CHAPTER 420: LABOR AND DELIVERY / OBSTETRIC UNITS

1 PURPOSE AND SCOPE

This chapter outlines space planning criteria for labor, delivery and recovery activities as well as antepartum, intrapartum and postpartum activities for the Labor and Delivery / Obstetric Units within the Military Health System (MHS).

Space planning criteria for the following services are provided in this chapter:

1. Labor and Delivery Unit (Includes LDR and LDRP beds)
2. Antepartum Testing Unit
3. Triage
4. C-Section Operating Rooms (ORs)
5. Obstetric Unit (Includes antepartum and postpartum beds)
6. Well Baby Nursery (refer to Chapter 430: Nursery)

This space planning criteria applies to all Military Medical Treatment Facilities (MTFs). Policies and directives, DoD's Subject Matter Experts (SMEs), established and/or anticipated best practice guidelines / standards, and TRICARE Management Activity (TMA) provide the foundation for the workload based space criteria and Net Square Footages (NSF) for each space. The latest version of DoD's UFC-4-510-01, Appendix B cites all Room Codes identified in this chapter.

A. Policies

LDRPs are recommended for all DoD MTFs unless the average workload exceeds 1,200 deliveries per month. For greater than 1,200 deliveries per month, the LDR model is recommended. Exceptions for MILCON will be considered when significant complexity of care and staffing issues exist. In addition, exceptions will be made for renovation projects where it is documented that the existing facility will not accommodate LDRPs. In these cases, the LDR concept with an obstetric unit will be programmed.

An economic analysis should be accomplished when obstetric services are included in a MILCON project to determine the desired capacity and resources. The analysis may be accomplished with in-house resources or through a consultant. This analysis must consider population served and future trends for that population, fertility rates in the population by segments both past and future, obstetric service staffing projections, availability and cost of obstetric services in the geographic area and concepts of care. The analysis must include the Poisson process calculation for determining required number of beds. The analysis may include a simulation evaluation that demonstrates the expected birth volume associated with the number of labor / delivery rooms proposed, given the targeted clinical practices and expected nurse staffing.

When annual births are projected to be less than 360, special justification of OB services is required. The following factors should be taken into consideration as part of the justification:

1. Location**,**
2. Availability of local OB services, and
3. Readiness and quality of life issues.

Although Public Law (Statute), "Standards Relating to Benefits for Mothers and Newborns" does not apply to DoD facilities, nor to care provided via CHAMPUS and TRICARE, the standards set forth should be followed for planning purposes. These standards state that mothers shall receive a minimum of 48 hours of inpatient care

following vaginal delivery and 96 hours following cesarean section, if they so desire. The direction of this legislation is to assure that mothers, not HMOs or third party payers, have control over their minimum length of stay. In most hospitals including DoD's, the mother may elect to be discharged in less than the minimum times stated.

B. Concepts of Care

In Military Health Facilities (MTFs), there are only two accepted concepts of care for the birthing of infants.

1. The Labor Delivery Recovery (LDR) room model.
2. The Labor Delivery Recovery Postpartum (LDRP) room model.

Renovation projects can implement LDRs if space allocation / constraints don't allow design and implementation of the LDRP model, or if average workload exceeds 1,200 deliveries per month.

Inpatient obstetrical facility space requirements are a function of birth volume and provider practice patterns at the facility. These items must be analyzed in detail.

1. The primary purpose of the birth volume analysis is to forecast the number of mothers who will give birth from the subject hospital beneficiary population during each of the next several (five) years. The analysis of birth volume must consider the current and any projected changes in the beneficiary population at risk for obstetrical services. The population at risk is generally considered to be women between the ages of 15 and 45. The analysis of the beneficiary population must include beneficiary category, single year age group and marital status. The analysis of birth volume must also consider historical and projected changes in fertility of the population at risk. The unit of analysis for the fertility rate analysis must be mothers giving birth as defined by patients discharged from DRGs 370 through 375. The fertility rate information must be beneficiary category and single-year age group specific, i.e. 18 year old, 19 year old, etc. Analysis of historical fertility rate data from the catchment area population for a period of not less than three years is necessary. This analysis should include an assessment of seasonality trends in the birth volume data.
2. The primary purpose of the provider practice pattern analysis is to translate the birth volume forecast into clinic and hospital workload. There are five key obstetrical practice pattern parameters that have been shown to determine inpatient obstetrical facility resource requirements. These parameters are:
    a. Cesarean delivery rate, DRGs 370, 371
    b. Cesarean delivery Average Length of Stay (ALOS).
    c. Vaginal birth delivery rate (DRGs 372-375)
    d. Vaginal birth ALOS.
    e. Discharge rate to non-birth related obstetrical patients as defined by patients discharged from DRGs, 378, 379, 380, 382, 383 and 384; 376, 377 can also be used, if they were not postpartum patients.

