.2 Facilities are required for C/E, ultrasound, phlebotomy, amniocentesis (invasive testing) and continuous CTG. These may take the form of individual rooms and/or multi-bay spaces. Reclining chairs and possibly beds should be provided, with access to ultrasound facilities within or adjacent to the unit.

7.3 The level of provision of pregnancy assessment facilities will depend on the number of patients and appointment times and the number of healthcare professionals available to work in the unit.

7.4 The schedule of accommodation for an assessment unit is based upon estimated attendances and clinic sessions for the given numbers of births.

Functional relationships

7.5 The pregnancy assessment unit should ideally be located close to the birthing facilities. It would then have access to emergency laboratory facilities. If the same workforce is shared between the antenatal clinic and the pregnancy assessment unit, the proximity of the two units is desirable.

7.6 See Figure 6 and Chapter 3, 'Whole maternity unit considerations'.

Spaces

Reception/sitting

7.7 The waiting area should have a welcoming and informal atmosphere. Many pregnant women will be accompanied by a friend or relative and may have small children with them. The area should be planned so that it can be subdivided into separate waiting spaces.

7.8 Within or adjacent to the waiting area, an information/resource space should be provided. This is likely to include a combination of printed leaflets, videos and selected websites.

7.9 The waiting area may also be used as a sitting area, where women can sit comfortably and relax during the assessment. This combined facility should be private and separate from the circulation areas. It should include comfortable seating, entertainment services and access to refreshments.

7.10 If not conveniently located elsewhere, the following facilities should be provided:

- WCs
- Refreshment facilities
- Children's play area
- Baby changing
- Infant feeding
- Wheelchair parking bay

7.11 See 'WCs' in Health Building Note 00-02 – 'Sanitary spaces' and 'Entrance, reception and waiting' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

Consulting/examination rooms

7.12 See 'Consulting/examination room: single-sided couch access' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

Pregnancy assessment room/bays

7.13 These are multi-use rooms with reclining chairs for performing CTGs. Sufficient space should be provided by the recliners for using the CTG monitor and mobile ultrasound machine. Curtains should be provided round each area.

Ultrasound rooms

7.14 These may be dedicated facilities or shared with the antenatal clinic if co-located. See 'Treatment rooms'

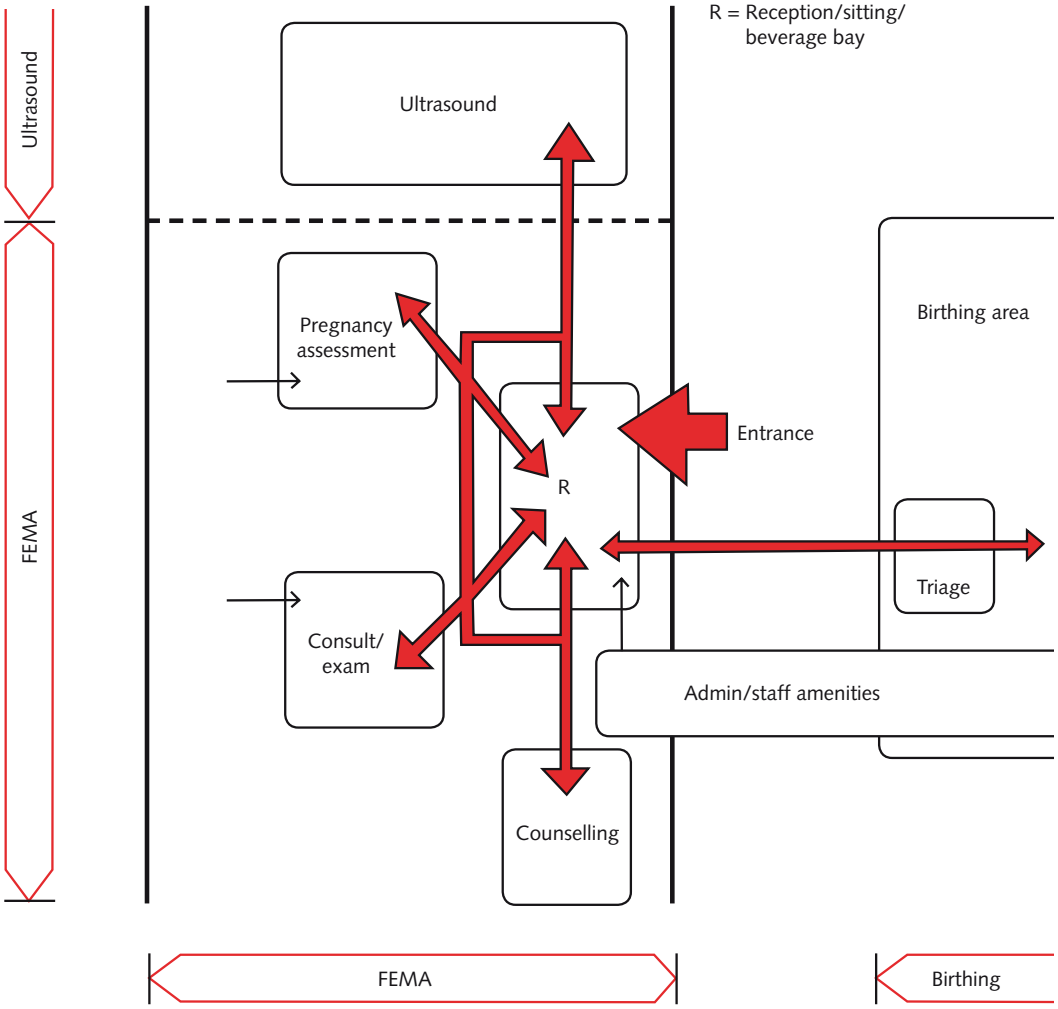

Figure 6 Pregnancy (fetal and maternity) assessment unit functional relationships

Pregnancy assessment bay

Two-bay layout

Separate C/E room – in a Consultant-led unit (CLU)

All images above Courtesy Queen Elizabeth Hospital NHS Trust
Photographer: Lisa Payne

in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

Interview rooms

7.15 These may be dedicated facilities or shared with the antenatal clinic if co-located. See 'Interview room: 4 places' and 'Interview room: 7 places in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

Staff communications base

7.16 This is the central communications hub of a unit, a base at which midwives may receive, read or give instructions and record information in the records held there. It should be centrally located and easily identified by staff and visitors. It may be located near the clean utility room. The staff base should be wired as the centre for the help call system within the area and central monitoring equipment for telemetry if used.

7.17 There should be good communication links, including telephones and IT. A computer terminal and associated equipment with a link to laboratories and EPR and PACS will be required. The security of records and noise associated with equipment should be considered.

7.18 Work stations for the computers will be needed, the quantity dependent on local policy.

Support spaces

7.19 The following may be provided separately or shared with other units that may be co-located, depending on the overall design:

- Patient beverage and snack preparation facilities: may be adjacent to the reception/sitting area
- Clean utility
- Dirty utility: There should be easy access for women who often bring their own urine specimens for checking. It should be adjacent to the WC facilities so that women can also provide specimens for investigation within easy reach of the test room
- Disposal hold
- Cleaners' room
- Staff changing
- Staff rest/beverage bay
- Offices: A medical/midwifery office is required within the pregnancy assessment unit to allow for administration duties and private discussion of problems by medical and midwifery staff. This should include telecommunications facilities
- Stores
- Specimen collection/pneumatic tube (optional).

7.20 See Health Building Note 00-02 – 'Sanitary spaces' and 'Refreshments and rest', 'Utility', 'Offices' and 'Facilities management' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

8 Birthing facilities (and associated in-patient facilities)

8.1 This Health Building Note describes facilities required in all types of maternity unit for:

a. direct admission of women;

b. observation and assessment of pregnant women;

c. uncomplicated labour and births;

d. complicated labour and births (Consultant-led units (CLUs) only);

e. operative obstetric procedures (CLUs only);

f. resuscitation of the baby;

g. observation and recovery of infants;

h. observation and recovery of mothers;

j. partners, relatives and friends;

k. medical, midwifery, nursing and other staff;

m. clinical training of midwifery, nursing and medical staff.

Scope and size of provision

8.2 The number of antenatal beds, birthing rooms and postnatal beds will be a local decision based on a number of factors. The aim is to provide appropriate care for women and babies close to home. Project teams should consider the model of care, current practices and any perceived changes planned over the short, medium and long term. The following are key considerations:

- the size of the population served, including any tertiary referrals;
- the demographic trends that will influence the number of deliveries in the area;
- the existing and predicted work trends in relation to any clinical developments;
- whether or not the unit will attract women arriving by ambulance;
- whether or not the unit will attract transfer in of mothers and babies from other units (that is, tertiary referrals);
- whether or not the maternity services are likely to be reorganised/ relocated in the foreseeable future;
- whether or not the unit has undertaken any workforce study (for example Birth Rate Plus) that is likely to change the way care is delivered.

8.3 Length of stay is variable in all stages of the maternity care pathway. When planning a unit, length of stay should be considered in the context of the model of care.

CLU functional relationships

8.4 In-patient accommodation should be easily accessible from, and within a short distance of, the hospital entrance. Antenatal and postnatal areas should be co-located for flexibility and they should not be located adjacent to gynaecological facilities. See Figure 7.

MLU functional relationships

8.5 See Figure 8 and Chapter 3, 'Whole maternity unit considerations'.

Front of house spaces

Reception and waiting

8.6 The reception desk should be located to enable all visitors entering or leaving the unit to be monitored. See 'Entrance, reception and waiting' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

Triage room

8.7 A two-sided C/E room may be required for the initial medical examination and midwifery assessment of newly-arrived women, depending on local policy. There should be easy access to WCs, ideally en-suite, otherwise close by. See 'Consulting/examination room: double-sided couch access' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

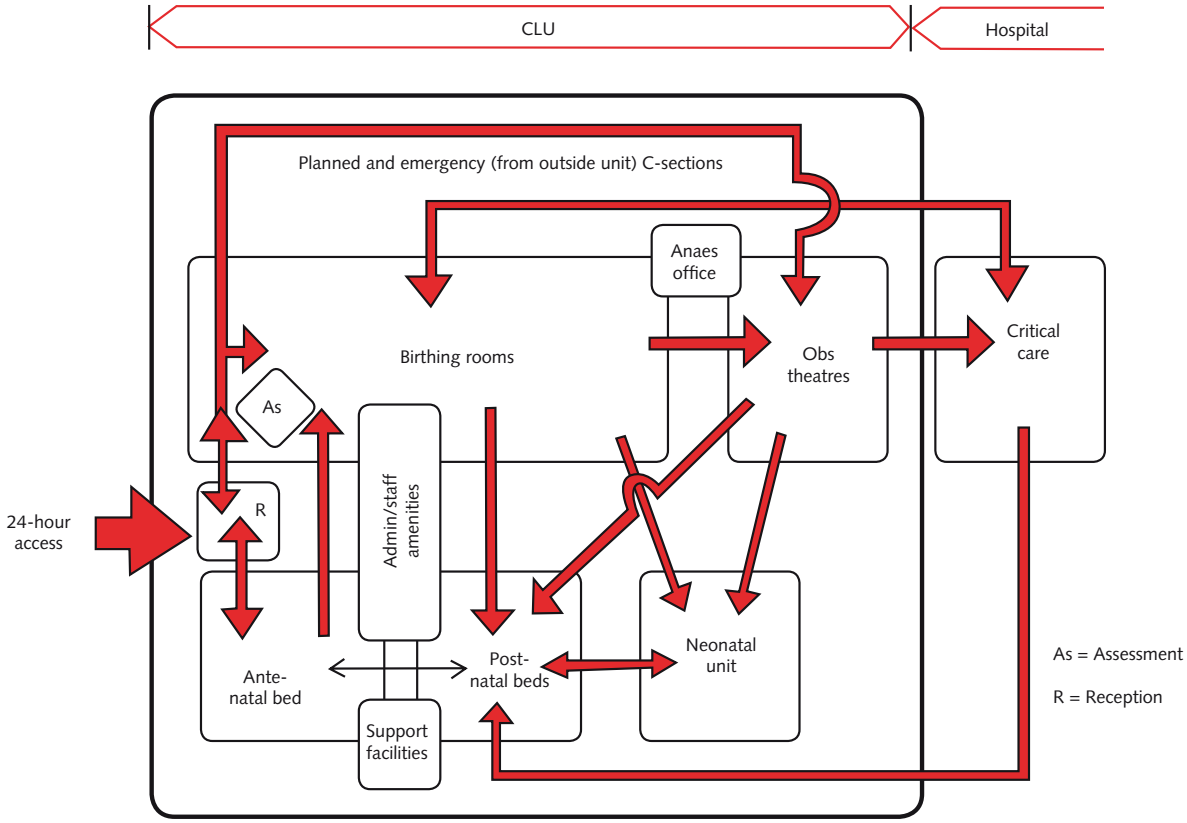

Figure 7 CLU functional relationships

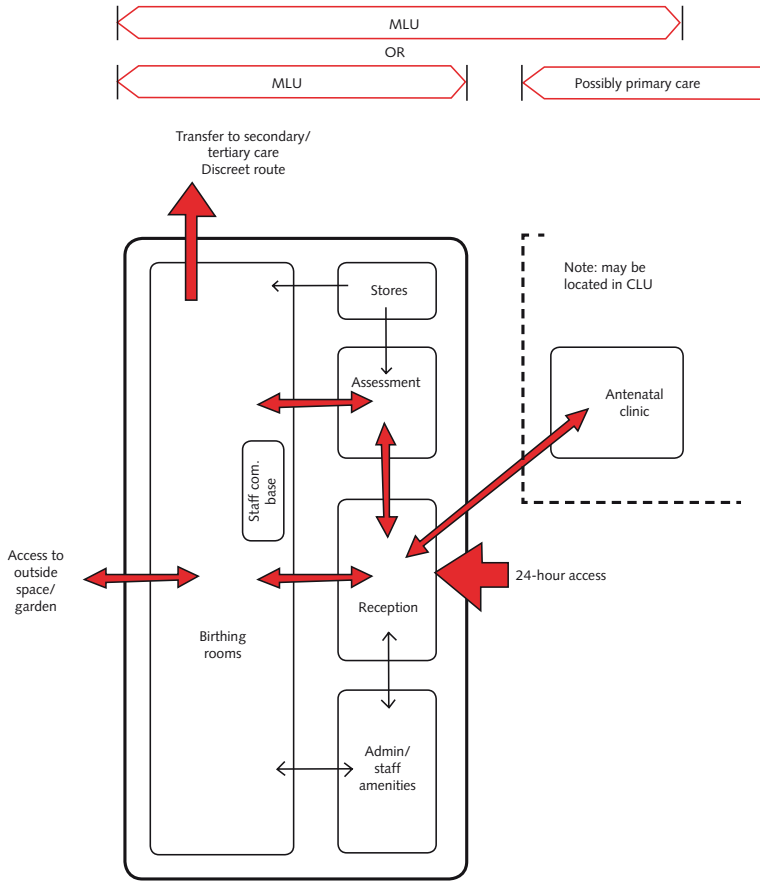

Figure 8 MLU functional relationships

Induction suite

8.8 A four-bed bay with en-suite toilet and shower should be provided for women who are admitted for induction of pregnancy. The number of beds will be based on demand. They will be equipped as a standard four-bed bay. They should be located close to the birthing rooms. See 'Multi-bed room' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

Birthing spaces

Birthing rooms

8.9 The key principles for the design of birthing rooms are:

a. ensuring the safety of mothers and babies;

b. offering people privacy, dignity, comfort and freedom of movement;

c. enabling staff, equipment and services to be available to women in one place, that is, without them being moved;

d. being functionally suitable for all activities that will take place in them;

e. providing flexibility in their use both on a short-term basis and as needs and policies develop;

f. reducing the risk of cross-infection.

g. providing access to water during labour to relieve pain.

Key recommendations

8.10 All birthing rooms should include the following:

a. en-suite sanitary facilities;

b. convenient storage for the mother's holdall and belongings;

c. access to facilities to make hot drinks and to cold water;

d. local storage within or adjacent to the room for storage of equipment, sterile packs etc out of sight until required. Storage facilities will be fitted out to meet project-specific storage requirements;

e. provision for partners to stay at night. The layouts and space definitions in this guidance assume that this is achieved using a fold-up bed, which can be stored within the local store for the room. The other available options either permanently take up space in the room or, if folded back into the wall, may reduce the flexibility in the use of the room;

f. a wall-mounted baby resuscitaire with oxygen, air and vacuum outlets, and, if a multi-birth room, space for additional mobile resuscitaires to be brought into the room (which will require additional medical gas outlets and socket-outlets if not running off battery and bottled supplies). The location of the wall-mounted resuscitaire is likely to be influenced by and/or to influence the location of access to the en-suite and/or the birthing pool area, and should be away from draughts;

g. medical gas outlets (including oxygen, nitrous oxide/oxygen and vacuum) at the bedhead for the mother. The nitrous oxide/oxygen outlet should be accessible to women using a variety of birthing aids and a variety of positions within the room. To assist with achieving a non-clinical environment these services can be concealed until required.

h. twin socket-outlets. Some outlets should also be provided in the store to be available for charging equipment;

j. if Electronic Patient Records are in use, a trolley in the room, as required. A small writing surface may be required depending on local policy;

k. a clinical wash-hand basin.

8.11 A series of ergonomic studies was carried out into birthing room design during the preparation of this guidance. The range of activities from the most straightforward to the most complex births was investigated, and the space required for each activity measured.

8.12 Based on these studies, two room sizes have been used within the schedule of accommodation and are illustrated in the room layouts: a room intended for single birth and a room suitable for twin/complex births. The schedule of accommodation assumes that 20% of the birthing rooms in a Consultant-led unit (CLU) will be the larger size but that all the birthing rooms in a Midwifery-led unit (MLU) will be sized for single birth. See paragraph 8.22, 'Birthing room layouts and ergonomic evidence'.

Birthing room set up for high-risk birth

Birthing room set up for low-risk birth
Both: Courtesy Queen Elizabeth Hospital NHS Trust
Photographer: Lisa Payne

Bedhead services

Mobile resuscitaire set up for high-risk birth

Wall-mounted resuscitaire set up for high-risk birth

All: Courtesy Queen Elizabeth Hospital NHS Trust Photographer: Lisa Payne

Birthing room in adjacent MLU
Courtesy Dartford and Gravesham NHS Trust
Photographer: Lisa Payne

Birthing room in stand-alone birth centre (view from the doorway)

Birthing room in stand-alone birth centre (view from the wall)
Courtesy Barts and the London NHS Trust
Photographer: Lisa Payne

En-suite

8.13 This guidance assumes that all en-suite facilities include a bath. Where a shower is required, this should be included separately within the room and not located over the bath. The bath need not be free-standing, but this will be a project decision. The areas defined in the schedule of accommodation assume that it is not free-standing.

8.14 Studies have shown that women's preference for bidets varies considerably (National Childbirth Trust 'Creating a Better Birth Environment' toolkit, 2003). Where these are to be provided, the specification of the fitting should meet the requirements for bidets in Health Building Note 00-10 Part C 'Sanitary assemblies'. The schedule of accommodation assumes that bidets are not

En-suite facilities
Courtesy Barts and the London NHS Trust
Photographer: Lisa Payne

En-suite facilities
Queen Elizabeth Hospital NHS Trust
Photographer: Lisa Payne

provided. See also 'Bathrooms' in Health Building Note 00-02 – 'Sanitary spaces'.

Birthing pool areas (optional)

8.15 Birthing pool areas, where provided, should be an integral part of some birthing rooms. The number of these will be a project decision. When not in use, they can be curtained off from the main room. The area needs non-slip flooring suitable for wet areas, and this flooring usually extends a little way into the main room.

8.16 There are a number of birthing pools on the market. They vary in shape, size, and means of getting in and out, and offer different sitting positions. In selecting a model, it is important to assess it in respect of the ergonomic implications of the midwife's activities as well as the woman's – in particular, the positions they will be adopting while assisting the mother and in accessing the drainage controls.

8.17 Several different models of fixed pool are available in this country and from Europe. Manufacturers' instructions regarding installation, routine maintenance and disinfection must always be followed, and local operational policies should be in place. In particular, regular flushing is required to avoid stagnation of water if the pools are not used regularly. Filtration systems should be checked with the manufacturer. Cleaning regimes should be agreed locally with the infection control representative.

8.18 There are certain safety considerations:

- The midwife should have access from both sides, with provision of a plinth. "Slip-proof" steps into and out of the pool should be provided, and the floor to the bath should be slip-proof.
- Grab rails and other aids should be provided to help the woman out of the bath.
- There should be access to hot and cold water. The midwife should be able to control the temperature of the pool water.
- There should be access to an emergency call button.
- Occasionally, women need to be lifted out of the pool onto the bed or a trolley. The provision of a hoist is a matter for local decision.

8.19 It is not necessary to provide a clinical wash-hand basin within the pool area if the basin within the main birthing room area is suitably close by and there is no obstruction to access from the pool area.

8.20 A nitrous oxide/oxygen point may be provided, or portable cylinders may be used.

Birthing pool, CLU birthing room
Courtesy Queen Elizabeth Hospital NHS Trust
Photographer: Lisa Payne

Assisted bathroom(s)

8.21 All CLU units should have one assisted bathroom. See 'Bathroom: assisted' in Health Building Note 00-02 – 'Sanitary spaces'.

Birthing room layouts and ergonomic evidence

8.22 Room layout options are provided for birthing rooms suitable for (a) single births and (b) twin/complex births. For further details of the space studies that informed these layouts, see the separate ergonomic report (forthcoming).

Activities

Birthing room suitable for single births

8.23 The following activities may take place in this room:

a. non-birthing activities, for example relaxing, preparing refreshments, watching TV, baby feeding etc;

b. pre-birth activities, for example use of birthing ball, stool and mat;

c. monitoring and recording activities;

d. normal single birth;

e. assisted single birth, including the scenario of both mother and baby needing resuscitation and subsequent transfer of both out of the room;

f. transfer of the baby from the room, from a wall-mounted resuscitaire, using a mobile resuscitaire;

g. clinical hand-washing;

h. recovery.

Optional

j. accessing and updating EPRs; where not provided within the room, these need to be available nearby from a touchdown base or similar. It is generally assumed that paper records will be used.

Birthing room suitable for twin and complex births

8.24 The following activities may take place in this room:

a. non-birthing activities, for example relaxing, preparing refreshments, watching TV, baby feeding etc;

b. pre-birth activities, for example use of birthing ball, stool and mat;

c. monitoring and recording activities;

d. normal birth of twins;

e. assisted birth of twins, including the scenario of both twins requiring resuscitation and transfer out of the room, together with the mother experiencing cardiac collapse and also requring resuscitation and subsequent transfer out of the room;

f. use of one wall-mounted resuscitaire and one mobile resuscitaire (Note: space will allow for two mobile resuscitaires);

g. transfer of a baby out of room, from wall-mounted resuscitaire, using additional mobile resuscitaire;

h. clinical hand-washing;

j. recovery.

Optional

k. accessing and updating EPRs; where not provided within the room, these need to be available nearby from a touchdown base or similar. It is generally assumed that paper records will be used.

Space studies

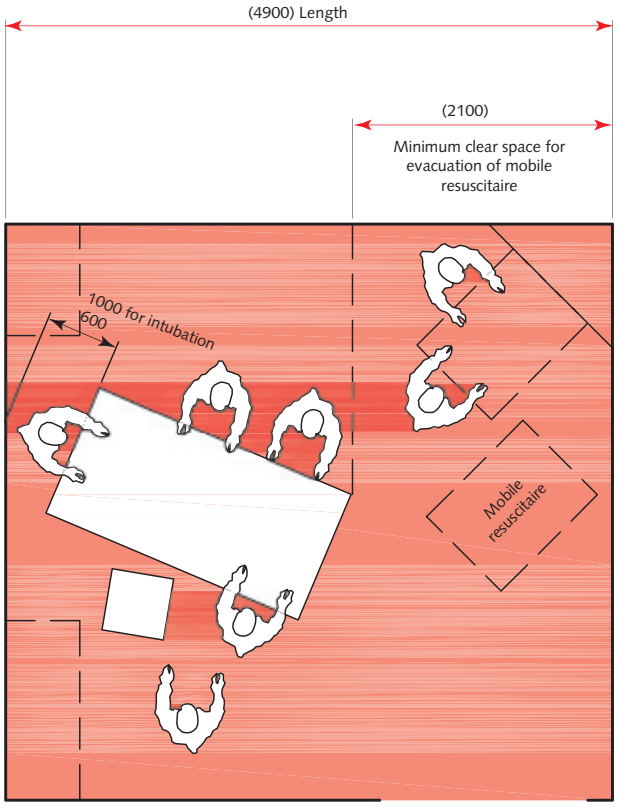

Figure 9 Activity space length

8.25 The functional space required for birthing activities – that is, 4900 mm × 4200 (single birth) or 4650 mm (twin birth) – has been verified by a series of space studies. The actual room area is the result of combining various functional activity spaces (for example, birthing, clinical hand-washing, storage and pool) into a room design.

Generally, access space is excluded from DH core space recommendations; however, the optional indicative designs illustrated show that a minimum allowance of 2 m^2 to access the room will be required to provide functioning spaces.

8.26 Where a birthing pool is required, an additional 9 m^2 has been recommended, based on the space studies.

8.27 The recommendations set out here primarily relate to the key critical dimensions rather than the area. The following sections aim to illustrate the key dimensions and explain why they have been defined. Where local teams make different assumptions, these critical dimensions may need to be changed.

Activity space widths

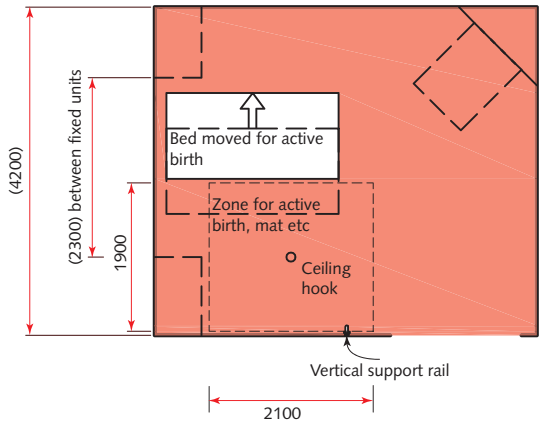

Figure 10 Single birth option 1

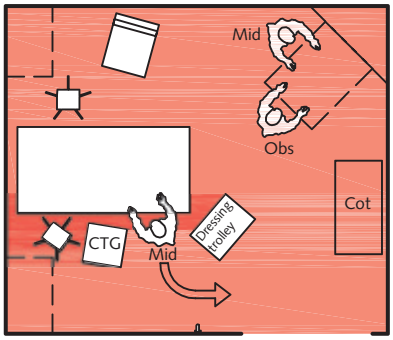

Figure 11 Single birth option 2

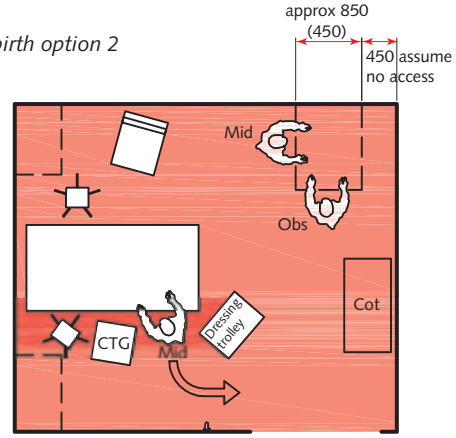

Figure 12 Single birth option 3

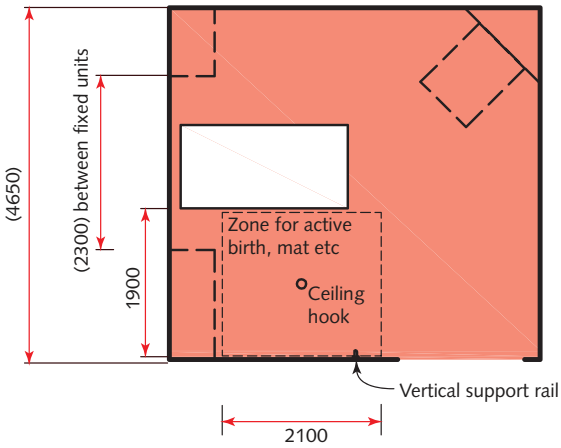

Figure 13 Twin birth option 1

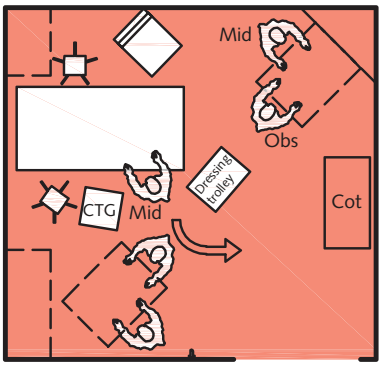

Figure 14 Twin birth option 2

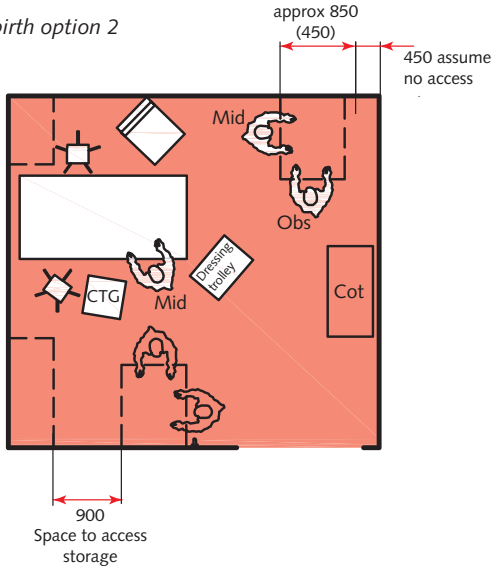

Figure 15 Twin birth option 3

The room length of 4900 mm

8.28 The length of the room is greatly affected by the requirement to pull the mother's bed away from the wall for her resuscitation and still allow sufficient space for moving a resuscitaire from the birthing room. A clear space of 2100 mm is required at the foot of the bed for transferring and evacuating an infant from a wall-mounted to mobile resuscitaire, when the bed has been withdrawn 600 mm for resuscitation of the mother (note the 600 mm

assumes that intubation of the mother will not be necessary).

The room width of 4200 mm

8.29 This was considered:

- acceptable for active birth at the side of the bed where the bed is moved from its normal position, which was considered normal practice;
- acceptable for all general birth activity, including the evacuation of an infant in a mobile resuscitaire when the mother is being resuscitated;
- acceptable whether the resuscitaire was located at 45 deg in the corner or at 90 deg to the wall as shown;
- restrictive for twin births, requiring two resuscitaires, as the midwife dealing with the mother would be trapped by equipment.

The room width of 4650 mm

8.30 This was considered:

- acceptable for active birth by the side of the bed, with the bed in its normal position.
- acceptable for twin births, where two resuscitaires are required – a fixed wall-mounted resuscitaire in one corner and a mobile resuscitaire in the second (note: it is assumed that the mobile resuscitaire is operated on battery power and bottled gas);
- acceptable whether the resuscitaires were located at 45 deg in the corner or at 90 deg to the wall as shown.

Storage at the head of the bed

8.31 The storage zone shown at the head of the bed was only suitable for consumables and small trolleys/ CTG equipment. Note: storage space or consumables only amounts to three small storage boxes-worth (approximately 150H × 150W × 300L each) and space for a spare set of linen.

8.32 The size of the opening in the storage must allow easy access in an emergency.

Bed location and privacy

8.33 It is recommended that the bed is located around the corner from the door/entrance location of the room to assist in protecting the woman's privacy. The illustration shows notional privacy zones within a room depending upon the bed location and the use of a privacy screen.

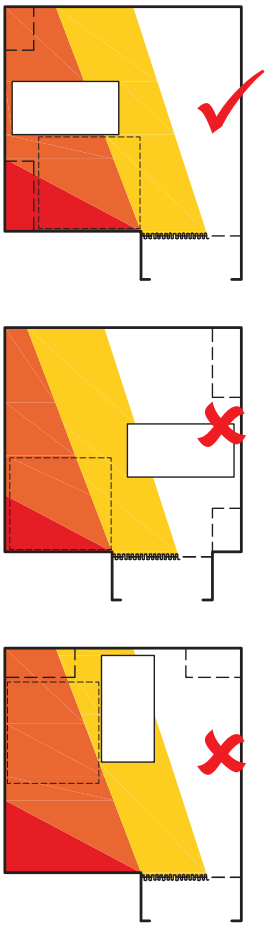

Figure 16 Bed location/privacy

Local storage

8.34 Storage space is required en-suite or nearby to the room for:

a. birthing mat;

b. birthing stool;

c. bean bag;

d. wedge;

e. fold-up bed (for partner/relative use only);

f. light and stand (may be ceiling-mounted but this can be difficult to make non-clinical);

g. small and large trolley (may not require both);

h. drip-stand;

j. height-adjustable cot;

k. mobile resuscitaire (for twin birth, or one per four rooms generally when wall-mounted resuscitaire is included).

8.35 Also, but separately, assumed to be in a cupboard next to the bed:

a. monitors (fetal heart monitor/CTG, blood pressure etc);

b. personal storage.

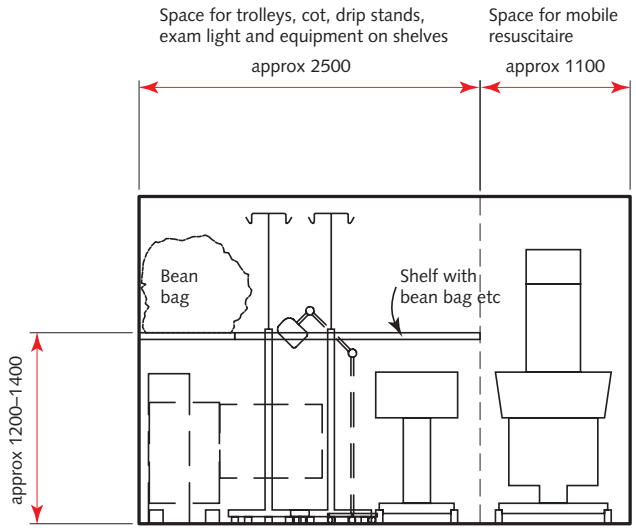

Figure 17 Local storage 1

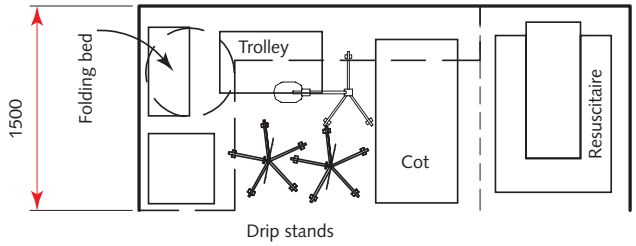

Figure 18 Local storage 2

8.36 Area of local store = 3.75 m^2, or 5.4 m^2 with resuscitaire.

8.37 Average across four rooms = (3 × 3.75 plus 1 × 5.4)/4 = 4.16 or **4 m^2**.

Evacuation of the mother in the bed/door width

8.38 Evacuation of the mother was tested with two drip-stands (a) one either side of the bed and (b) both behind the bed, simulating bed-mounted drip stands; both scenarios with four members of staff.

- With drip-stands at the side of the bed and with two midwives partly behind the bed, egress was achieved reasonably comfortably with a 1700 mm clear opening doorway (effective clear width; ecw).
- With two midwives and two drip-stands behind the bed, egress was achieved reasonably comfortably with a 1450 mm clear opening doorway (ecw).

8.39 See Health Building Note 00-03 – 'Circulation and communication spaces' for the associated requirements for clear corridor widths outside of the room depending on the ecw of the door opening.

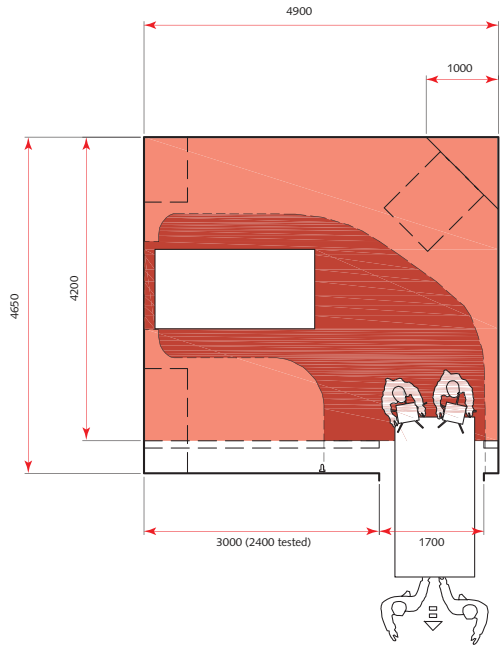

Figure 19 Door size 1

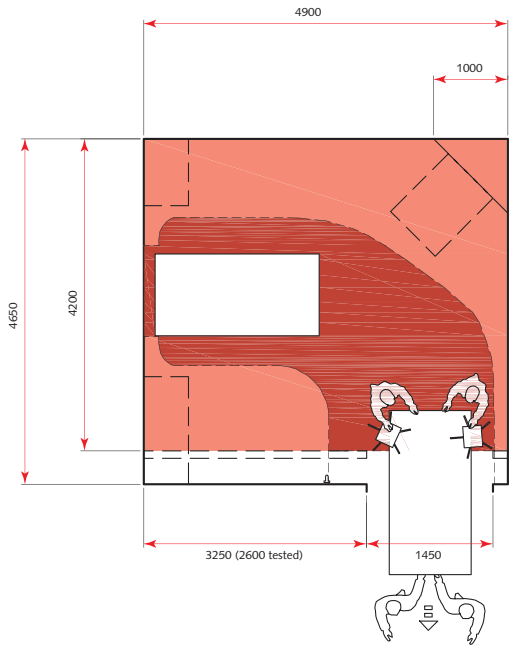

Figure 20 Door size 2

Room layout options

Single/twin birth – room layout options

8.40 The overall room area will be dependent on the relationship of associated spaces (clinical wash-hand basin, storage and en-suite) and whether additional space will be required in order to access the room.

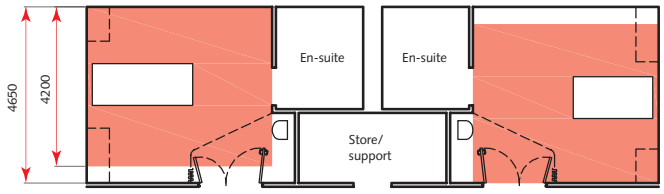

Figure 21 Single/Twin birth option 1

Zone	Single birth m²	Twin birth m²
Birthing area	4.2 × 4.9 = 20.6	4.65 × 4.9 = 22.8
Clinical wash-hand basin	1.2	1.2
Total	21.8 (22.0)	24.0
Storage	Average 4.0	Average 4.0

Note: this layout includes some compromise of functional space because of the privacy curtain.

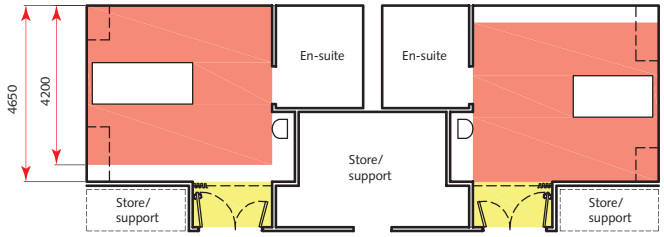

Figure 22 Single/Twin birth option 2

Zone	Single birth m²	Twin birth m²
Birthing area	4.2 × 4.9 = 20.6	4.65 × 4.9 = 22.8
Clinical wash-hand basin	1.2	1.2
Access space	2.0	2.0
Total	23.8 (24.0)	26.0
Storage	Average 4.0	Average 4.0

Note: The total areas of 24 m² and 26 m², for single and twin birth respectively, have been included within the associated schedule of accommodation, since the space compromise above was not considered acceptable for a baseline allowance.