    At some locations, GYN surgical patients may be collocated with or cared for on this unit. In a women's health model the outpatient OB/GYN clinic may also be located adjacent to this unit with routine antepartum testing completed on the OB unit (due to the expertise of nursing staff and best use of resources).

If the concept of operation is to include non-birth related GYN patients on the same patient unit with postpartum patients, then the following practice patterns must be considered:

a. Non-birth related obstetrical patient ALOS.
b. Surgical GYN patients (DRGs 353-369), when these patients are placed on an obstetric unit.
c. Surgical GYN patients (DRGs Surgical GYN patients DRGs 353-369 ALOS), when these patients are placed on an obstetric unit.

NOTE: Consideration must be given to DRGs 376 and 377 Postpartum and Post abortion Diagnoses with (377) or without (376) OR Procedure. A birth may or may not be associated. The number of discharges and the AOL of each must be captured. This is also true for the DRGs 353-369 (diseases and disorders of the female reproductive system, surgical), when these patients are placed in the obstetric unit.

Analyses of these practice pattern parameters from both institutional and an individual provider perspective is necessary. Historical performance data should be compared with normative source data. Guidance from the Chief of Obstetrics at the MTF should be provided regarding the target planning values for these five parameters. The target values for these five parameters should be used for inpatient obstetrical facility planning purposes.

The analysis must consider clinical practice patterns, nurse allocation, scheduling, and staffing practices.

For MTFs with less than 3,000 mothers giving birth each year (250 births per month) there is a substantial savings in nursing and support personnel associated with implementation of the LDRP concept of care and a fully cross-trained staff. For very small facilities of less than 1,800 births per year (150 births per month) the support staff savings associated with implementation of LDRP care is on the order of 20 percent. Staff savings of this magnitude can justify the entire building renovation or construction project cost. The savings cannot be realized using the LDR and postpartum concept of operations. Therefore, the LDRP model is clearly more efficient in terms of support staffing costs than the LDR care concept in hospitals with less than 3,000 births per year.

For inpatient obstetrical facilities with a forecast birth volume of less than 1,200 births per year (250 births per month), as defined by patients discharged from DRGs 370 through 375, the recommended concept of care is LDRP. For facilities with a forecast birth volume greater than 1,200 births per year the recommended concept of care is LDR with a separate postpartum unit. Exceptions to these guidelines will be made on a case-by-case basis following submission of appropriate documentation.

C. Diagnostic Related Groups (DRGs) for this section:

353: Pelvic Evisceration, Radical Hysterectomy and Radical Vulvectomy
354: Uterine and Adnexa Procedures for Nonovarian/Adnexal Malignancy with CC
355: Uterine and Adnexa Procedures for Nonovarian/Adnexal Malignancy without CC
356: Female Reproductive System Reconstructive Procedures
357: Female Reproductive System Reconstructive Procedures for Ovarian or Adnexal Malignancy
358: Uterine and Adnexa Procedures for Nonmalignancy with CC

359: Uterine and Adenexa Procedures for Nonmalignancy without CC
360: Vagina, Cervix and Vulva Procedures
361: Laparoscopy and Incisional Tubal Interruption
362: Endoscopic Tubal Interruption
363: D and C, Conization and Radioimplant for Malignancy
364: D and C, Conization Except for Malignancy
365: Other Female Reproductive System OR Procedures
366: Malignancy of Female Reproductive System with CC
367: Malignancy of Female Reproductive System without CC
368: Infections of Female Reproductive System
369: Menstrual and Other Female Reproductive System Disorders
370: Cesarean Section with CC
371: Section without CC
372: Vaginal Delivery with Complicating Diagnoses
373: Vaginal Delivery without Complicating Diagnoses
374: Delivery with Sterilization and/or D and C
375: Delivery with OR Procedure Except Sterilization and/or D and C
376: Postpartum and Post abortion Diagnoses without OR Procedure
377: Postpartum and Post abortion Diagnoses with OR Procedure
378: Ectopic Pregnancy
379: Threatened Abortion
380: Abortion without D and C
381: Abortion with D and C, Aspiration Curettage or Hysterotomy
382: False Labor
383: Other Antepartum Diagnoses with Medical Complications
384: Other Antepartum Diagnoses without Medical Complications

2 DEFINITIONS

A. Antepartum: This is the period of time before birth. A hospital Antepartum Room is where a doctor places a pregnant woman for observation and monitoring before the onset of labor, generally due to pregnancy complications or hospital-ordered bed rest. A woman may spend a few days or a few months in the Antepartum Room. This room is typically similar in size and configuration to a general acute care patient room.