Figure 23 Single/Twin birth option 3

Zone	Single birth m²	Twin birth m²
Birthing area	4.2 × 4.9 = 20.6	4.65 × 4.9 = 22.8
Clinical wash-hand basin	1.2	1.2
Access space	4.0	4.0
Total	25.8 (26.0)	28.0
Storage	Average 4.0	Average 4.0

Single birth with pool – room layout options

8.41 The overall room area will be dependent on the relationship of associated spaces (clinical wash-hand basin, pool and en-suite) and whether additional space will be required in order to access the room.

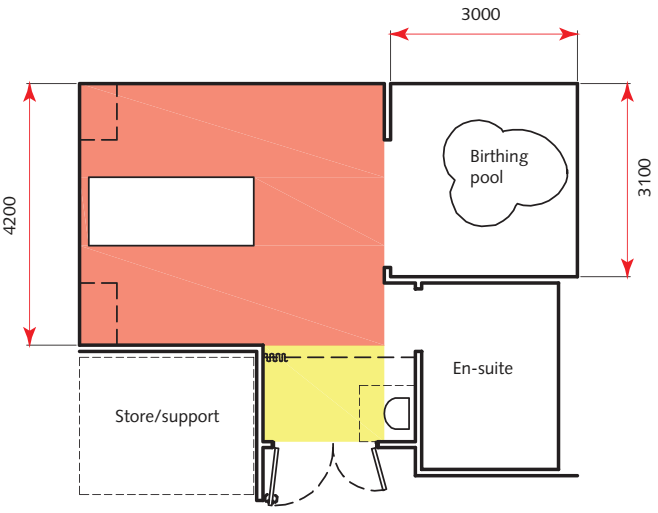

Figure 24 Single birth option 1

Zone	Single birth m²
Birthing area	4.2 × 4.9 = 20.6
Clinical wash-hand basin	1.2
Access space	3.3
Pool	3.0 × 3.0 = 9.3
Total	34.4 (34.5)
Storage	Average 4.0

Note: 34.5 m² has been included in the associated schedule of accommodation. It is necessary to include access within the indicative room layout.

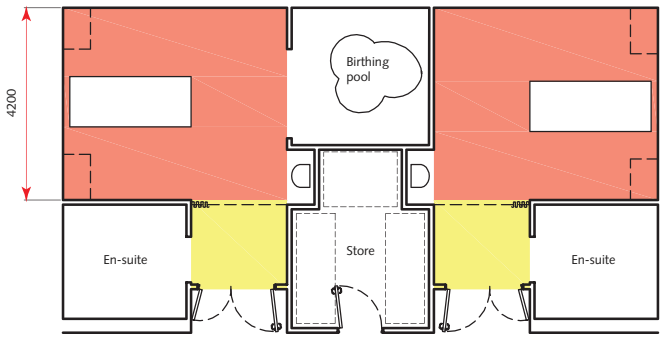

Figure 25 Single birth option 2

Zone	Single birth m²
Birthing area	4.2 × 4.9 = 20.6
Clinical wash-hand basin	1.2
Access space	4.0
Pool	3.0 × 3.0 = 9.0
Total	34.8 (35.0)
Storage	Average 4.0

Specific spatial/functional issues

8.42 This guidance assumes the use of a wall-mounted resuscitaire as a default situation. However, there will always be a requirement for access to a mobile resuscitaire for transport, for when the wall-mounted unit requires maintenance or for twin births. It is recommended that when a wall-mounted resuscitaire is available in each room, a minimum of an additional two mobile resuscitaires should be available for every six birthing rooms (ie one per three rooms).

8.43 The active birth area should:

- be discreetly positioned so that the area is not on view from the room entrance;
- have the possibility of being located by a wall and include patient staff call, entonox outlet, grabrails/hooks in the ceiling to provide support for women in labour.

8.44 The bedhead services for the mother must include oxygen, vacuum and entonox supply and a minimum of six electrical supply points, staff emergency call and patient staff call. Note: the tubes for oxygen and vacuum must be easily able to reach the mother when the bed is moved away from the wall for resuscitation etc (suggest approx 1500 mm distance between the outlets and the mother). Consideration must also be given to staff access to:

- switch on/and unplug equipment etc;
- use of emergency call;
- release or activate the bed brakes if they are located at the head of the bed.

8.45 The clinical wash-hand basin should be near the entrance to the room (used on entry and exit) and be visible, by mother/partner etc, when used.

In-patient spaces

Antenatal and postnatal bed spaces

8.46 Single rooms are preferred for privacy and dignity reasons and to reduce noise (postnatally). Bed spaces for antenatal and postnatal care should ideally be co-located and the rooms should be suitable for both antenatal and postnatal care for maximum flexibility.

8.47 Standard single rooms are suitable for antenatal care and for postnatal care accommodating twins. Project teams may wish to consider providing larger single rooms for multiple births.

8.48 A variable-height baby's cot(s) will be provided in rooms used postnatally. In the event of an emergency, a mobile resuscitaire for the baby will be brought into the room.

8.49 All single bedrooms should have en-suite WC, wash basin and shower facilities. It should be possible to push sani-chairs easily into WCs.

Single room, CLU. Courtesy Queen Elizabeth Hospital NHS Trust. Photographer: Lisa Payne

Multi-bed spaces

8.50 Project teams may decide to include some multi-bed rooms for antenatal, postnatal and transitional care. Some antenatal women may prefer the company of other women but may not be well enough to visit the day rooms. Some postnatal women may prefer to be in the company of other

Four-bed room, CLU. Courtesy Queen Elizabeth Hospital NHS Trust. Photographer: Lisa Payne

new mothers. Multi-bed spaces may be especially suitable for teenage mothers. Generally, these spaces should not exceed four beds in one room.

8.51 Standard multi-bed spaces are considered sufficient for a cot, for mothers to sit and feed their baby, and to accommodate visitors. All multi-bed rooms require en-suite sanitary facilities. The provision of baths and/or showers will be a project decision. En-suites should be directly accessible from inside the bedroom.

8.52 A degree of visual privacy can be provided by bed curtains. Disturbing noise from babies crying and visitors is inevitable in these rooms. The provision of acoustically absorbent materials for ceilings, walls and floors can reduce the noise. Hard surfaces should be avoided. Rooms should have closeable doors so that mothers are not exposed to noises and light from outside their room, particularly at night. Small comfortable rooms should be available nearby where private conversations can take place.

8.53 See 'Multi-bed room' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

Isolation facilities

8.54 Single rooms provide an effective facility for isolating patients with a variety of HCAIs. However, in some circumstances it will be necessary to provide a higher level of isolation, particularly for those patients with airborne diseases or for immuno-suppressed patients who may be at risk of infection from others. In these cases, an isolation suite – which includes an entrance lobby, bedroom and en-suite bathroom – will be necessary. See Health Building Note 04-01 Supplement A – 'Isolation facilities for infectious patients in acute settings'.

High dependency area

8.55 The birthing rooms and single bedrooms will generally be suitable for postnatal high dependency care. However, after giving birth, some mothers with suspected complications will need more intensive monitoring than might be provided in the birthing/postnatal area, usually for short periods. This guidance assumes that a four-bed space should be sufficient, but project teams will need to confirm that this is appropriate for their local needs. Consideration may be given to equipping and servicing the spaces as for a theatre recovery area. Mobile monitoring equipment can allow privacy without compromising safety (such as for a woman who is in labour).

8.56 Depending on the location of the theatres and the maternity unit, the high dependency area and the theatre recovery areas can be co-located. See 'Recovery spaces' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

Support spaces

Bereavement suite

8.57 A woman who has lost her baby should not be accommodated on a ward/bed room where there are new mothers. A self-contained family suite(s) with en-suite facilities should be provided, away from the birthing and in-patient areas, where families can grieve the loss of their baby. It consists of an hotel-type family room with a bed, comfortable seating, a low table, some personal storage, a beverage point and an en-suite facility. Access to a secluded garden space is very desirable.

Bereavement suite. Courtesy Queen Elizabeth Hospital NHS Trust. Photographer: Lisa Payne

Staff communications base

8.58 Staff communication and touchdown bases should be located to suit the layout in relation to all in-patient rooms. The staff communication base should overlook the entrance to the suite of birthing rooms.

8.59 Staff communication bases are the centre for the patient-to-staff and a staff call system within the area and central monitoring equipment for radio telemetry (CLUs only). The base should incorporate a facility for transferring a nurse-to-nurse emergency call to another manned point. A suitable entry control system, with audio and video functions, as appropriate, will be provided. Touchdown bases are normally shared between four to six rooms. See 'Staff communication base' and 'Touchdown base' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

Treatment room (optional)

8.60 If multi-bed areas are included, a treatment room should be provided. Ultrasound examinations could also be performed in this room using mobile equipment.

Day room(s)/transfer lounge

8.61 The provision of a day spaces(s) is desirable antenatally and postnatally to offer women a change of environment and opportunities for socialising. They can be flexibly used for dining, sitting or waiting. Postnatal day spaces should be large enough to accommodate cots. Wherever possible, women and their families should have access to gardens or courtyards during their stay. A day space may be used as a transfer lounge for mothers who are being transferred home under the care of a community midwife.

Day space. Courtesy Queen Elizabeth Hospital NHS Trust. Photographer: Lisa Payne

Day space. Courtesy Dartford and Gravesham NHS Trust. Photographer: Lisa Payne

Private rooms for expressing milk

8.62 In MLUs, mothers can express milk at their bedside. In secondary and tertiary level units, where babies may be transferred to a neonatal unit and perhaps stay in hospital after their mother has been transferred home, there is a need for small, attractive, private rooms with lockable doors for mothers to use for expressing breast milk, using an electric pump provided by the unit. These rooms should be located within either the postnatal area or the neonatal unit, or be easily accessible to those areas, so that the mother does not have to be separated from her baby while expressing. They require a chair and facilities for hand-washing. Access is needed to a fridge, located in a secure area, for the exclusive use of expressed breast milk. Sterilizing facilities are needed close by.

Milk kitchen/store/training room

8.63 Many healthcare providers no longer supply formula feeds. Mothers are expected to supply them and make them up, so a preparation area is required where staff will demonstrate the preparation of baby feeds on a domestic scale and mothers can prepare feeds. This room will include a small refrigerator, a sink with a drainer, storage facilities, and a clinical wash-hand basin.

Interview rooms

8.64 Within each unit, there should be a comfortably furnished room(s) for counselling and interviewing. Rooms may be provided close to the postnatal facilities to accommodate "satellite services" such as registration of births and interviews with other specialists and agencies such as health visitors and

social services. See 'Interview room: 4 places' and 'Interview room: 7 places' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

Other support spaces

8.65 The following support spaces are required:

- **Clean utility/preparation or clean supply room:** According to hospital policy on supply and disposal and taking into account the integral storage in the birthing rooms.
- **Drug store:** For central storage of pharmaceuticals and intra-venous fluids.
- **Dirty utility:** The room also serves as the temporary storage point and testing area for specimens. Products of conception will be collected and examined here. A set of scales may be needed to weigh the placenta.
- **Near-patient testing lab:** A blood gas/pH analyser should be available in any unit undertaking continuous fetal heart rate monitoring. Space is also required for the equipment required for biochemical tests carried out during and after birth. This is normally located within the CLU birthing area, but may be shared with the neonatal unit.
- **Kitchen/pantry:** According to the policy for the meal provision for mothers and staff.
- **Bloodbank:** The blood refrigerator/storeroom should be easily accessible from the birthing rooms.
- **Resuscitation trolley:** Emergency equipment should be parked where it is easily accessible to birthing and bedrooms but does not obstruct circulation areas.
- **Stores, including linen**
- **Switchgear cupboard**

8.66 See 'Utility' and 'Refreshments and rest' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

Staff facilities

8.67 The following staff facilities are required:

- Staff changing
- Staff rest room with beverage bay
- Seminar room

Office accommodation

8.68 The provision of dedicated office space is only justified when they are in constant use, and consideration should be given to the flexible use of space.

8.69 A medical/midwifery office is required to allow for administration duties and private discussion of problems by medical and midwifery staff. This should include telecommunications facilities.

8.70 The change in medical workforce means that doctors will be working shifts rather than be on-call in hospital. A multidisciplinary office should be available in the unit or very close to it for obstetricians and anesthetists working a shift.

8.71 Provision of other office accommodation is project-specific. This may include offices for anaesthetists who do not have an office elsewhere, clinical mangers, consultant midwives etc. An administrative zone will be required for the Head of Midwifery and other midwife consultants, with secretarial support. An indication of requirements for single and multi-workstations is included in the schedules of accommodation.

8.72 Teaching accommodation is a project option and dependent on the size of the unit.

8.73 See Health Building Note 00-02 – 'Sanitary spaces' and 'Utility' and 'Refreshments and rest' and 'Offices' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

9 Obstetric operating theatre suite

9.1 A dedicated obstetric operating theatre suite is required. The functional and environmental design requirements and accommodation requirements of the suite, including support accommodation, are the same as for a general operating theatre suite.

9.2 The majority of consultant-led units (CLUs) will have two theatres. If the number of births exceeds 6000 per year, three theatres may be required. Very small CLUs may only require one theatre.

9.3 See Health Building Note 26 Volume 1 – 'Facilities for surgical procedures'.

Functional relationships

9.4 The location of obstetric operating theatres is critical:

- Direct access, 24 hours a day, is required from all birthing facilities within and from outside the CLU. That is, there should be easy access from the main entrance and birthing rooms.
- Theatre(s) should also be close to the neonatal unit, for ease of transfer of the baby, with good access to adult critical care facilities.
- Proximity to other specialist theatres, for example cardiac theatres, may need to be considered in tertiary centres.

Spaces

Anaesthetic room

9.5 In an obstetric operating theatre suite, the anaesthetic is often administered in the theatre, obviating the need for an anaesthetic room.

9.6 Inclusion of an anaesthetic room might, however, provide flexibility for a wider range of uses. For example, an anaesthetic room may be used for the administration of spinal/epidurals for elective caesarean section, and catheterisation, and this would offer a higher degree of privacy for the mother than the theatre. It is therefore included in the schedule of accommodation. It may be shared between two theatres, but need not be directly accessible by both.

9.7 If an area is planned where a patient will wait for a theatre to be vacated, it must have piped oxygen and suction. This guidance assumes that a recovery space or anaesthetic room will be used for this purpose.

Obstetric theatres

9.8 A general theatre space is appropriate for undertaking obstetric procedures.

9.9 In addition:

a. A resuscitation area for the baby is also required, which requires a warmer local environment. The high air flow/air changes within a theatre make it more difficult to keep a baby warm, because convection currents cool the baby even when the theatre temperature is high. The area may be provided immediately outside the theatre or within the theatre; if provided within the theatre, project teams should seek advice on appropriate engineering solutions.

b. Space is required for "parking" the transport incubator and neonatal ventilation equipment in or close to the theatre.

c. The orientation of the table is important (with the mother's head towards the door).

d. Theatre lights should not reflect so that the woman (or her partner) can see the operation as if in a mirror.

e. Many women having a caesarean section will have the induction of anaesthesia carried out in this room. However, women often remain conscious during a caesarean section and may be accompanied by a partner. The colour scheme and lighting should therefore promote a relaxing atmosphere, but the lighting should not compromise clinical functionality. It is essential that daylight simulating lighting is specified in recovery areas and in theatres.

Recovery spaces

9.10 Recovery rooms are essential wherever there is an operating theatre until a woman can be transferred back to her room.

9.11 The baby may also need a period of observation prior to deciding whether they should go to the neonatal unit or to the postnatal ward with the mother. An area is required close to where the mother is being kept for recovery and where the midwives can observe the baby. It should be warm and out of any draughts, with access to oxygen, air, suction and a power supply. See 'Recovery spaces' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

10 Whole maternity unit staff accommodation

10.1 Staff accommodation should be designed to allow consultant medical staff and their secretarial support to communicate effectively both within and across clinical specialties, enabling them to deliver their clinical commitments effectively.

10.2 The facilities are as follows:

- office space for consultants and secretaries;
- seminar facilities, with audio-visual services etc;
- other facilities to accommodate teaching and research activities, to be discussed with the client.

10.3 Clinical administrative spaces should be provided in a flexible environment with a mixture of continuous use and hot desk spaces with associated quiet and breakout spaces.

10.4 While it is important that members of specialist consultant teams have ready access to their specific ward and operative areas, it is equally important that their offices should have close proximity to each other, to offer better cover, to streamline referrals between specialties, and to allow close proximity to research facilities. These offices may be shared.

10.5 Electronic access to laboratory results should be available, along with access to external email and internet. A photocopier, shredder and private area for facsimile should be easily available or within clinic. Staff areas should be secure, and consideration should be given to the use of key pad/proximity sensor locks (or similar) to control access to staff areas. See 'Offices' and 'Group rooms' in Health Building Note 00-03 – 'Clinical and clinical support spaces'.

11 Specific engineering considerations

General engineering

11.1 The scope of the services included relate to the local services required for the functioning of this unit. Midwifery-led units (MLUs) remote from an acute or community hospital will additionally require suitable resilient engineering services infrastructure including incoming electricity, water, gas and telecommunications/IT network, together with main plant including boilers, switchgear etc.

Sustainability and energy efficiency

11.2 Since passive solar design should be employed to ensure that, as far as possible, areas such as wards, recovery units and offices are located where they can benefit from natural daylight, certain spaces within the unit, for reasons of privacy and dignity, will require the use of blinds at times. See Heath Technical Memorandum 07-07 – 'Sustainable health and social care buildings: Planning, design, construction and refurbishment'.

Ventilation

11.3 In order to contain noise within birthing rooms and to provide adequate levels of confidentiality and low sound in other areas, the ventilation distribution ductwork should be designed to minimise the transmission of sound from one area to another by suitable routing or separate distributions. Any ductwork "cross-talk" attenuators required should be designed and installed to avoid the harbouring of bacteria and for ease of cleaning.

11.4 Each maternity theatre suite should ideally be served by its own air handling plant, provided with standby set-back control.

11.5 In birthing rooms and recovery areas where analgesic and anaesthetic gases are exhaled, the ventilation rate should be of sufficient capacity to control substances within the appropriate occupational exposure limits (COSHH). In order to optimise the ventilation efficiency to minimise the amount of ventilation required, consideration should be given to low-level extract at the bedhead in recovery areas and to proprietary scavenging systems in birthing rooms.

11.6 See also Health Technical Memorandum 03-01 – 'Specialised ventilation for healthcare premises', Parts A and B.

Table 1 Birthing room ventilation design criteria

	Ventilation	Air-change rates per hour	Pressure (Pascals)	Supply filter	Noise (NR)	Temperature (°C)	Comments
Birthing room	Supply and extract	15	Negative	G4	40	18–25	In birthing rooms, the use of anaesthetic gas is controlled on demand by the patient. This may result in significant leakage that – in order to reduce staff exposure – will need to be controlled by establishing a clean air-flow path. A supply at high level at the foot-end of the bed with extract at low level at the head-end will provide such a path

Hot and cold water systems

11.7 Designers should consider the option of bidets or showers with flexible hoses (that can be used at low level) to be used in en-suites.

11.8 Prevention of backflow contamination of the water supply to fluid category 5 should be provided where there is a risk of submerged inlets by flexible shower hoses in baths, wash-basins, WCs and bidets. Alternatively a system of hose restraint rings could be employed.

11.9 A supply of cooled drinking water should be provided for in-patients.

11.10 See also Health Technical Memorandum 04-01 – 'The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems'.

Medical gases

11.11 Nitrous oxide/oxygen is predominantly used in maternity facilities and not widely used in other facilities. Therefore, it should be assumed that no such facility exists within the main hospital and that a local bottle store and manifold room is to be provided. This should be contained within a suitable external enclosure located adjacent to road access.

Table 2 Number of medical gas terminal units, AVSUs and alarms

	Oxygen	Nitrous oxide	Nitrous oxide/ oxygen mixture	Medical air	Surgical air	Vacuum	Gas scavenging	Helium/ oxygen mixture	Area valve service units (AVSUs)	Alarms
Birthing room:									1 set per 6–8 rooms	
Mother	1	0	1	0	0	2	0	0		
Baby (per cot space)	1	0	0	1	0	1	0	0		
Operating suite:									1 set	1 set hp/lp
Anaesthetist	1	1	0	1	0	1	1	0		
Obstetrician	0	0	0	0	0	2	0	0		
Paediatrician	1	0	0	1	0	1	0	0		
Post-anaesthesia recovery (per bed space)	1	0	0	1	0	1	0	0	1 set	1 set
In-patient accommodation:									1 set for ward unit	1 set
Single bed	1	0	0	0	0	1	0	0		
Multi-room, per bed space	1	0	0	0	0	1	0	0		

Table 3 Design flow for medical gas terminal units (litres per minute)

	Oxygen	Nitrous oxide	Nitrous oxide/ oxygen mixture	Medical air	Surgical air	Vacuum
Birthing room:						
Mother	10	0	275	0	40	
Baby (per cot space)	10	0	0	40	40	
Operating suite:						
Anaesthetist	100	15	0	40	40	Max 130 Min 80
Obstetrician	0	0	0		40	
Paediatrician	10	0	0		40	
Post-anaesthesia recovery (per bed space)	10	0	0	40	40	
In-patient accommodation:						
Single bed	10	0	0		40	
Multi-room, per bed space	10	0	0		40	

11.12 See also Health Technical Memorandum 02-01 – 'Medical gas pipeline systems'.

Electrical services

11.13 Uninterruptible power supplies combined with isolated power supplies (medical IT (isolated from earth)) should be provided to serve obstetric operating theatres, recovery areas and other spaces such as birthing rooms where high levels of intervention may be involved. This will incorporate local or plant-mounted cubicalised equipment with dual circuitry to outlets in pendants and bedhead trunking. See Health Technical Memorandum 06-01 – 'Electrical services supply and distribution'.

Bedhead services

11.14 Allowance should be made for the introduction of television and radio systems in waiting areas, to create a relaxing atmosphere, staff rest areas, and in locations where it would be beneficial in masking sound transfer.

11.15 In locations requiring multiple electrical, IT and medical gases, suitable trunking systems should be considered for containment of the services and outlets and to readily facilitate the addition or repositioning of outlets as may be required. This consideration should be balanced against the need in some areas (for example birthing rooms) to present a visually pleasing and non-clinical appearance.

11.16 Birthing rooms (single birth) should provide the following bedhead services:

- sufficient twin switched socket-outlets for the mother and baby;
- nitrous oxide/oxygen (optional) and scavenging if provided;
- oxygen, medical vacuum and medical air outlets;
- bedhead luminaire switch;
- nurse call;
- staff emergency call;
- socket for patient handset;
- IT connection(s);
- radio/TV headset connection;
- telephone connection;
- entertainment system (optional).

11.17 Appropriate provision should be made for multiple births with additional power, IT connections and medical gas outlets for the introduction of a mobile resuscitaire.

11.18 A handset control should also be provided incorporating:

- nurse call button;
- reassurance lamp;
- luminaire switch/dimmer control;
- radio/TV selector switch;
- radio/TV volume control.

11.19 See also Health Technical Memorandum 08-03 – 'Bedhead services'.

Acoustics

11.20 See Health Technical Memorandum 08-01 – 'Acoustics' for details on birthing rooms.

Table 4 Bedhead services design criteria

	Call systems		Power/data				Entertainment	
	Nurse call	**Staff emergency call**	**Twin-socket outlets**	**Telephone**	**Data**	**Patient monitoring terminal**	**Television**	**Radio**
Birthing room:								
Mother	Yes	Yes	4	Yes	6	Yes	Project option	Project option
Baby (per cot space)	Yes	Yes	2	Yes	2	Yes	Project option	Project option
Post-anaesthesia recovery (per bed space)			6		4			
In-patient accommodation:								
Single bed	Yes	Yes	4	Yes	4		Yes	Yes
Multi-room, per bed space	Yes	Yes	4	Yes	4		Yes	Yes

12 Schedule and cost information

Maternity schedules of accommodation

12.1 Schedules of accommodation are given for the following service examples:

a. 3500 births per annum: comprising 3000 births in a consultant-led unit (CLU) and 500 births in a midwife-led unit (MLU);

b. 6000 births per annum: comprising 5000 births in a CLU and 1000 births in an MLU;

c. 9500 births per annum: comprising 8000 births in a CLU and 1500 births in an MLU.

12.2 The examples provide information for an MLU co-located with a CLU and for a stand-alone MLU. For MLUs co-located with community facilities, the schedule indicates the required adjustment in the engineering allowance.

Example schedule of accommodation for Health Building Note 09-02 - 'Maternity care facilities' (2nd edition). Example 1: 3000 births in a consultant-led birthing unit (CLU) and 500 births in a midwife-led birthing unit (MLU). Includes MLU co-located with CLU and a stand-alone MLU.

ADB data for rooms without codes will be available at the end of March 2011

ADB code	Room name/function	Unit area allowance	Quantity	Total area	Paragraph reference	Comments
	Consultant-led birthing unit (3000 births/annum)					
	Public spaces for clinics and assessment units					
	Entrance and reception					
J0232	Reception (size based on number of places)	5.5	2	11.0	Para 4.2	
	Waiting area (size based on number of places)	1.5	10	15.0	Para 4.2, 4.4d	
	Children's play area (size based on number of places)	1.5	3	4.5		Minimum of 3 places per individual play area. Number of places equivalent to approximately 10% of waiting places.
	Shops and café					No space allowed. Local determination of external source of funding.
P0808	Vending machine	3.0	1	3.0	Para 4.4b	
V1131	Nappy changing room	5.0	1	5.0	Para 4.4f	
S0012	Infant feeding room	6.0	1	6.0	Para 4.4g	
G0180	Parking bay for wheelchair	2.0	1	2.0	Para 4.4h	
V1121	WC: semi-ambulant	2.5	2	5.0	Para 4.4	1 WC for every 25 waiting places plus 1 less provision for independent wheelchair WCs. Minimum 2 scheduled to allow for male and female provision.
V0922	WC: independent wheelchair	4.5	1	4.5	Para 4.4	1 per 500 sqm (net internal area) of clinical space within clinics and assessment units.
	Clinical spaces for clinics and assessment units					
	Antenatal and ultrasound clinics					
J0232	Reception (size based on number of places)	5.5	2	11.0	Para 4.2	1 per 6 clinical rooms (excluding interview rooms).
	Waiting area (size based on number of places)	1.5	25	37.5	Para 4.2, 4.4d	3 places per core clinical room (excluding interview rooms).
	Children's play area (size based on number of places)	1.5	3	4.5		Minimum of 3 places per individual play area. Number of places equivalent to approximately 10% of waiting places.
P0811	Drinking water dispenser	0.5	1	0.5	Para 4.4	1 per 50 waiting places.
V1121	WC: semi-ambulant	2.5	2	5.0	Para 4.4	1 per 25 waiting places.
V0922	WC: independent wheelchair	4.5			Para 4.4	Allowance included in entrance area.
	Information/resource centre: 3 persons	12.0	1	12.0	Para 4.3	
M0727	Interview room: 7 places (including 1 wheelchair place)	12.0	2	24.0	Para 4.8 4.20	1 per 6 consulting/examination rooms.
C0235	Consulting/examination room: single-sided couch access	12.0	5	60.0	Para 4.5, 4.7	Derived from clinical planning.
C0237	Consulting/examination room: double-sided couch access	16.0	1	16.0	Para 4.6	Derived from clinical planning.
X0145	Ultrasound room	16.0	3	48.0	Para 4.19	Derived from clinical planning.
V0922	WC: independent wheelchair	4.5	1	4.5	Para 4.21	1 WC per ultrasound room including independent wheelchair WCs. Adjacent to ultrasound room.
V1121	WC: semi-ambulant	2.5	2	5.0	Para 4.21	1 WC per ultrasound room including independent wheelchair WCs. Adjacent to ultrasound room.
	Pregnancy assessment unit					
J0232	Reception (size based on number of places)	5.5	1	5.5	Para 6.2	
	Waiting area (size based on number of places)	1.5	10	15.0	Para 4.4d, 6.2	3 places per core clinical room (excluding interview rooms).
	Children's play area (size based on number of places)	1.5	3	4.5		Minimum of 3 places per individual play area. Number of places equivalent to approximately 10% of waiting places.
M0727	Interview room: 7 places (including 1 wheelchair place)	12.0	1	12.0	Para 6.6	May be co-located with interview rooms for antenatal and ultrasound clinics.
C0235	Consulting/examination room: single-sided couch access	12.0	1	12.0	Para 6.3	1 per 2 maternity assessment rooms.
B2532	Maternity assessment room: 2 places	24.0	2	48.0	Para 6.4	Derived from clinical planning.
P0625	Pantry/refreshment area	8.0			Para 6.7	In shared support.
T0211	Staff communication base (size based on number of places)	5.5	1	5.5	Para 6.9	
X0145	Ultrasound room	16.0	1	16.0	Para 6.5	May be co-located with antenatal ultrasound rooms.
V0923	WC: independent wheelchair/semi-ambulant	5.5	1	5.5	Para 6.8	

Example schedule of accommodation for Health Building Note 09-02 - 'Maternity care facilities' (2nd edition). Example 1: 3000 births in a consultant-led birthing unit (CLU) and 500 births in a midwife-led birthing unit (MLU). Includes MLU co-located with CLU and a stand-alone MLU.

ADB data for rooms without codes will be available at the end of March 2011

	Early pregnancy assessment unit (EPAU)					Location likely to be near gynaecology clinic or ward.
J0232	Reception (size based on number of places)	5.5	1	5.5	Para 5.2	
	Waiting area (size based on number of places)	1.5	10	15.0	Para 5.2	3 places per clinical room.
	Children's play area (size based on number of places)	1.5	3	4.5		Minimum of 3 places per individual play area. Number of places equivalent to approximately 10% of waiting places.
T0211	Staff communication base (size based on number of places)	5.5	1	5.5	Para 5.4	
C0235	Consulting/examination room: single-sided couch access	12.0	1	12.0	Para 5.3	Derived from clinical planning.
X0145	Ultrasound room	16.0	1	16.0	Para 5.6	Derived from clinical planning.
V0923	WC: independent wheelchair/semi-ambulant	5.5	1	5.5		
M0724	Interview room: 4 places (including 1 wheelchair place)	8.0	1	8.0	Para 5.7	1 per consulting/examination room. Room requires discreet exit.
	Sitting and beverage bay: 6 places	12.0	1	12.0	Para 5.8, 5.9	
	Shared support for clinics and assessment units					Location dependent on design.
M0330	Office/meeting room: 10 places (including 2 workstations)	16.0	1	16.0	Para 4.10, 5.11, 6.12	
T0538	Clean utility room without controlled drugs cupboard	8.0	2	16.0	Para 4.10, 5.11, 6.12	1 per 12 clinical rooms.
Y0431	Dirty utility room	8.0	2	16.0	Para 4.10, 5.11, 6.12	1 per 12 clinical rooms.
Y0642	Disposal hold: 1700 litres	8.0	1	8.0	Para 4.10, 5.11, 6.12	1 per 500 sqm (net internal area) of clinical spaces for clinics and assessment units.
Y1510	Cleaners' room	8.0	1	8.0	Para 4.10, 5.11, 6.12	1 per 500 sqm (net internal area) of clinical spaces for clinics and assessment units.
W1585	General store			16.0	Para 4.10, 5.11, 6.12	1 sqm per core clinical room.
	Pneumatic tube station	1.0	1	1.0	Para 4.10, 5.11, 6.12	Optional.
V1010	WC: ambulant	2.0	2	4.0		Staff WC.
V0653	Locker bay: 12 small lockers	1.5	2	3.0		For immediate access to staff possessions.
P0625	Pantry/refreshment area	8.0	1	8.0	Para 5.9, 6.8	
ADB code	**Room name/function**	**Unit area allowance**	**Quantity**	**Total area**	**Paragraph reference**	**Comments**
	Public spaces for wards, birthing suite and theatres					
	Entrance and reception					
J0232	Reception (size based on number of places)	5.5	2	11.0	Para 7.02	Location dependent on design.
	Waiting area (size based on number of places)	1.5	20	30.0	Para 7.02	2 places per birthing room with a minimum of 20.
	Children's play area (size based on number of places)	1.5	3	4.5		Minimum of 3 places per individual play area. Number of places equivalent to approximately 10% of waiting places.
V1121	WC: semi-ambulant	2.5			Para 7.02	1 WC for every 25 people plus 1 less provision for independent wheelchair WCs.
V0923	WC: independent wheelchair/semi-ambulant	5.5	3	16.5	Para 7.02	Allowance 1 per 500 sqm (net internal area) of wards, birthing suite and theatres.
P0808	Vending machine	3.0	1	3.0	Para 7.02	
M0727	Interview room: 7 places (including 1 wheelchair place)	12.0	3	36.0	Para 7.34	1 per 4 birthing rooms to cover ward and birthing suite requirements. Minimum 3.
	Clinical spaces for wards, birthing suite and theatres					
	Antenatal and postnatal ward					
B0305	Single-bed room	19.0	16	304.0	Para 7.18	Derived from clinical planning.
V1645	Shower room: en-suite: chamfered	4.5	16	72.0	Para 7.21	1 per singe-bed room.
B0308	Isolation room	19.0	1	19.0	Para 7.24	1 per 30 beds.
G0510	Lobby to isolation room	5.0	1	5.0	Para 7.24	Associated with isolation room.
V1645	Shower room: en-suite: chamfered	4.5	1	4.5	Para 7.24	Associated with isolation room.
B0405	Multi-bed room: 4 beds	64.0	1	64.0	Para 7.22	One 4-bed room per 30 beds or as clinical planning indicates.
V1635	Shower room: assisted: in-patient	6.5	1	6.5	Para 7.22	En-suite to multi-bed room.
V1121	WC: semi-ambulant: in-patient	2.0	1	2.0	Para 7.22	En-suite to multi-bed room.

Example schedule of accommodation for Health Building Note 09-02 - 'Maternity care facilities' (2nd edition). Example 1: 3000 births in a consultant-led birthing unit (CLU) and 500 births in a midwife-led birthing unit (MLU). Includes MLU co-located with CLU and a stand-alone MLU.

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X0145	Treatment room: double-sided couch access	16.0	1	16.0	Para 7.3	Only provided if multi-bed rooms used.
V1736	Bathroom: assisted	15.0	1	15.0	Para 7.17	1 per 30 beds.
T0535	Clean utility room	16.0	1	16.0	Para 7.35a	1 per 30 beds.
Y0331	Dirty utility room for bedpan processing	12.0	2	24.0	Para 7.35c	1 per 15 beds.
P0627	Ward pantry	12.0	1	12.0	Para 7.35g	1 per 30 beds.
Y1510	Cleaners' room	8.0	1	8.0	Para 7.35	1 per 30 beds.
Y0646	Disposal hold: 3000 litres	12.0	1	12.0	Para 7.35	1 per 30 beds.
T0211	Staff communication base (size based on number of places)	5.5	2	11.0	Para 7.28	1 place per 15 beds. Location dependent on design.
T0151	Touchdown base	2.0	4	8.0	Para 7.28	1 per 6 beds.
M0330	Office/meeting room: 10 places (including 2 workstations)	16.0	1	16.0	Para 7.38, 7.39	1 per 30 beds.
G0180	Parking bay for resuscitation equipment	2.0	1	2.0	Para 7.35j	1 per 30 beds.
G0180	Parking bay for mobile hoist	2.0	1	2.0		1 per 30 beds.
M0727	Sitting room: 7 places (including 1 wheelchair place)	12.0	1	12.0	Para 7.31	1 per 30 beds.
	Kitchen: milk feeds preparation	12.0	1	12.0	Para 7.33	1 per unit.
S0012	Room for expressing milk	6.0	1	6.0	Para 7.32	1 per unit. Consider locating near neonatal unit.
	Ward storage			33.0	Para 7.35k	For consumables, equipment and linen. 5% of net internal area of ward.
W1585	*General store*					
W1584	*Clinical equipment store*					
W1594	*Linen store*					
V1010	WC: ambulant	2.0	1	2.0		Staff WC.
V0653	Locker bay: 12 small lockers	1.5	1	1.5		1 per 30 beds. Project to determine best location.
ADB code	**Room name/function**	**Unit area allowance**	**Quantity**	**Total area**	**Paragraph reference**	**Comments**
	Birthing suite (consultant-led)					
T0211	Staff communication base (size based on number of places)	5.5	2	11.0	Para 7.28	
C0237	Triage/assessment room	16.0	2	32.0	Para 7.3	1 per 4 birthing rooms.
V0923	WC: independent wheelchair/semi-ambulant	5.5	1	5.5	Para 7.3	Associated with triage/assessment room.
B0405	Multi-bed room: 4 beds	64.0	1	64.0	Para 7.4	For induction.
V1635	Shower room: assisted: in-patient	6.5	1	6.5	Para 7.4	Associated with induction area.
V1121	WC: semi-ambulant: in-patient	2.0	1	2.0	Para 7.4	Associated with induction area.
P0711	Mini kitchen	5.0	1	5.0	Para 7.8d	1 per 12 birthing rooms.
	Birthing room	24.0	6	144.0	Para 7.8	
	Birthing room with pool	34.5	1	34.5	Para 7.8	Minimum 1. Additional requirements to be determined by local policy and need
	Birthing room: twin birth	26.0	2	52.0		20% of birthing rooms.
V1726	Bathroom: semi-ambulant	6.0	7	42.0	Para 7.8	1 bathroom per birthing room with 20% independent wheelchair.
V1731	Bathroom: independent wheelchair	9.0	2	18.0	Para 7.9	1 bathroom per birthing room with 20% independent wheelchair.
	Store: birthing room	4.0	7	28.0	Para 7.35k	One 4-sqm store per birthing room. To be close to birthing rooms.
	Store: birthing room (twin birth)	6.0	2	12.0	Para 7.35k	
G0180	Parking bay for resuscitation equipment	2.0	1	2.0	Para 7.35j	1 per 12 birthing rooms.
G0180	Parking bay for mobile hoist	2.0	1	2.0		1 per 12 birthing rooms.
Y0331	Dirty utility room for bedpan processing	12.0	2	24.0	Para 7.35	1 per 8 birthing rooms.
T0535	Clean utility room	16.0	1	16.0	Para 7.35	1 per 12 birthing rooms.
L1308	Near patient testing room	8.0	1	8.0	Para 7.35f	Accessible to birthing rooms, theatres and neonatal unit.
	Blood fridge bay	2.0	1	2.0	Para 7.35h	Accessible to birthing rooms and theatres.
Y0646	Disposal hold: 3000 litres	12.0	1	12.0	Para 7.35	
Y1510	Cleaners' room	8.0	1	8.0	Para 7.35	
W1585	General store			9.0	Para 7.35k	1 sqm per birthing room.
D0434	Staff rest and mini kitchen (size based on number of seats)	1.8	15	27.0	Para 7.36b	Allows 40% of birthing and theatre staff on duty to use rest room at same time.
H1304	Seminar room	32.0	1	32.0	Para 7.36c	
	Store: seminar room	8.0	1	8.0		