B. Antepartum Testing / Triage: This area regulates the flow of patients into expensive birthing rooms by serving as a holding area for patients in early stages of labor (or false labor), a preparation area for patients who are scheduled for a c-section, or for patients who require tests/treatments such as an ultrasound and/or IV fluids.

C. Anteroom: An enclosed ventilated room adjacent to the isolation room whose purpose is to provide a barrier against the entry/exit of contaminated air into/out of the isolation room. As well, it provides a controlled environment for donning/removal of PPE, decontaminating equipment, and handwashing. The anteroom is not required.

D. Average Length of Stay (ALOS): The length of stay for an individual patient is the total amount of time that he/she stays in a healthcare facility between arrival (admission) and departure (discharge) and is determined based on the midnight census. The average length of stay for a specific patient population or facility is the total of all patient days (lengths of stay) divided by the number of patient admissions / discharges.

E. Care Giver Workstation: Workstation for nursing unit personnel. Workstations can be "centralized" or "decentralized". An example of "centralized" is the central nursing station that serves as the information hub of the unit and contains workspace for all care givers. An example of the "decentralized" workstation are care giver workstations that are distributed throughout the nursing unit, often located outside each patient room or between every two patient rooms to allow a caregiver to work efficiently while observing and caring for patients. Additionally, decentralized "teaming" workstations or substations can be provided for several caregivers to collaborate about the patient's care.

F. Clean Utility Room: This room is used for the storage and holding of clean and sterile supplies. Additionally it may provide space to prepare patient care items. Clean linen may be stored in a designated area in the clean utility room if space is not provided in a separate room or in an alcove.

G. Consult Room: This is a consultation room for family members to meet with physicians or other providers privately and is ideally located near the waiting room.

H. Deliveries: The sum of the number of live births and still births in the hospital. A multiple birth delivery counts as one delivery.

A. Delivery Room / C-Section OR: This OR is required for C-section deliveries. Some have developed protocols for performing gynecological surgery in the delivery/operating suite.

B. Equipment Storage: Numerous items of equipment are used during the birth of an infant. Traditionally, in the LDRP (labor, delivery, recovery, postpartum) concept, the equipment needed at the time of birth can be shared between two rooms and kept in a common equipment room/alcove. In a traditional LDR (labor, delivery, recovery) concept, an area of the room provides storage for equipment dedicated to that room. However, in both the LDR and LDRP revised concepts, equipment storage is provided in a dedicated enclosed closet for each room. Additionally, there is a requirement for common storage space for equipment on the unit.

C. Exam / Triage Room: Birthing patients are initially seen and evaluated in an exam / triage room. This process is to determine if the patient is truly in labor and if there are any complications. The process of exam / triage can result in the patient being sent home (false labor, for example), the patient being sent to a room for the labor to progress, or to a cesarean section room (high risk patient or scheduled cesarean section). Exam / triage does not always lead to an immediate admission or release. It may take a couple of hours of observation to rule out active labor or fetal or maternal distress before the decision to admit or release to home can be made. It is also in this area that admission data is gathered.

D. Full-Time Equivalent (FTE): A staffing parameter equal to the amount of time assigned to one full time employee. It may be composed of several part-time employees whose total time commitment equals that of a full-time employee. One FTE equals a 40 hour-week workload.

E. Functional Area: The grouping of rooms and spaces based on their function within a clinical service. Typical Functional Areas are Reception Area, Patient Area, Support Area, Staff and Administrative Area, and Education Area.

F. Graduate Medical Education (GME): After a physician completes 4 years of medical school, they must then complete an internship (also called PGY1 or Post Graduate

Year 1) and then a residency (also termed GME or Graduate Medical Education). An internship typically lasts one year, and a residency can last from three to seven years depending on the specialty that is chosen.

G. Infection Control Risk Assessment (ICRA): An ICRA is a multidisciplinary, organizational, documented process that considers the medical facility's patient population and mission to reduce the risk of infection based on knowledge about infection, infectious agents, and the care environment, permitting the facility to anticipate potential impact.

H. Input Data Statement: A set of questions designed to elicit information about the healthcare project in order to create a Program for Design (PFD; see definition below) based on the criteria parameters set forth in this chapter. Input Data Statements could be Mission related, based on the project's Concept of Operations; and Workload or Staffing related, based on projections for the facility.

I. Labor and Delivery Unit: A nursing unit for the care of mothers and babies during labor and delivery, which can include the use of LDRs (labor, delivery, recovery), LDRPs (labor, delivery, recovery, postpartum), and/or obstetric beds (postpartum/antepartum beds).