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ADB code	Room name/function	Unit area allowance	Quantity	Total area	Paragraph reference	Comments
M0330	Office/meeting room: 10 places (including 2 workstations)	16.0	2	32.0	Para 7.38, 7.39	
V1010	WC: ambulant	2.0	2	4.0		Staff WC.
V0653	Locker bay: 12 small lockers	1.5	4	6.0		For immediate access to staff possessions.
	Maternity theatres					
	Operating theatre: general	48.0	2	96.0	Para 8.02	Derived from clinical planning. Proposed area for general theatre reduced from 55 sqm to 48 sqm based on initial post project evaluation. Further research is currently underway.
	Anaesthetic room	19.0	1	19.0	Para 8.01	1 per 2 theatres. Recommended area may be increased to 22 sqm to allow transfer from a bed within the room.
	Scrub-up and gowning bay: 3 places	7.0	2	14.0	Para 8.01	1 per theatre.
	Preparation room	12.0	2	24.0	Para 8.01	1 per theatre.
	Dirty utility: serving 1 theatre	12.0	2	24.0	Para 8.01	1 per theatre.
	Exit/parking bay: theatre: 1 bed/trolley	12.0	2	24.0	Para 8.01	1 per theatre.
W1584	Clinical equipment store			2.0	Para 8.01	Allowance of 1 sqm per theatre. May be located near theatre.
Y1510	Cleaners' room	8.0	1	8.0	Para 7.35	
	Transport incubator bay	4.0	1	4.0	Para 8.04	1 per maternity theatre suite.
	Resuscitation room: 2 infants	20.0	1	20.0	Para 8.03	1 per maternity theatre suite.
B0405	High dependency bay: 4 beds	64.0	1	64.0	Para 7.25	Co-located with theatre recovery.
V1635	Shower room: assisted: in-patient	6.5	1	6.5	Para 7.22	For HDU bay.
V1121	WC: semi-ambulant: in-patient	2.0	1	2.0	Para 7.22	For HDU bay.
	Recovery bay: post anaesthetic	14.0	2	28.0	Para 8.08	1 place per theatre. Assumes solid side walls and clinical wash-hand basin in each space. Subject to further review.
	Communal changing area theatres (size based on number of lockers)	1.4	15	21.0	Para 8.01	Staff change associated with theatres. Allowance based on 7 persons per theatre plus 10% contingency. Space allowance is a rough estimate only and covers a range of spaces (see below). For full details see HBN 00-03. Design solution to be determined locally.
V0554	*Communal changing room*					
V0725	*Semi-ambulant changing room*					
V1321	*Shower room: ambulant*					
	Blues/greens supply					
V0725	Changing room: semi-ambulant	2.0	1	2.0	Para 8.01	Additional changing facilities associated with theatres to allow for male and female segregation.
V1321	Shower room: ambulant	2.5	1	2.5	Para 8.01	Additional showering facilities associated with theatres to allow for male and female segregation.
V1010	WC: ambulant	2.0	2	4.0	Para 8.01	Staff change associated with theatres.
	Bereavement suite					
	Overnight stay: single	13.0	1	13.0	Para 7.27	1 per 9 birthing rooms.
V1323	Shower room: semi-ambulant: standing use	5.0	1	5.0	Para 7.27	1 per 9 birthing rooms.
P0711	Mini kitchen	5.0	1	5.0	Para 7.27	1 per 9 birthing rooms.
	Staff spaces					
	Shared staff support					

Example schedule of accommodation for Health Building Note 09-02 - 'Maternity care facilities' (2nd edition). Example 1: 3000 births in a consultant-led birthing unit (CLU) and 500 births in a midwife-led birthing unit (MLU). Includes MLU co-located with CLU and a stand-alone MLU.

ADB data for rooms without codes will be available at the end of March 2011

		Communal changing area (size based on number of lockers)	1.4	70	98.0	Para 4.1, 7.36a	For all staff changing except theatre change. Assumes 44 staff on duty. Allowance includes for shift crossover except for clinics: 1 person per core clinical room in clinics; 1 person per 4 beds in ward; 2 people per birthing room; 1 person per HDU bed. Space allowance is a rough estimate only and covers a range of spaces (see below). For full details see HBN 00-03. Design solution to be determined locally.
V0554		*Communal changing room*					
V0725		*Semi-ambulant changing room*					
V1321		*Shower room: ambulant*					
V0667		*Uniform exchange*					
V1010		WC: ambulant	2.0	2	4.0		1 WC per 40 lockers.
V0922		WC: independent wheelchair	4.5	1	4.5		1 per changing area.
D0434		Staff rest and mini kitchen (size based on number of seats)	1.8	7	12.6	Para 4.1, 7.36b	For clinic and ward staff. Allows 30% staff on duty to use rest room at same time. Provision dependent on whole hospital policy for staff rest facilities. Space allowance is a rough estimate only. For full details see HBN 00-03.
		Office accommodation					
M0251		Office: 1-person	8.0	3	24.0	Para 4.10; 7.37; 9.1-9.6	
		Open plan office including support spaces (size based on number of workstations)	6.6	18	118.8	Para 4.10;7.37; 9.1-9.6	Offices for 21 managers, consultants, admin support and other clinical staff. Overall estimate based on 1 workstation per 200 births plus one single-person office per 8 workstations. Space allowance is a rough estimate only and covers a range of spaces (see below). For full details see HBN 00-03. Design solution to be determined locally.
M0268		*Administration area: continuous use*					
M0278		*Administration area: shared use*					
M0281		*Quiet workspace*					
M0724		*Interview room: 4 places (including 1 wheelchair place)*					
M0410		*Photocopying/printing room*					
M0731		*Breakout space*					
H1304		Seminar room	32.0	1	32.0	Para 9.3	
		Store: seminar room	8.0	1	8.0		
V1010		WC: ambulant	2.0	1	2.0		Approximately 1 per 15 staff including independent wheelchair WCs.
V0922		WC: independent wheelchair	4.5	1	4.5		Minimum 1 allowed.
		Net internal area (NIA)			**2719.4**		
		Circulation allowance		30.0%	815.8		
		Communication allowance		10.0%	271.9		
		Engineering space allowance		28.5%	775.0		
		Gross internal area (GIA)			**4582.2**		
		Optional accommodation					
X0145		Treatment room: double-sided couch access	16.0	1	16.0	Para 4.15	Optional for antenatal clinic and EPAU.
C0522		Phlebotomy room	12.0	1	12.0	Para 4.16; 5.05	Optional for antenatal clinic and EPAU.
		Nursery well baby: 4 cots	12.0	1	12.0	Para 2.18	Optional on postnatal ward.
B0405		Transitional care multi-bed room: 4 beds	64.0	1	64.0	Para 2.23	Optional on postnatal ward.

Example schedule of accommodation for Health Building Note 09-02 - 'Maternity care facilities' (2nd edition). Example 1: 3000 births in a consultant-led birthing unit (CLU) and 500 births in a midwife-led birthing unit (MLU). Includes MLU co-located with CLU and a stand-alone MLU.

ADB data for rooms without codes will be available at the end of March 2011

V1635	Shower room: assisted: in-patient	6.5	1	6.5	Para 2.23	Associated with transitional care multi-bed room
V1121	WC: semi-ambulant: in-patient	2.0	1	2.0	Para 2.23	Associated with transitional care multi-bed room
W0812	Records store	12.0	1	12.0	Para 2.39	For antenatal clinic. Dependent on records storage policy.
H1322	Preparation for parenthood room (size based on number of places)	4.0	10	40.0	Para 4.11	Room can accommodate 10 people using standard mats.
W1585	General store			12.0	Para 4.14	Associated with preparation for parenthood room.
	Midwife-led birthing unit (500 births/annum co-located with consultant-led unit)					
ADB code	**Room name**	**Unit area allowance**	**Quantity**	**Total area**	**Paragraph reference**	**Comments**
	Public spaces					
	Entrance and reception					Shared with CLU.
	Clinical spaces					
	Birthing suite (midwife-led)					
C0237	Triage/assessment room	16.0	1	16.0	Para 3.17; 4.7	
C0235	Consulting/examination room: single-sided couch access	12.0			Para 3.17	Use other hospital facilities/community for clinics.
	Birthing room	24.0	1	24.0	Para 7.8	Derived from clinical planning.
	Birthing room with pool	34.5	2	69.0	Para 7.8	Derived from clinical planning.
V1726	Bathroom: semi-ambulant	6.0	2	12.0	Para 7.8	1 bathroom per birthing room with 1 being independent wheelchair.
V1731	Bathroom: independent wheelchair	9.0	1	9.0	Para 7.8	1 bathroom per birthing room with 1 being independent wheelchair.
	Store: birthing room	4.0	3	12.0	Para 7.35k	4 sqm per birthing room. To be en-suite or close to birthing rooms.
Y0331	Dirty utility room for bedpan processing	12.0	1	12.0	Para 7.35	1 per 8 birthing rooms.
T0535	Clean utility room	16.0	1	16.0	Para 7.35	1 per 12 birthing rooms.
P0627	Ward pantry	12.0	1	12.0	Para 7.35	1 per MLU.
Y1510	Cleaners' room	8.0	1	8.0	Para 7.35	1 per MLU.
Y0646	Disposal hold: 3000 litres	12.0	1	12.0	Para 7.35	1 per MLU.
W1585	General store			3.0	Para 7.35k	1 sqm per birthing room.
T0211	Staff communication base (size based on number of places)	5.5	2	11.0	Para 7.28	2 places per MLU.
M0330	Office/meeting room: 10 places (including 2 workstations)	16.0	1	16.0	Para 7.38	1 per MLU.
	Staff spaces					
	Staff support					
D0434	Staff rest and mini kitchen (size based on number of seats)	1.8	3	5.4	Para 7.36b	Provision for 50% of staff on duty (estimated as 1 person per birthing room plus 2). Co-located with staff rest in CLU.
	Communal changing area (size based on number of lockers)	1.4	10	14.0	Para 7.36a	Provision for twice the number of staff on duty to allow for staff changeover. Co-located with staff changing in CLU.
V0554	*Communal changing room*					
V0725	*Semi-ambulant changing room*					
V1321	*Shower room: ambulant*					
V0667	*Uniform exchange*					
V1010	WC: ambulant	2.0	1	2.0	Para 7.36a	1 per MLU.
	Net internal area (NIA)			**253.4**		

Example schedule of accommodation for Health Building Note 09-02 - 'Maternity care facilities' (2nd edition). Example 1: 3000 births in a consultant-led birthing unit (CLU) and 500 births in a midwife-led birthing unit (MLU). Includes MLU co-located with CLU and a stand-alone MLU.

ADB data for rooms without codes will be available at the end of March 2011

	Circulation allowance		30.0%	76.0		
	Communication allowance		10.0%	25.3		
	Engineering space allowance		27.5%	69.7		Percentage assumes combined with 3000 birth CLU.
	Gross internal area (GIA)			**424.4**		
	Midwife-led birthing unit (500 births/annum, standalone)					
ADB code	**Room name**	**Unit area allowance**	**Quantity**	**Total area**	**Paragraph reference**	**Comments**
	Public spaces					
	Entrance and reception					
J0232	Reception (size based on number of places)	5.5	1	5.5	Para 7.2	
V1131	Nappy changing room	5.0	1	5.0	Para 4.4f	
S0012	Infant feeding room	6.0	1	6.0	Para 4.4g	
G0180	Parking bay for wheelchair	2.0	1	2.0	Para 4.4h	
	Sitting and beverage bay: 6 places	12.0	1	12.0	Para 7.2	
V0923	WC: independent wheelchair/semi-ambulant	5.5	2	11.0	Para 7.3	
	Clinical spaces					
	Birthing suite (midwife-led)					
C0237	Triage/assessment room	16.0	1	16.0	Para 3.17; 4.7	
C0235	Consulting/examination room: single-sided couch access	12.0	2	24.0	Para 3.17	Derived from clinical planning. Only provided if clinics are to be held.
	Birthing room	24.0	2	48.0	Para 7.8	Derived from clinical planning.
	Birthing room with pool	34.5	2	69.0	Para 7.8	Derived from clinical planning. Minimum 50% with pool. Local determination of higher ratio according to local need.
V1726	Bathroom: semi-ambulant	6.0	3	18.0	Para 7.8	1 bathroom per birthing room with 1 being independent wheelchair.
V1731	Bathroom: independent wheelchair	9.0	1	9.0	Para 7.8	1 bathroom per birthing room with 1 being independent wheelchair.
	Store: birthing room	4.0	4	16.0	Para 7.35k	4 sqm per birthing room. To be en-suite or close to birthing rooms.
Y0331	Dirty utility room for bedpan processing	12.0	1	12.0	Para 7.35	
T0535	Clean utility room	16.0	1	16.0	Para 7.35	1 per 8 birthing rooms.
P0627	Ward pantry	12.0	1	12.0	Para 7.35	1 per 12 birthing rooms.
Y1510	Cleaners' room	8.0	1	8.0	Para 7.35	1 per MLU.
Y0646	Disposal hold: 3000 litres	12.0	1	12.0	Para 7.35	1 per MLU.
W1585	General store			4.0	Para 7.35k	1 sqm per birthing room.
T0211	Staff communication base (size based on number of places)	5.5	2	11.0	Para 7.28	2 places per MLU.
M0330	Office/meeting room: 10 places (including 2 workstations)	16.0	1	16.0	Para 7.38	1 per MLU.
	Staff spaces					
	Staff support					
	Sitting and beverage bay: 6 places	12.0	1	12.0	Para 7.36b	1 per MLU.
	Communal changing area (size based on number of lockers)	1.4	10	14.0	Para 7.36a	Lockers based on maximum staff at shift crossover. Space allowance is a rough estimate only and covers a range of spaces (see below). For full details see HBN 00-03. Design solution to be determined locally.
V0554	*Communal changing room*					
V0725	*Semi-ambulant changing room*					
V1321	*Shower room: ambulant*					
V0667	*Uniform exchange*					
V1010	WC: ambulant	2.0	2	4.0	Para 7.36a	

Example schedule of accommodation for Health Building Note 09-02 - 'Maternity care facilities' (2nd edition). Example 1: 3000 births in a consultant-led birthing unit (CLU) and 500 births in a midwife-led birthing unit (MLU). Includes MLU co-located with CLU and a stand-alone MLU.

ADB data for rooms without codes will be available at the end of March 2011

		Net internal area (NIA)			**362.5**		
		Circulation allowance		30.0%	108.8		
		Communication allowance		10.0%	36.3		
		Engineering space allowance		41.5%	150.4		
		Gross internal area (GIA)			**657.9**		
		Optional accommodation for MLU					
		Information/resource centre: 3 persons	12.0	1	12.0	Para 4.3	
B0305		Single-bed room	19.0	1	19.0	Para 7.18	
V1645		Shower room: en-suite: chamfered	4.5	1	4.5	Para 7.21	
H1322		Preparation for parenthood room (size based on number of places)	4.0	10	40.0	Para 4.11	Can accommodate 10 people using standard mats.
W1585		General store			12.0	Para 4.14	Associated with preparation for parenthood room.

Note 1 **Relationship of schedule to ADB room names**
The ADB room codes listed may not carry a title, in ADB, identical to the room name/function in the schedules. Use of the appropriate ADB room code will, however, result in the correct room being accessed.

Note 2 **Relationship of schedule to ADB for scalable rooms (i.e. those for which a recommended room size does not exist)**
ADB room code relates to one example size of this space and does not reflect space requirements of these schedules. Projects will scale up/down according to schedule.

Note 3 **Rounding of scalable rooms**
The number of waiting spaces and lockers (in the communal changing areas) have been rounded to the nearest multiple of 5. The number of seats in the staff rest rooms have been rounded to the nearest multiple of 10. The number of workstations in the open plan offices have been rounded to the nearest even number.

Note 4 **Essential complementary accommodation**
Accommodation to which the department needs access but may be shared with nearby departments.

Note 5 **Optional accommodation**
Accommodation which is not expected in all departments but, dependent on local policy, may be needed in addition to or instead of rooms listed in the schedule.

Note 6 **Circulation allowance**
The circulation allowance is based upon the previously published allowance for Health Building Note 21.

Note 7 **Engineering space allowance**
For the purposes of calculating the engineering space allowances it has been assumed that each CLU is located on an acute (multi-purpose) hospital site with a GIA of approximately 25,000 sqm. For larger or smaller facilities, or where there needs to be largely dedicated engineering services plant space, the engineering space allowances will vary, generally downwards as GIA increases.

Note 8 **Status of defined metrics**
All of the defined metrics (calculations for quantifying spaces) in the notes column have been included as a reasonable basis for initial briefing. They are not intended as and should not be considered requirements.

Example schedule of accommodation for Health Building Note 09-02 - 'Maternity care facilities' (2nd edition). Example 2: 5000 births in a consultant-led birthing unit (CLU) and 1000 births in a midwife-led birthing unit (MLU). Includes MLU co-located with CLU and a stand-alone MLU.

ADB data for rooms without codes will be available at the end of March 2011

ADB code	Room name/function	Unit area allowance	Quantity	Total area	Paragraph reference	Comments
	Consultant-led birthing unit (5000 births/annum)					
	Public spaces for clinics and assessment units					
	Entrance and reception					
J0232	Reception (size based on number of places)	5.5	2	11.0	Para 4.2	
	Waiting area (size based on number of places)	1.5	10	15.0	Para 4.2, 4.4d	
	Children's play area (size based on number of places)	1.5	3	4.5		Minimum of 3 places per individual play area. Number of places equivalent to approximately 10% of waiting places.
	Shops and café					No space allowed. Local determination of external source of funding.
P0808	Vending machine	3.0	1	3.0	Para 4.4b	
V1131	Nappy changing room	5.0	1	5.0	Para 4.4f	
S0012	Infant feeding room	6.0	1	6.0	Para 4.4g	
G0180	Parking bay for wheelchair	2.0	1	2.0	Para 4.4h	
V1121	WC: semi-ambulant	2.5	2	5.0	Para 4.4	1 WC for every 25 waiting places plus 1 less provision for independent wheelchair WCs. Minimum 2 scheduled to allow for male and female provision.
V0922	WC: independent wheelchair	4.5	2	9.0	Para 4.4	Allowance 1 per 500 sqm (net internal area) of clinical space within clinics and assessment units.
	Clinical spaces for clinics and assessment units					
	Antenatal and ultrasound clinics					
J0232	Reception (size based on number of places)	5.5	3	16.5	Para 4.2	1 per 6 clinical rooms (excluding interview rooms).
	Waiting area (size based on number of places)	1.5	40	60.0	Para 4.2, 4.4d	3 places per core clinical room (excluding interview rooms).
	Children's play area (size based on number of places)	1.5	5	7.5		Minimum of 3 places per individual play area. Number of places equivalent to approximately 10% of waiting places.
P0811	Drinking water dispenser	0.5	1	0.5	Para 4.4	1 per 50 waiting places.
V1121	WC: semi-ambulant	2.5	2	5.0	Para 4.4	1 per 25 waiting places.
V0922	WC: independent wheelchair	4.5			Para 4.4	Allowance included in entrance area.
	Information/resource centre: 3 persons	12.0	1	12.0	Para 4.3	
M0727	Interview room: 7 places (including 1 wheelchair place)	12.0	2	24.0	Para 4.8, 4.20	1 per 6 consulting/examination rooms.
C0235	Consulting/examination room: single-sided couch access	12.0	8	96.0	Para 4.5, 4.7	Derived from clinical planning.
C0237	Consulting/examination room: double-sided couch access	16.0	2	32.0	Para 4.6	Derived from clinical planning.
X0145	Ultrasound room	16.0	4	64.0	Para 4.19	Derived from clinical planning.
V0922	WC: independent wheelchair	4.5	1	4.5	Para 4.21	1 WC per ultrasound room including independent wheelchair WCs. Adjacent to ultrasound room.
V1121	WC: semi-ambulant	2.5	3	7.5	Para 4.21	1 WC per ultrasound room including independent wheelchair WCs. Adjacent to ultrasound room.
	Pregnancy assessment unit					
J0232	Reception (size based on number of places)	5.5	1	5.5	Para 6.2	
	Waiting area (size based on number of places)	1.5	20	30.0	Para 4.4d, 6.2	3 places per core clinical room (excluding interview rooms).
	Children's play area (size based on number of places)	1.5	*3*	4.5		Minimum of 3 places per individual play area. Number of places equivalent to approximately 10% of waiting places.
M0727	Interview room: 7 places (including 1 wheelchair place)	12.0	2	24.0	Para 6.6	May be co-located with interview rooms for antenatal and ultrasound clinics.
C0235	Consulting/examination room: single-sided couch access	12.0	2	24.0	Para 6.3	1 per 2 maternity assessment rooms.
B2532	Maternity assessment room: 2 places	24.0	3	72.0	Para 6.4	Derived from clinical planning.
P0625	Pantry/refreshment area	8.0			Para 6.7	In shared support.
T0211	Staff communication base allowance (size based on number of places)	5.5	1	5.5	Para 6.9	
X0145	Ultrasound room	16.0	1	16.0	Para 6.5	May be co-located with antenatal ultrasound rooms.
V0923	WC: independent wheelchair/semi-ambulant	5.5	1	5.5	Para 6.8	

Example schedule of accommodation for Health Building Note 09-02 - 'Maternity care facilities' (2nd edition). Example 2: 5000 births in a consultant-led birthing unit (CLU) and 1000 births in a midwife-led birthing unit (MLU). Includes MLU co-located with CLU and a stand-alone MLU.

ADB data for rooms without codes will be available at the end of March 2011

	Early pregnancy assessment unit (EPAU)					Location likely to be near gynaecology clinic or ward.
J0232	Reception (size based on number of places)	5.5	1	5.5	Para 5.2	
	Waiting area (size based on number of places)	1.5	10	15.0	Para 5.2	3 waiting places per clinical room.
	Children's play area (size based on number of places)	1.5	3	4.5		Minimum of 3 places per individual play area. Number of places equivalent to approximately 10% of waiting places.
T0211	Staff communication base (size based on number of places)	5.5	1	5.5	Para 5.4	
C0235	Consulting/examination room: single-sided couch access	12.0	1	12.0	Para 5.3	Derived from clinical planning.
X0145	Ultrasound room	16.0	1	16.0	Para 5.6	Derived from clinical planning.
V0923	WC: independent wheelchair/semi-ambulant	5.5	1	5.5		
M0724	Interview room: 4 places (including 1 wheelchair place)	8.0	1	8.0	Para 5.7	1 per consulting/examination room. Room requires discreet exit.
	Sitting and beverage bay: 6 places	12.0	1	12.0	Para 5.8, 5.9	
	Shared support for clinics and assessment units					Location dependent on design.
M0330	Office/meeting room: 10 places (including 2 workstations)	16.0	1	16.0	Para 4.10, 5.11, 6.12	
T0538	Clean utility room without controlled drugs cupboard	8.0	2	16.0	Para 4.10, 5.11, 6.12	1 per 12 clinical rooms.
Y0431	Dirty utility room	8.0	2	16.0	Para 4.10, 5.11, 6.12	1 per 12 clinical rooms.
Y0642	Disposal hold: 1700 litres	8.0	2	16.0	Para 4.10, 5.11, 6.12	1 per 500 sqm (net internal area) of clinical spaces for clinics and assessment units.
Y1510	Cleaners' room	8.0	2	16.0	Para 4.10, 5.11, 6.12	1 per 500 sqm (net internal area) of clinical spaces for clinics and assessment units.
W1585	General store			23.0	Para 4.10, 5.11, 6.12	1 sqm per core clinical room.
	Pneumatic tube station	1.0	1	1.0	Para 4.10, 5.11, 6.12	Optional.
V1010	WC: ambulant	2.0	2	4.0		Staff WC.
V0653	Locker bay: 12 small lockers	1.5	2	3.0		For immediate access to staff possessions.
P0625	Pantry/refreshment area	8.0	1	8.0	Para 5.9, 6.8	
ADB code	**Room name/function**	**Unit area allowance**	**Quantity**	**Total area**	**Paragraph reference**	**Comments**
	Public spaces for wards, birthing suite and theatres					
	Entrance and reception					
J0232	Reception (size based on number of places)	5.5	2	11.0	Para 7.02	Location dependent on design.
	Waiting area (size based on number of places)	1.5	30	45.0	Para 7.02	2 places per birthing room with a minimum of 20.
	Children's play area (size based on number of places)	1.5	3	4.5		Minimum of 3 places per individual play area. Number of places equivalent to approximately 10% of waiting places.
V1121	WC: semi-ambulant	2.5			Para 7.02	1 WC for every 25 people plus 1 less provision for independent wheelchair WCs.
V0923	WC: independent wheelchair/semi-ambulant	5.5	4	22.0	Para 7.02	Allowance 1 per 500 sqm (net internal area) of wards, birthing suite and theatres.
P0808	Vending machine	3.0	1	3.0	Para 7.02	
M0727	Interview room: 7 places (including 1 wheelchair place)	12.0	4	48.0	Para 7.34	1 per 4 birthing rooms to cover ward and birthing suite requirements. Minimum 3.
	Clinical spaces for wards, birthing suite and theatres					
	Antenatal and postnatal ward					
B0305	Single-bed room	19.0	29	551.0	Para 7.18	Derived from clinical planning.
V1645	Shower room: en-suite: chamfered	4.5	29	130.5	Para 7.21	1 per single-bed room.
B0308	Isolation room	19.0	2	38.0	Para 7.24	1 per 30 beds.
G0510	Lobby to isolation room	5.0	2	10.0	Para 7.24	Associated with isolation room.
V1645	Shower room: en-suite: chamfered	4.5	2	9.0	Para 7.24	Associated with isolation room.
B0405	Multi-bed room: 4 beds	64.0	2	128.0	Para 7.22	One 4-bed room per 30 beds or as clinical planning indicates.
V1635	Shower room: assisted: in-patient	6.5	2	13.0	Para 7.22	En-suite to multi-bed room.
V1121	WC: semi-ambulant: in-patient	2.0	2	4.0	Para 7.22	En-suite to multi-bed room.
X0145	Treatment room: double-sided couch access	16.0	1	16.0	Para 7.3	Only provided if multi-bed rooms used.
V1736	Bathroom: assisted	15.0	2	30.0	Para 7.17	1 per 30 beds.

Example schedule of accommodation for Health Building Note 09-02 - 'Maternity care facilities' (2nd edition). Example 2: 5000 births in a consultant-led birthing unit (CLU) and 1000 births in a midwife-led birthing unit (MLU). Includes MLU co-located with CLU and a stand-alone MLU.

ADB data for rooms without codes will be available at the end of March 2011

T0535	Clean utility room	16.0	2	32.0	Para 7.35a	1 per 30 beds.
Y0331	Dirty utility room for bedpan processing	12.0	3	36.0	Para 7.35c	1 per 15 beds.
P0627	Ward pantry	12.0	2	24.0	Para 7.35g	1 per 30 beds.
Y1510	Cleaners' room	8.0	2	16.0	Para 7.35	1 per 30 beds.
Y0646	Disposal hold: 3000 litres	12.0	2	24.0	Para 7.35	1 per 30 beds.
T0211	Staff communication base (size based on number of places)	5.5	3	16.5	Para 7.28	1 place per 15 beds. Location dependent on design.
T0151	Touchdown base	2.0	7	14.0	Para 7.28	1 per 6 beds.
M0330	Office/meeting room: 10 places (including 2 workstations)	16.0	2	32.0	Para 7.38, 7.39	1 per 30 beds.
G0180	Parking bay for resuscitation equipment	2.0	2	4.0	Para 7.35j	1 per 30 beds.
G0180	Parking bay for mobile hoist	2.0	2	4.0		1 per 30 beds.
M0727	Sitting room: 7 places (including 1 wheelchair place)	12.0	2	24.0	Para 7.31	1 per 30 beds.
	Kitchen: milk feeds preparation	12.0	1	12.0	Para 7.33	1 per unit.
S0012	Room for expressing milk	6.0	1	6.0	Para 7.32	1 per unit. Consider locating near neonatal unit.
	Ward storage			59.0	Para 7.35k	For consumables, equipment and linen. 5% of net internal area of ward.
W1585	*General store*					
W1584	*Clinical equipment store*					
W1594	*Linen store*					
V1010	WC: ambulant	2.0	2	4.0		Staff WC.
V0653	Locker bay: 12 small lockers	1.5	2	3.0		1 per 30 beds. Project to determine best location.
ADB code	**Room name/function**	**Unit area allowance**	**Quantity**	**Total area**	**Paragraph reference**	**Comments**
	Birthing suite (consultant-led)					
T0211	Staff communication base (size based on number of places)	5.5	2	11.0	Para 7.28	
C0237	Triage/assessment room	16.0	4	64.0	Para 7.3	1 per 4 birthing rooms.
V0923	WC: independent wheelchair/semi-ambulant	5.5	2	11.0	Para 7.3	Associated with triage/assessment room.
B0405	Multi-bed room: 4 beds	64.0	1	64.0	Para 7.4	For induction.
V1635	Shower room: assisted: in-patient	6.5	1	6.5	Para 7.4	Associated with induction area.
V1121	WC: semi-ambulant: in-patient	2.0	1	2.0	Para 7.4	Associated with induction area.
P0711	Mini kitchen	5.0	2	10.0	Para 7.8d	1 per 12 delivery rooms.
	Birthing room	24.0	10	240.0	Para 7.8	
	Birthing room with pool	34.5	1	34.5	Para 7.8	Minimum 1. Additional requirements to be determined by local policy and need
	Birthing room: twin birth	26.0	3	78.0		20% of birthing rooms.
V1726	Bathroom: semi-ambulant	6.0	11	66.0	Para 7.8	1 bathroom per birthing room with 20% independent wheelchair.
V1731	Bathroom: independent wheelchair	9.0	3	27.0	Para 7.9	1 bathroom per birthing room with 20% independent wheelchair.
	Store: birthing room	4.0	11	44.0	Para 7.35k	4 sqm per birthing room. To be en-suite or close to birthing rooms.
	Store: birthing room (twin birth)	6.0	3	18.0	Para 7.35k	
G0180	Parking bay for resuscitation equipment	2.0	2	4.0	Para 7.35j	1 per 12 birthing rooms.
G0180	Parking bay for mobile hoist	2.0	2	4.0		1 per 12 birthing rooms.
Y0331	Dirty utility room for bedpan processing	12.0	2	24.0	Para 7.35	1 per 8 birthing rooms.
T0535	Clean utility room	16.0	2	32.0	Para 7.35	1 per 12 birthing rooms.
L1308	Near patient testing room	8.0	1	8.0	Para 7.35f	Accessible to birthing rooms, theatres and neonatal unit.
	Blood fridge bay	2.0	1	2.0	Para 7.35h	Accessible to birthing rooms and theatres.
Y0646	Disposal hold: 3000 litres	12.0	1	12.0	Para 7.35	
Y1510	Cleaners' room	8.0	2	16.0	Para 7.35	
W1585	General store			14.0	Para 7.35k	1 sqm per birthing room.
D0434	Staff rest and mini kitchen (size based on number of seats)	1.8	19	34.2	Para 7.36b	Allows 40% of birthing and theatre staff on duty to use rest room at same time.
H1304	Seminar room	32.0	1	32.0	Para 7.36c	
	Store: seminar room	8.0	1	8.0		
M0330	Office/meeting room: 10 places (including 2 workstations)	16.0	2	32.0	Para 7.38, 7.39	

Example schedule of accommodation for Health Building Note 09-02 - 'Maternity care facilities' (2nd edition). Example 2: 5000 births in a consultant-led birthing unit (CLU) and 1000 births in a midwife-led birthing unit (MLU). Includes MLU co-located with CLU and a stand-alone MLU.

ADB data for rooms without codes will be available at the end of March 2011

ADB code	Room name/function	Unit area allowance	Quantity	Total area	Paragraph reference	Comments
V1010	WC: ambulant	2.0	2	4.0		Staff WC.
V0653	Locker bay: 12 small lockers	1.5	6	9.0		For immediate access to staff possessions.
	Maternity theatres					
	Operating theatre: general	48.0	2	96.0	Para 8.02	Derived from clinical planning. Proposed area for general theatre reduced from 55 sqm to 48 sqm based on initial post project evaluation. Further research is currently underway.
	Anaesthetic room	19.0	1	19.0	Para 8.01	1 per 2 theatres. Recommended area may be increased to 22 sqm to allow transfer from a bed within the room.
	Scrub-up and gowning bay: 3 places	7.0	2	14.0	Para 8.01	1 per theatre.
	Preparation room	12.0	2	24.0	Para 8.01	1 per theatre.
	Dirty utility: serving 1 theatre	12.0	2	24.0	Para 8.01	1 per theatre.
	Exit/parking bay: theatre: 1 bed/trolley	12.0	2	24.0	Para 8.01	1 per theatre.
W1584	Clinical equipment store			2.0	Para 8.01	Allowance of 1 sqm per theatre, may be located local to theatre..
Y1510	Cleaners' room	8.0	1	8.0	Para 7.35	
	Transport incubator bay	4.0	1	4.0	Para 8.04	1 per maternity theatre suite.
	Resuscitation room: 2 infants	20.0	1	20.0	Para 8.03	1 per maternity theatre suite.
B0405	High dependency bay: 4 beds	64.0	1	64.0	Para 7.25	Co-located with theatre recovery.
V1635	Shower room: assisted: in-patient	6.5	1	6.5	Para 7.22	For HDU bay.
V1121	WC: semi-ambulant: in-patient	2.0	1	2.0	Para 7.22	For HDU bay.
	Recovery bay: post anaesthetic	14.0	2	28.0	Para 8.08	1 place per theatre. Assumes solid side walls and clinical wash-hand basin in each space. Subject to further review.
	Communal changing area theatres (size based on number of lockers)	1.4	15	21.0	Para 8.01	Staff change associated with theatres. Allowance based on 7 persons per theatre plus 10% contingency. Space allowance is a rough estimate only and covers a range of spaces (see below). For full details see HBN 00-03. Design solution to be determined locally.
V0554	*Communal changing room*					
V0725	*Semi-ambulant changing room*					
V1321	*Shower room: ambulant*					
	Blues/greens supply					
V0725	Changing room: semi-ambulant	2.0	1	2.0	Para 8.01	Additional changing facilities associated with theatres to allow for male and female segregation.
V1321	Shower room: ambulant	2.5	1	2.5	Para 8.01	Additional showering facilities associated with theatres to allow for male and female segregation.
V1010	WC: ambulant	2.0	2	4.0	Para 8.01	Staff change associated with theatres.
	Bereavement suite					
	Overnight stay: single	13.0	2	26.0	Para 7.27	1 per 9 birthing rooms.
V1323	Shower room: semi-ambulant: standing use	5.0	2	10.0	Para 7.27	1 per 9 birthing rooms.
P0711	Mini kitchen	5.0	2	10.0	Para 7.27	1 per 9 birthing rooms.
	Staff spaces					
	Shared staff support					

Example schedule of accommodation for Health Building Note 09-02 - 'Maternity care facilities' (2nd edition). Example 2: 5000 births in a consultant-led birthing unit (CLU) and 1000 births in a midwife-led birthing unit (MLU). Includes MLU co-located with CLU and a stand-alone MLU.							
ADB data for rooms without codes will be available at the end of March 2011							
		Communal changing area (size based on number of lockers)	1.4	106	148.4	Para 4.1, 7.36a	For all staff changing except theatre change. Assumes 66 staff on duty. Allowance includes for shift crossover except for clinics: 1 person per core clinical room in clinics; 1 person per 4 beds in ward; 2 people per birthing room; 1 person per HDU bed. Space allowance is a rough estimate only and covers a range of spaces (see below). For full details see HBN 00-03. Design solution to be determined locally.
V0554		*Communal changing room*					
V0725		*Semi-ambulant changing room*					
V1321		*Shower room: ambulant*					
V0667		*Uniform exchange: 70 lockers*					
V1010		WC: ambulant	2.0	3	6.0		1 WC per 40 lockers.
V0922		WC: independent wheelchair	4.5	1	4.5		1 per changing area.
D0434		Staff rest and mini kitchen (size based on number of seats)	1.8	11	19.8	Para 4.1; 7.36b	For clinic and ward staff. Allows 30% staff on duty to use rest room at same time. Provision dependent on whole hospital policy for staff rest facilities. Space allowance is a rough estimate only. For full details see HBN 00-03.
		Office accommodation					
M0251		Office: 1-person	8.0	4	32.0	Para 4.10; 7.37; 9.1-9.6	
		Open plan office including support spaces (size based on number of workstations)	6.6	30	198.0	Para 4.10;7.37; 9.1-9.6	Offices for 34 managers, consultants, admin support and other clinical staff. Overall estimate based on 1 workstation per 200 births plus one single-person office per 8 workstations. Space allowance is a rough estimate only and covers a range of spaces (see below). For full details see HBN 00-03. Design solution to be determined locally.
M0268		*Administration area: continuous use*					
M0278		*Administration area: shared use*					
M0281		*Quiet workspace*					
M0724		*Interview room: 4 places (including 1 wheelchair place)*					
M0410		*Photocopying/printing room*					
M0731		*Breakout space*					
H1304		Seminar room	32.0	2	64.0	Para 9.3	
		Store: seminar room	8.0	1	8.0		
V1010		WC: ambulant	2.0	1	2.0		Approximately 1 per 15 staff including independent wheelchair WCs.
V0922		WC: independent wheelchair	4.5	1	4.5		Minimum 1 allowed.
		Net internal area (NIA)			**3962.9**		
		Circulation allowance		30.0%	1188.9		
		Communication allowance		10.0%	396.3		
		Engineering space allowance		24.0%	951.1		
		Gross internal area (GIA)			**6499.2**		
		Optional accommodation					
X0145		Treatment room: double-sided couch access	16.0	1	16.0	Para 4.15	Optional for antenatal clinic and EPAU.
C0522		Phlebotomy room	12.0	1	12.0	Para 4.16; 5.05	Optional for antenatal clinic and EPAU.
		Nursery well baby: 4 cots	12.0	1	12.0	Para 2.18	Optional on postnatal ward.

Example schedule of accommodation for Health Building Note 09-02 - 'Maternity care facilities' (2nd edition). Example 2: 5000 births in a consultant-led birthing unit (CLU) and 1000 births in a midwife-led birthing unit (MLU). Includes MLU co-located with CLU and a stand-alone MLU.

ADB data for rooms without codes will be available at the end of March 2011

B0405	Transitional care multi-bed room: 4 beds	64.0	1	64.0	Para 2.23	Optional on postnatal ward.
V1635	Shower room: assisted: in-patient	6.5	1	6.5	Para 2.23	Associated with transitional care multi-bed room
V1121	WC: semi-ambulant: in-patient	2.0	1	2.0	Para 2.23	Associated with transitional care multi-bed room
W0812	Records store	12.0	1	12.0	Para 2.39	For antenatal clinic. Dependent on records storage policy.
H1322	Preparation for parenthood room (size based on number of places)	4.0	10	40.0	Para 4.11	Room can accommodate 10 people using standard mats.
W1585	General store			12.0	Para 4.14	Associated with preparation for parenthood room.
	Midwife-led birthing unit (1000 births/annum co-located with consultant-led unit)					
ADB code	**Room name**	**Unit area allowance**	**Quantity**	**Total area**	**Paragraph reference**	**Comments**
	Public spaces					
	Entrance and reception					Shared with CLU.
	Clinical spaces					
	Birthing suite (midwife led)					
C0237	Triage/assessment room	16.0	1	16.0	Para 3.17, 4.7	
C0235	Consulting/examination room: single-sided couch access	12.0			Para 3.17	Use other hospital facilities/community for clinics.
	Birthing room	24.0	2	48.0	Para 7.8	Derived from clinical planning.
	Birthing room with pool	34.5	3	103.5	Para 7.8	Derived from clinical planning.
V1726	Bathroom: semi-ambulant	6.0	4	24.0	Para 7.8	1 bathroom per birthing room with 1 being independent wheelchair accessible.
V1731	Bathroom: independent wheelchair	9.0	1	9.0	Para 7.8	1 bathroom per birthing room with 1 being independent wheelchair.
	Store: birthing room	4.0	5	20.0	Para 7.35k	4 sqm per birthing room. To be en-suite or close to birthing rooms.
Y0331	Dirty utility room for bedpan processing	12.0	1	12.0	Para 7.35	1 per 8 birthing rooms.
T0535	Clean utility room	16.0	1	16.0	Para 7.35	1 per 12 birthing rooms.
P0627	Ward pantry	12.0	1	12.0	Para 7.35	1 per MLU.
Y1510	Cleaners' room	8.0	1	8.0	Para 7.35	1 per MLU.
Y0646	Disposal hold: 3000 litres	12.0	1	12.0	Para 7.35	1 per MLU.
W1585	General store			5.0	Para 7.35k	1 sqm per birthing room.
T0211	Staff communication base (size based on number of places)	5.5	2	11.0	Para 7.28	2 places per MLU.
M0330	Office/meeting room: 10 places (including 2 workstations)	16.0	1	16.0	Para 7.38	1 per MLU.
	Staff spaces					
	Staff support					
D0434	Staff rest and mini kitchen (size based on number of seats)	1.8	4	7.2	Para 7.36b	Provision for 50% of staff on duty (estimated as 1 person per birthing room plus 2). Co-located with staff rest in CLU.
	Communal changing area (size based on number of lockers)	1.4	14	19.6	Para 7.36a	Provision for twice the number of staff on duty to allow for staff changeover. Co-located with staff changing in CLU.
V0554	*Communal changing room*					
V0725	*Semi-ambulant changing room*					
V1321	*Shower room: ambulant*					
V0667	*Uniform exchange*					

Example schedule of accommodation for Health Building Note 09-02 - 'Maternity care facilities' (2nd edition). Example 2: 5000 births in a consultant-led birthing unit (CLU) and 1000 births in a midwife-led birthing unit (MLU). Includes MLU co-located with CLU and a stand-alone MLU.

ADB data for rooms without codes will be available at the end of March 2011

V1010	WC: ambulant	2.0	1	2.0	Para 7.36a	1 per MLU.
	Net internal area (NIA)			**341.3**		
	Circulation allowance		30.0%	102.4		
	Communication allowance		10.0%	34.1		
	Engineering space allowance		24.0%	81.9		Percentage assumes combined with 5000 birth CLU.
	Gross internal area (GIA)			**559.7**		
	Midwife-led birthing unit (1000 births/annum, standalone)					
ADB code	**Room name**	**Unit area allowance**	**Quantity**	**Total area**	**Paragraph reference**	**Comments**
	Public spaces					
	Entrance and reception					
J0232	Reception (size based on number of places)	5.5	1	5.5	Para 7.2	
V1131	Nappy changing room	5.0	1	5.0	Para 4.4f	
S0012	Infant feeding room	6.0	1	6.0	Para 4.4g	
G0180	Parking bay for wheelchair	2.0	1	2.0	Para 4.4h	
	Sitting and beverage bay: 6 places	12.0	1	12.0	Para 7.2	
V0923	WC: independent wheelchair/semi-ambulant	5.5	2	11.0	Para 7.3	
	Clinical spaces					
	Birthing suite (midwife-led)					
C0237	Triage/assessment room	16.0	2	32.0	Para 3.17, 4.7	
C0235	Consulting/examination room: single-sided couch access	12.0	2	24.0	Para 3.17	Derived from clinical planning. Only provided if clinics planned to be held.
	Birthing room	24.0	3	72.0	Para 7.8	Derived from clinical planning.
	Birthing room with pool	34.5	3	103.5	Para 7.8	Derived from clinical planning. Minimum 50% with pool. Local determination of higher ratio according to local need.
V1726	Bathroom: semi-ambulant	6.0	5	30.0	Para 7.8	1 bathroom per birthing room with 1 being independent wheelchair accessible.
V1731	Bathroom: independent wheelchair	9.0	1	9.0	Para 7.8	1 bathroom per birthing room with 1 being independent wheelchair accessible.
	Store: birthing room	4.0	6	24.0	Para 7.35k	4 sqm per birthing room. To be en-suite or close to birthing rooms.
Y0331	Dirty utility room for bedpan processing	12.0	1	12.0	Para 7.35	1 per 8 birthing rooms.
T0535	Clean utility room	16.0	1	16.0	Para 7.35	1 per 12 birthing rooms.
P0627	Ward pantry	12.0	1	12.0	Para 7.35	1 per MLU.
Y1510	Cleaners' room	8.0	1	8.0	Para 7.35	1 per MLU.
Y0646	Disposal hold: 3000 litres	12.0	1	12.0	Para 7.35	1 per MLU.
W1585	General store	1.0	6	6.0	Para 7.35k	1 sqm per birthing room.
T0211	Staff communication base (size based on number of places)	5.5	2	11.0	Para 7.28	2 places per MLU.
M0330	Office/meeting room: 10 places (including 2 workstations)	16.0	1	16.0	Para 7.38	1 per MLU.
	Staff spaces					
	Staff support					
	Sitting and beverage bay: 6 places	12.0	1	12.0	Para 7.36b	1 per MLU.
	Communal changing area (size based on number of lockers)	1.4	15	21.0	Para 7.36a	Lockers based on maximum staff at shift crossover. Space allowance is a rough estimate only and covers a range of spaces (see below). For full details see HBN 00-03. Design solution to be determined locally.
V0554	*Communal changing room*					

Example schedule of accommodation for Health Building Note 09-02 - 'Maternity care facilities' (2nd edition). Example 2: 5000 births in a consultant-led birthing unit (CLU) and 1000 births in a midwife-led birthing unit (MLU). Includes MLU co-located with CLU and a stand-alone MLU.

ADB data for rooms without codes will be available at the end of March 2011

V0725		*Semi-ambulant changing room*					
V1321		*Shower room: ambulant*					
V0667		*Uniform exchange*					
V1010		WC: ambulant	2.0	2	4.0	Para 7.36a	
		Net internal area (NIA)			**466.0**		
		Circulation allowance		30.0%	139.8		
		Communication allowance		10.0%	46.6		
		Engineering space allowance		33.0%	153.8		
		Gross internal area (GIA)			**806.2**		
	Optional accommodation for MLU						
		Information/resource centre: 3 persons	12.0	1	12.0	Para 4.3	
B0305		Single-bed room	19.0	1	19.0	Para 7.18	
V1645		Shower room: en-suite: chamfered	4.5	1	4.5	Para 7.21	
H1322		Preparation for parenthood room (size based on number of places)	4.0	10	40.0	Para 4.11	Can accommodate 10 people using standard mats.
W1585		General store			12.0	Para 4.14	Associated with preparation for parenthood room.

Note 1 **Relationship of schedule to ADB room names**
The ADB room codes listed may not carry a title, in ADB, identical to the room name/function in the schedules. Use of the appropriate ADB room code will, however, result in the correct room being accessed.

Note 2 **Relationship of schedule to ADB for scalable rooms (i.e. those for which a recommended room size does not exist)**
ADB room code relates to one example size of this space and does not reflect space requirements of these schedules. Projects will scale up/down according to schedule.

Note 3 **Rounding of scalable rooms**
The number of waiting spaces and lockers (in the communal changing areas) have been rounded to the nearest multiple of 5. The number of seats in the staff rest rooms have been rounded to the nearest multiple of 10. The number of workstations in the open plan offices have been rounded to the nearest even number.

Note 4 **Essential complementary accommodation**
Accommodation to which the department needs access but may be shared with nearby departments.

Note 5 **Optional accommodation**
Accommodation which is not expected in all departments but, dependent on local policy, may be needed in addition to or instead of rooms listed in the schedule.

Note 6 **Circulation allowance**
The circulation allowance is based upon the previously published allowance for HBN 21.

Note 7 **Engineering space allowance**
For the purposes of calculating the engineering space allowances it has been assumed that each CLU is located on an acute (multi-purpose) hospital site with a GIA of 25,000 sqm. For larger or smaller facilities, or where there needs to be largely dedicated engineering services plant space, the engineering space allowances will vary, generally downwards as GIA increases.

Note 8 **Status of defined metrics**
All of the defined metrics (calculations for quantifying spaces) in the notes column have been included as a reasonable basis for initial briefing. They are not intended as and should not be considered requirements.

Example schedule of accommodation for Health Building Note 09-02 - 'Maternity care facilities' (2nd edition). Example 3: 8000 births in a consultant-led birthing unit (CLU) and 1500 births in a midwife-led birthing unit (MLU). Includes MLU co-located with CLU and a stand-alone MLU.

ADB data for rooms without codes will be available at the end of March 2011

ADB code	Room name/function	Unit area allowance	Quantity	Total area	Comments
	Consultant-led birthing unit (8000 births/annum)				
	Public spaces for clinics and assessment units				
	Entrance and reception				
J0232	Reception (size based on number of places)	5.5	2	11.0	
	Waiting area (size based on number of places)	1.5	10	15.0	
	Children's play area (size based on number of places)	1.5	3	4.5	Minimum of 3 places per individual play area. Number of places equivalent to approximately 10% of waiting places.
	Shops and café				No space allowed. Local determination of external source of funding.
P0808	Vending machine	3.0	1	3.0	
V1131	Nappy changing room	5.0	1	5.0	
S0012	Infant feeding room	6.0	1	6.0	
G0180	Parking bay for wheelchair	2.0	1	2.0	
V1121	WC: semi-ambulant	2.5	2	5.0	1 WC for every 25 waiting places plus 1 less provision for independent wheelchair WCs. Minimum 2 scheduled to allow for male and female provision.
V0922	WC: independent wheelchair	4.5	2	9.0	Allowance 1 per 500 sqm (net internal area) of clinical space within clinics and assessment units.
	Clinical spaces for clinics and assessment units				
	Antenatal and ultrasound clinics				
J0232	Reception (size based on number of places)	5.5	4	22.0	1 per 6 clinical rooms (excluding interview rooms).
	Waiting area (size based on number of places)	1.5	65	97.5	3 places per core clinical room (excluding interview rooms).
	Children's play area (size based on number of places)	1.5	6	9.0	Minimum of 3 places per individual play area. Number of places equivalent to approximately 10% of waiting places.
P0811	Drinking water dispenser	0.5	2	1.0	1 per 50 waiting places.
V1121	WC: semi-ambulant	2.5	3	7.5	1 per 25 waiting places.
V0922	WC: independent wheelchair	4.5			Allowance included in entrance area.
	Information/resource centre: 3 persons	12.0	1	12.0	
M0727	Interview room: 7 places (including 1 wheelchair place)	12.0	4	48.0	1 per 6 consulting/examination rooms.
C0235	Consulting/examination room: single-sided couch access	12.0	13	156.0	Derived from clinical planning.
C0237	Consulting/examination room: double-sided couch access	16.0	2	32.0	Derived from clinical planning.
X0145	Ultrasound room	16.0	6	96.0	Derived from clinical planning.
V0922	WC: independent wheelchair	4.5	1	4.5	1 per ultrasound room including independent wheelchair WCs. Adjacent to ultrasound room.
V1121	WC: semi-ambulant	2.5	5	12.5	1 per ultrasound room including independent wheelchair WCs. Adjacent to ultrasound room.
	Pregnancy assessment unit				
J0232	Reception (size based on number of places)	5.5	1	5.5	
	Waiting area (size based on number of places)	1.5	20	30.0	3 places per core clinical room (excluding interview rooms).
	Children's play area (size based on number of places)	1.5	3	4.5	Minimum of 3 places per individual play area. Number of places equivalent to approximately 10% of waiting places.
M0727	Interview room: 7 places (including 1 wheelchair place)	12.0	2	24.0	May be co-located with interview rooms for antenatal and ultrasound clinics.
C0235	Consulting/examination room: single-sided couch access	12.0	2	24.0	1 per 2 maternity assessment rooms.
B2532	Maternity assessment room: 2 places	24.0	4	96.0	Derived from clinical planning.

Example schedule of accommodation for Health Building Note 09-02 - 'Maternity care facilities' (2nd edition). Example 3: 8000 births in a consultant-led birthing unit (CLU) and 1500 births in a midwife-led birthing unit (MLU). Includes MLU co-located with CLU and a stand-alone MLU.

ADB data for rooms without codes will be available at the end of March 2011

ADB code	Room name/function	Unit area allowance	Quantity	Total area	Comments
P0625	Pantry/refreshment area	8.0			In shared support.
T0211	Staff communication base allowance (size based on number of places)	5.5	1	5.5	
X0145	Ultrasound room	16.0	1	16.0	May be co-located with antenatal ultrasound rooms.
V0923	WC: independent wheelchair/semi-ambulant	5.5	1	5.5	
	Early pregnancy assessment unit (EPAU)				Location likely to be near gynaecology clinic or ward.
J0232	Reception (size based on number of places)	5.5	1	5.5	
	Waiting area (size based on number of places)	1.5	15	22.5	3 waiting places per clinical room.
	Children's play area (size based on number of places)	1.5	3	4.5	Minimum of 3 places per individual play area. Number of places equivalent to approximately 10% of waiting places.
T0211	Staff communication base (size based on number of places)	5.5	1	5.5	
C0235	Consulting/examination room: single-sided couch access	12.0	2	24.0	Derived from clinical planning.
X0145	Ultrasound room	16.0	1	16.0	Derived from clinical planning.
V0923	WC: independent wheelchair/semi-ambulant	5.5	1	5.5	
M0724	Interview room: 4 places (including 1 wheelchair place)	8.0	2	16.0	1 per consulting/examination room. Room requires discreet exit.
	Sitting and beverage bay: 6 places	12.0	1	12.0	
	Shared support for clinics and assessment units				Location dependent on design.
M0330	Office/meeting room: 10 places (including 2 workstations)	16.0	1	16.0	
T0538	Clean utility room without controlled drugs cupboard	8.0	3	24.0	1 per 12 clinical rooms.
Y0431	Dirty utility room	8.0	3	24.0	1 per 12 clinical rooms.
Y0642	Disposal hold: 1700 litres	8.0	2	16.0	1 per 500 sqm (net internal area) of clinical spaces for clinics and assessment units.
Y1510	Cleaners' room	8.0	2	16.0	1 per 500 sqm (net internal area) of clinical spaces for clinics and assessment units.
W1585	General store			33.0	1 sqm per core clinical room.
	Pneumatic tube station	1.0	1	1.0	Optional.
V1010	WC: ambulant	2.0	2	4.0	Staff WC.
V0653	Locker bay: 12 small lockers	1.5	3	4.5	For immediate access to staff possessions.
P0625	Pantry/refreshment area	8.0	1	8.0	
	Public spaces for wards, birthing suite and theatres				
	Entrance and reception				
J0232	Reception (size based on number of places)	5.5	2	11.0	Location dependent on design.
	Waiting area (size based on number of places)	1.5	45	67.5	2 places per birthing room with a minimum of 20.
	Children's play area (size based on number of places)	1.5	3	4.5	Minimum of 3 places per individual play area. Number of places equivalent to approximately 10% of waiting places.
V1121	WC: semi-ambulant	2.5			1 WC for every 25 people plus 1 less provision for independent wheelchair WCs.
V0923	WC: independent wheelchair/semi-ambulant	5.5	6	33.0	Allowance 1 per 500 sqm (net internal area) of wards, birthing suite and theatres.
P0808	Vending machine	3.0	1	3.0	
M0727	Interview room: 7 places (including 1 wheelchair place)	12.0	6	72.0	1 per 4 birthing rooms to cover ward and birthing suite requirements. Minimum 3.
	Clinical spaces for wards, birthing suite and theatres				

Example schedule of accommodation for Health Building Note 09-02 - 'Maternity care facilities' (2nd edition). Example 3: 8000 births in a consultant-led birthing unit (CLU) and 1500 births in a midwife-led birthing unit (MLU). Includes MLU co-located with CLU and a stand-alone MLU.

ADB data for rooms without codes will be available at the end of March 2011

ADB code	Room name/function	Unit area allowance	Quantity	Total area	Comments
	Antenatal and postnatal ward				
B0305	Single-bed room	19.0	53	1007.0	Derived from clinical planning.
V1645	Shower room: en-suite: chamfered	4.5	53	238.5	1 per single-bed room.
B0308	Isolation room	19.0	3	57.0	1 per 30 beds.
G0510	Lobby to isolation room	5.0	3	15.0	Associated with isolation room.
V1645	Shower room: en-suite: chamfered	4.5	3	13.5	Associated with isolation room.
B0405	Multi-bed room: 4 beds	64.0	3	192.0	One 4-bed room per 30 beds or as clinical planning indicates.
V1635	Shower room: assisted: in-patient	6.5	3	19.5	En-suite to multi-bed room.
V1121	WC: semi-ambulant: in-patient	2.0	3	6.0	En-suite to multI-bed room.
X0145	Treatment room: double-sided couch access	16.0	1	16.0	Only provided if multi-bed rooms used.
V1736	Bathroom: assisted	15.0	3	45.0	1 per 30 beds.
T0535	Clean utility room	16.0	3	48.0	1 per 30 beds.
Y0331	Dirty utility room for bedpan processing	12.0	5	60.0	1 per 15 beds.
P0627	Ward pantry	12.0	3	36.0	1 per 30 beds.
Y1510	Cleaners' room	8.0	3	24.0	1 per 30 beds.
Y0646	Disposal hold: 3000 litres	12.0	3	36.0	1 per 30 beds.
T0211	Staff communication base (size based on number of places)	5.5	5	27.5	1 place per 15 beds. Location dependent on design.
T0151	Touchdown base	2.0	12	24.0	1 per 6 beds.
M0330	Office/meeting room: 10 places (including 2 workstations)	16.0	3	48.0	1 per 30 beds.
G0180	Parking bay for resuscitation equipment	2.0	3	6.0	1 per 30 beds.
G0180	Parking bay for mobile hoist	2.0	3	6.0	1 per 30 beds.
M0727	Sitting room: 7 places (including 1 wheelchair place)	12.0	3	36.0	1 per 30 beds.
	Kitchen: milk feeds preparation	12.0	1	12.0	1 per unit.
S0012	Room for expressing milk	6.0	1	6.0	1 per unit. Consider locating near neonatal unit.
	Ward storage			99.0	For consumables, equipment and linen. 5% of net internal area of ward.
W1585	*General store*				
W1584	*Clinical equipment store*				
W1594	*Linen store*				
V1010	WC: ambulant	2.0	3	6.0	Staff WC.
V0653	Locker bay: 12 small lockers	1.5	3	4.5	1 per 30 beds. Project to determine best location.
	Birthing suite (consultant-led)				
T0211	Staff communication base (size based on number of places)	5.5	2	11.0	
C0237	Triage/assessment room	16.0	6	96.0	1 per 4 birthing rooms.
V0923	WC: independent wheelchair/semi-ambulant	5.5	2	11.0	Associated with triage/assessment room.
B0405	Multi-bed room: 4 beds	64.0	1	64.0	For induction.
V1635	Shower room: assisted: in-patient	6.5	1	6.5	Associated with induction area.
V1121	WC: semi-ambulant: in-patient	2.0	1	2.0	Associated with induction area.
P0711	Mini kitchen	5.0	2	10.0	1 per 12 birthing rooms.
	Birthing room	24.0	16	384.0	
	Birthing room with pool	34.5	1	34.5	Minimum 1. Additional requirements to be determined by local policy and need
	Birthing room: twin birth	26.0	5	130.0	20% of birthing rooms.
V1726	Bathroom: semi-ambulant	6.0	17	102.0	1 bathroom per birthing room with 20% independent wheelchair.

Example schedule of accommodation for Health Building Note 09-02 - 'Maternity care facilities' (2nd edition). Example 3: 8000 births in a consultant-led birthing unit (CLU) and 1500 births in a midwife-led birthing unit (MLU). Includes MLU co-located with CLU and a stand-alone MLU.						
ADB data for rooms without codes will be available at the end of March 2011						
V1731		Bathroom: independent wheelchair	9.0	5	45.0	1 bathroom per birthing room with 20% independent wheelchair.
		Store: birthing room	4.0	17	68.0	4 sqm per birthing room. To be en-suite or close to birthing rooms.
		Store: birthing room (twin birth)	6.0	5	30.0	
G0180		Parking bay for resuscitation equipment	2.0	2	4.0	1 per 12 birthing rooms.
G0180		Parking bay for mobile hoist	2.0	2	4.0	1 per 12 birthing rooms.
Y0331		Dirty utility room for bedpan processing	12.0	3	36.0	1 per 8 birthing rooms.
T0535		Clean utility room	16.0	2	32.0	1 per 12 birthing rooms.
L1308		Near patient testing room	8.0	1	8.0	Accessible to birthing rooms, theatres and neonatal unit.
		Blood fridge bay	2.0	1	2.0	Accessible to birthing rooms and theatres.
Y0646		Disposal hold: 3000 litres	12.0	1	12.0	
Y1510		Cleaners' room	8.0	2	16.0	
W1585		General store			22.0	1 sqm per birthing room.
D0434		Staff rest and mini kitchen (size based on number of seats)	1.8	29	52.2	Allows 40% of birthing and theatre staff on duty to use rest room at same time.
H1304		Seminar room	32.0	1	32.0	
		Store: seminar room	8.0	1	8.0	
M0330		Office/meeting room: 10 places (including 2 workstations)	16.0	2	32.0	
V1010		WC: ambulant	2.0	2	4.0	Staff WC.
V0653		Locker bay: 12 small lockers	1.5	8	12.0	For immediate access to staff possessions.
		Maternity theatres				
		Operating theatre: general	48.0	3	144.0	Derived from clinical planning. Proposed area for general theatre reduced from 55 sqm to 48 sqm based on initial post project evaluation. Further research is currently underway.
		Anaesthetic room	19.0	2	38.0	1 per 2 theatres. Recommended area may be increased to 22 sqm to allow transfer from a bed within the room.
		Scrub-up and gowning bay: 3 places	7.0	3	21.0	1 per theatre.
		Preparation room	12.0	3	36.0	1 per theatre.
		Dirty utility: serving 1 theatre	12.0	3	36.0	1 per theatre.
		Exit/parking bay: theatre: 1 bed/trolley	12.0	3	36.0	1 per theatre.
W1584		Clinical equipment store			3.0	Allowance of 1 sqm per theatre. May be located near theatre.
Y1510		Cleaners' room	8.0	1	8.0	
		Transport incubator bay	4.0	1	4.0	1 per maternity theatre suite.
		Resuscitation room: 2 infants	20.0	1	20.0	1 per maternity theatre suite.
B0405		High dependency bay: 4 beds	64.0	1	64.0	Co-located with theatre recovery.
V1635		Shower room: assisted: in-patient	6.5	1	6.5	For HDU bay.
V1121		WC: semi-ambulant: in-patient	2.0	1	2.0	For HDU bay.
		Recovery bay: post anaesthetic	14.0	3	42.0	1 place per theatre. Assumes solid side walls and clinical wash-hand basin in each space. Subject to further review.
		Communal changing area theatres (size based on number of lockers)	1.4	25	35.0	Staff change associated with theatres. Allowance based on 7 persons per theatre plus 10% contingency. Space allowance is a rough estimate only and covers a range of spaces (see below). For full details see HBN 00-03. Design solution to be determined locally.
V0554		*Communal changing room*				
V0725		*Semi-ambulant changing room*				

Example schedule of accommodation for Health Building Note 09-02 - 'Maternity care facilities' (2nd edition). Example 3: 8000 births in a consultant-led birthing unit (CLU) and 1500 births in a midwife-led birthing unit (MLU). Includes MLU co-located with CLU and a stand-alone MLU.

ADB data for rooms without codes will be available at the end of March 2011

ADB code	Room name/function	Unit area allowance	Quantity	Total area	Comments
V1321	*Shower room: ambulant*				
	Blues/greens supply				
V0725	Changing room: semi-ambulant	2.0	1	2.0	Additional changing facilities associated with theatres to allow for male and female segregation.
V1321	Shower room: ambulant	2.5	1	2.5	Additional showering facilities associated with theatres to allow for male and female segregation.
V1010	WC: ambulant	2.0	2	4.0	Staff change associated with theatres.
	Bereavement suite				
	Overnight stay: single	13.0	3	39.0	1 per 9 birthing rooms.
V1323	Shower room: semi-ambulant: standing use	5.0	3	15.0	1 per 9 birthing rooms.
P0711	Mini kitchen	5.0	3	15.0	1 per 9 birthing rooms.
	Staff spaces				
	Shared staff support				
	Communal changing area (size based on number of lockers)	1.4	160	224.0	For all staff changing except theatre change. Assumes 98 staff on duty. Allowance includes for shift crossover except for clinics: 1 person per core clinical room in clinics; 1 person per 4 beds in ward; 2 people per birthing room; 1 person per HDU bed. Space allowance is a rough estimate only and covers a range of spaces (see below). For full details see HBN 00-03. Design solution to be determined locally.
V0554	*Communal changing room*				
V0725	*Semi-ambulant changing room*				
V1321	*Shower room: ambulant*				
V0667	*Uniform exchange*				
V1010	WC: ambulant	2.0	4	8.0	1 WC per 40 lockers.
V0922	WC: independent wheelchair	4.5	1	4.5	1 per changing area.
D0434	Staff rest and mini kitchen (size based on number of seats)	1.8	15	27.0	For clinic and ward staff. Allows 30% staff on duty to use rest room at same time. Provision dependent on whole hospital policy for staff rest facilities. Space allowance is a rough estimate only. For full details see HBN 00-03.
	Office accommodation				
M0251	Office: 1-person	8.0	6	48.0	
	Open plan office including support spaces (size based on number of workstations)	6.6	48	316.8	Offices for 54 managers, consultants, admin support and other clinical staff. Overall estimate based on 1 workstation per 200 births plus one single-person office per 8 workstations. Space allowance is a rough estimate only and covers a range of spaces (see below). For full details see HBN 00-03. Design solution to be determined locally.
M0268	*Administration area: continuous use*				
M0278	*Administration area: shared use*				

Example schedule of accommodation for Health Building Note 09-02 - 'Maternity care facilities' (2nd edition). Example 3: 8000 births in a consultant-led birthing unit (CLU) and 1500 births in a midwife-led birthing unit (MLU). Includes MLU co-located with CLU and a stand-alone MLU.

ADB data for rooms without codes will be available at the end of March 2011

M0281	*Quiet workspace*				
M0724	*Interview room: 4 places (including 1 wheelchair place)*				
M0410	*Photocopying/printing room*				
M0731	*Breakout space*				
H1304	Seminar room	32.0	2	64.0	
	Store: seminar room	8.0	1	8.0	
V1010	WC: ambulant	2.0	3	6.0	Approximately 1 per 15 staff including independent wheelchair WCs.
V0922	WC: independent wheelchair	4.5	1	4.5	Minimum 1 allowed.
	Net internal area (NIA)			**5861.0**	
	Circulation allowance		30.0%	1758.3	
	Communication allowance		10.0%	586.1	
	Engineering space allowance		23.5%	1377.3	
	Gross internal area (GIA)			**9582.7**	
	Optional accommodation				
X0145	Treatment room: double-sided couch access	16.0	1	16.0	Optional for antenatal clinic and EPAU.
C0522	Phlebotomy room	12.0	1	12.0	Optional for antenatal clinic and EPAU.
	Nursery well baby: 4 cots	12.0	1	12.0	Optional on postnatal ward.
B0405	Transitional care multi-bed room: 4 beds	64.0	1	64.0	Optional on postnatal ward.
V1635	Shower room: assisted: in-patient	6.5	1	6.5	Associated with transitional care multi-bed room
V1121	WC: semi-ambulant: in-patient	2.0	1	2.0	Associated with transitional care multi-bed room
W0812	Records store	12.0	1	12.0	For antenatal clinic. Dependent on records storage policy.
H1322	Preparation for parenthood room (size based on number of places)	4.0	10	40.0	Room can accommodate 10 people using standard mats.
W1585	General store			12.0	Associated with preparation for parenthood room.
	Midwife-led birthing unit (1500 births/annum co-located with consultant-led unit)				
ADB code	**Room name**	**Unit area allowance**	**Quantity**	**Total area**	**Comments**
	Public spaces				
	Entrance and reception				Shared with CLU.
	Clinical spaces				
	Birthing suite (midwife-led)				
C0237	Triage/assessment room	16.0	2	32.0	
C0235	Consulting/examination room: single-sided couch access	12.0			Use other hospital facilities/community for clinics.
	Birthing room	24.0	3	72.0	Derived from clinical planning.
	Birthing room with pool	34.5	4	138.0	Derived from clinical planning.
V1726	Bathroom: semi-ambulant	6.0	6	36.0	1 bathroom per birthing room with 1 being independent wheelchair.

Example schedule of accommodation for Health Building Note 09-02 - 'Maternity care facilities' (2nd edition). Example 3: 8000 births in a consultant-led birthing unit (CLU) and 1500 births in a midwife-led birthing unit (MLU). Includes MLU co-located with CLU and a stand-alone MLU.

ADB data for rooms without codes will be available at the end of March 2011

V1731	Bathroom: independent wheelchair	9.0	1	9.0	1 bathroom per birthing room with 1 being independent wheelchair.
	Store: birthing room	4.0	7	28.0	4 sqm per birthing room. To be en-suite or close to birthing rooms.
Y0331	Dirty utility room for bedpan processing	12.0	1	12.0	1 per 8 birthing rooms.
T0535	Clean utility room	16.0	1	16.0	1 per 12 birthing rooms.
P0627	Ward pantry	12.0	1	12.0	1 per MLU.
Y1510	Cleaners' room	8.0	1	8.0	1 per MLU.
Y0646	Disposal hold: 3000 litres	12.0	1	12.0	1 per MLU.
W1585	General store			7.0	1 sqm per birthing room.
T0211	Staff communication base (size based on number of places)	5.5	2	11.0	2 places per MLU.
M0330	Office/meeting room: 10 places (including 2 workstations)	16.0	1	16.0	1 per MLU.
	Staff spaces				
	Staff support				
D0434	Staff rest and mini kitchen (size based on number of seats)	1.8	5	9.0	Provision for 50% of staff on duty (estimated as 1 person per birthing room plus 2). Co-located with staff rest in CLU.
	Communal changing area (size based on number of lockers)	1.4	20	28.0	Provision for twice the number of staff on duty to allow for staff changeover. Co-located with staff changing in CLU.
V0554	*Communal changing room*				
V0725	*Semi-ambulant changing room*				
V1321	*Shower room: ambulant*				
V0667	*Uniform exchange*				
V1010	WC: ambulant	2.0	1	2.0	1 per MLU.
	Net internal area (NIA)			**448.0**	
	Circulation allowance		30.0%	134.4	
	Communication allowance		10.0%	44.8	
	Engineering space allowance		22.5%	100.8	Percentage assumes combined with 8000 birth CLU.
	Gross internal area (GIA)			**728.0**	
	Midwife-led birthing unit (1500 births/annum, standalone)				
ADB code	**Room name**	**Unit area allowance**	**Quantity**	**Total area**	**Comments**
	Public spaces				
	Entrance and reception				
J0232	Reception (size based on number of places)	5.5	1	5.5	
V1131	Nappy changing room	5.0	1	5.0	
S0012	Infant feeding room	6.0	1	6.0	
G0180	Parking bay for wheelchair	2.0	1	2.0	
	Sitting and beverage bay: 6 places	12.0	1	12.0	
V0923	WC: independent wheelchair/semi-ambulant	5.5	2	11.0	

Example schedule of accommodation for Health Building Note 09-02 - 'Maternity care facilities' (2nd edition). Example 3: 8000 births in a consultant-led birthing unit (CLU) and 1500 births in a midwife-led birthing unit (MLU). Includes MLU co-located with CLU and a stand-alone MLU.

ADB data for rooms without codes will be available at the end of March 2011

	Clinical spaces				
	Birthing suite (midwife led)				
C0237	Triage/assessment room	16.0	2	32.0	
C0235	Consulting/examination room: single-sided couch access	12.0	2	24.0	Derived from clinical planning. Only provided if clinics planned to be held.
	Birthing room	24.0	4	96.0	Derived from clinical planning.
	Birthing room with pool	34.5	4	138.0	Derived from clinical planning. Minimum 50% with pool. Local determination of higher ratio according to local need.
V1726	Bathroom: semi-ambulant	6.0	7	42.0	1 bathroom per birthing room with 1 being independent wheelchair.
V1731	Bathroom: independent wheelchair	9.0	1	9.0	1 bathroom per birthing room with 1 being independent wheelchair.
	Store: birthing room	4.0	8	32.0	4 sqm per birthing room. To be en-suite or close to birthing rooms.
Y0331	Dirty utility room for bedpan processing	12.0	1	12.0	1 per 8 birthing rooms.
T0535	Clean utility room	16.0	1	16.0	1 per 12 birthing rooms.
P0627	Ward pantry	12.0	1	12.0	1 per MLU.
Y1510	Cleaners' room	8.0	1	8.0	1 per MLU.
Y0646	Disposal hold: 3000 litres	12.0	1	12.0	1 per MLU.
W1585	General store			8.0	1 sqm per birthing room.
T0211	Staff communication base (size based on number of places)	5.5	2	11.0	2 places per MLU.
M0330	Office/meeting room: 10 places (including 2 workstations)	16.0	1	16.0	1 per MLU.
	Staff spaces				
	Staff support				
	Sitting and beverage bay: 6 places	12.0	1	12.0	1 per MLU.
	Communal changing area (size based on number of lockers)	1.4	20	28.0	Lockers based on maximum staff at shift crossover. Space allowance is a rough estimate only and covers a range of spaces (see below). For full details see HBN 00-03. Design solution to be determined locally.
V0554	*Communal changing room*				
V0725	*Semi-ambulant changing room*				
V1321	*Shower room: ambulant*				
V0667	*Uniform exchange*				
V1010	WC: ambulant	2.0	2	4.0	
	Net internal area (NIA)			**553.5**	
	Circulation allowance		30.0%	166.1	
	Communication allowance		10.0%	55.4	
	Engineering space allowance		30.5%	168.8	
	Gross internal area (GIA)			**943.7**	
	Optional accommodation for MLU				
	Information/resource centre: 3 persons	12.0	1	12.0	
B0305	Single-bed room	19.0	1	19.0	
V1645	Shower room: en-suite: chamfered	4.5	1	4.5	
H1322	Preparation for parenthood room (size based on number of places)	4.0	10	40.0	Can accommodate 10 people using standard mats.
W1585	General store			10.0	Associated with preparation for parenthood room.

Example schedule of accommodation for Health Building Note 09-02 - 'Maternity care facilities' (2nd edition). Example 3: 8000 births in a consultant-led birthing unit (CLU) and 1500 births in a midwife-led birthing unit (MLU). Includes MLU co-located with CLU and a stand-alone MLU.						
ADB data for rooms without codes will be available at the end of March 2011						

Note 1 **Relationship of schedule to ADB room names**
The ADB room codes listed may not carry a title, in ADB, identical to the room name/function in the schedules. Use of the appropriate ADB room code will, however, result in the correct room being accessed.

Note 2 **Relationship of schedule to ADB for scalable rooms (i.e. those for which a recommended room size does not exist)**
ADB room code relates to one example size of this space and does not reflect space requirements of these schedules. Projects will scale up/down according to schedule.

Note 3 **Rounding of scalable rooms**
The number of waiting spaces and lockers (in the communal changing areas) have been rounded to the nearest multiple of 5. The number of seats in the staff rest rooms have been rounded to the nearest multiple of 10. The number of workstations in the open plan offices have been rounded to the nearest even number.

Note 4 **Essential complementary accommodation**
Accommodation to which the department needs access, but may be shared with nearby departments.

Note 5 **Optional accommodation**
Accommodation which is not expected in all departments, but, dependent on local policy, may be needed in addition to or instead of rooms listed in the schedule.

Note 6 **Circulation allowance**
The circulation allowance is based upon the previously published allowance for HBN 21.

Note 7 **Engineering space allowance**
For the purposes of calculating the engineering space allowances it has been assumed that each CLU is located on an acute (multi-purpose) hospital site with a GIA of 25,000 sqm. For larger or smaller facilities, or where there needs to be largely dedicated engineering services plant space, the engineering space allowances will vary, generally downwards as GIA increases.

Note 8 **Status of defined metrics**
All of the defined metrics (calculations for quantifying spaces) in the notes column have been included as a reasonable basis for initial briefing. They are not intended as and should not be considered requirements.

Health Premises Cost Guides (HPCGs)

12.3 Departmental Cost Allowance Guides (DCAGs) have been replaced by Healthcare premises cost guides (HPCGs). HPCGs have been produced for the example briefing schedules attached, which involve configurations of consultant-led units (CLUs) and midwife-led units (MLUs) for different population sizes. Cost information has therefore been produced for the following:

a. CLU;

b. CLU with adjacent MLU;

c. totally stand-alone MLU.

12.4 A cost per square metre is provided for building and engineering services costs. For cost information for an MLU co-located with a community healthcare facility, project teams should refer to the community healthcare facility cost information in the 'Healthcare premises cost guides'.

Costing the example briefing schedules

12.5 The HPCGs have been calculated by costing each example briefing schedule in detail. (Note: The briefing schedules show example notional accommodation and are not to be taken as ideal provision for any particular project.

12.6 For full details of how the HPCGs were calculated see the 'Healthcare premises cost guides'.

Engineering space allowance

12.7 The example briefing schedules include an engineering space allowance. For (a) and (b) above, it is assumed in the HPCGs that the primary engineering services are shared with the rest of the acute hospital premises. The cost information for (c) above is based on buildings with fully dedicated engineering equipment.

12.8 For cost information for engineering services for an MLU co-located with a community healthcare facility, project teams should refer to the community healthcare cost information in the HPCGs.

12.9 For further details of how the engineering space allowances have been calculated see the HPCGs.

13 References

Department of Health

Health Building Note 00-01 – General design principles.

Health Technical Memorandum 00 – General engineering principles.

Health Facilities Note 30 – Infection control in the built environment.

Health Building Note 00-02 – Sanitary spaces.

Health Building Note 00-03 – Clinical and clinical support spaces.

Health Building Note 00-10 Part C – Sanitary assemblies.

Health Building Note 04-01 Supplement A – Isolation facilities for infectious patients in acute settings.

Health Building Note 26 Volume 1 – Facilities for surgical procedures.

Health Technical Memorandum 03-01 – Specialised ventilation for healthcare premises, Parts A and B.

Health Technical Memorandum 04-01 – The control of Legionella, hygiene, 'safe' hot water, cold water and drinking water systems.

Health Technical Memorandum 02-01 – Medical gas pipeline systems.

Health Technical Memorandum 06-01 – Electrical services supply and distribution.

Health Technical Memorandum 08-03 – Bedhead services.

Health Technical Memorandum 08-01 – Acoustics.

Healthcare premises cost guides.

'Safe and Sound: Security in NHS maternity units'. National Association of Health Authorities and Trusts, 1995.

Heath Technical Memorandum 07-07 – 'Sustainable health and social care buildings: Planning, design, construction and refurbishment'.

'Safe and Sound: Security in NHS maternity units'. National Association of Health Authorities and Trusts, 1995.

National Screening Committee Report.

Standards for Maternity Care: Report of a Working Party.

Towards Better Births: A Review of Maternity Services in England.

Intrapartum care: management and delivery of care to women in labour.

National Service Framework for Children, Young People and Maternity Services.

British Association of Perinatal Medicine guidance: Obstetric standards for the provision of perinatal care

Standards for hospitals providing neonatal intensive and high dependency care and Categories of babies requiring neonatal care

Creating a Better Birth Environment: An audit toolkit

Are women getting the birth environment they need?

BAPM Standards for hospitals providing neonatal intensive and high dependency care and Categories of babies requiring neonatal care.