J. LDR (Labor, Delivery, Recovery): This supports a concept where the mother labors, delivers and recovers in one room and then is transferred to a postpartum room for the remainder of her stay. The LDR room is also known as the birthing room. It is a procedure room and therefore does not require a window to the outdoors. LDRs are recommended when annual deliveries exceed 1,200.

K. LDRP (Labor, Delivery, Recovery, Postpartum): This supports a single room maternity care concept. The mother labors, delivers, recovers and spends the postpartum phase in one room. The rooms must include facilities for care of the infant during delivery and after birth. Since the mother spends more than 24 hours in this room, it is a licensed bed and requires a window to the outdoors. LDRPs are recommended where annual deliveries are less than 1,200.

L. Medication Room: This room will include space for medication storage and supplies for automated dispensing machines.

M. Net-to-Department Gross Factor (NTDG): This number, when multiplied by the programmed net square foot (NSF) area, determines the departmental gross square feet (DGSF).

N. Negative Pressure Isolation Room: A type of Airborne Infection Isolation Room that is provided for the isolation of patients with airborne contagious diseases such as tuberculosis and is designed to direct air flow from outside corridors and rooms into the patient room, preventing the chance for contaminated air to flow to other parts of a building. The use of an anteroom is not mandatory; however, its need should be discussed with the facility.

O. Nursery (Level I)
   1. Holding Nursery: When the infant stays with its mother in the room, referred to as "rooming-in", a small "holding nursery" is located adjacent to the nurse station on the unit(s) to accommodate well infants who need to be removed from the mother's room. The Holding Nursery will be located on the Obstetric unit when the LDR concept is used and on the Labor and Delivery Unit when the LDRP concept

is programmed. It should be sized to accommodate the number of infants who do not remain with their mother during the postpartum stay.

2. Newborn Nursery or Well Baby Nursery: A newborn nursery is provided for every facility that includes delivery services. Each newborn nursery has no more than 16 infant stations. If a room-in concept is being used, the number of newborn nursery stations can be reduced. This smaller nursery is known as the Holding Nursery. (See above definition for Holding Nursery)

P. Obstetric Unit: Also known as Mother-Baby Unit, the Obstetric Unit cares for both antepartum and postpartum patients and may also be used for female surgery, and other obstetric (OB) or gynecology (GYN) related patients.

Q. Office:

1. Private Office: Generally speaking, a private office is needed for the supervisory and/or managerial role. It may be justified for a provider or a non-provider, depending upon the nature of their work. Private offices are needed where confidential communication in person or on the telephone takes place. When private offices are justified, they are typically 120 NSF.

2. Shared Office: Staff may be assigned to share an office space of 120 NSF, which amounts up to 60 NSF per person. This can be a good solution for staff for whom a quiet office environment is important for conducting confidential communication in person or on the telephone

3. Cubicle: A cubicle is provided in an open room. Managers and other staff with no direct reports as well as part-time, seasonal and job-sharing staff may qualify for a cubicle environment. Cubicle environments can have the benefit of being more open, airy and light, and can make more efficient use of space. Such environments are particularly conducive to team-oriented office groupings. Cubicle environments work best when they contain adequate numbers of conference and small group meeting spaces, for confidential conversations and/or group tasks. A 60 square foot cubicle is the preferred size.

R. Personal Property Lockers: This is a small-sized locker, commonly called purse or cell phone locker, and is generally used to secure purses and smaller valuables. Staff members who do not have an office or cubicle space where they can safely store belongings will be assigned these lockers.

S. Postpartum: This is the period of time following birth. Postpartum care encompasses management of the mother, newborn, and infant during the postpartal period. This period usually is considered to be the first few days after delivery, but technically it includes the six-week period after childbirth up to the mother's postpartum checkup with her health care. The Postpartum Room is where the mother stays after labor and delivery. If using an LDRP model of care, the LDRP room is the room the mother will use for the entire stay. The mother will give birth here and the baby will stay with her (“room in”) until she is ready to go home. The nursery, in this case, is only for babies or mothers who are very ill, rather than well newborn care

T. Program for Design (PFD): A listing of all of the spaces and rooms included within a service and the corresponding net square foot area of each space and room. This listing of spaces and rooms is based on criteria set forth in this chapter and specific information about Program Mission, Workload projections and Staffing levels authorized.

U. Provider: A medical professional, such as a physician, nurse practitioner, or physician assistant, who examines, diagnoses, treats, prescribes medications, and manages the care of patients within the scope of their practice as established by the governing body of a healthcare organization. .

V. SEPS: Acronym for Space and Equipment Planning System, a digital tool developed by the Department of Defense (DoD) and the Department of Veterans Affairs to generate a Program for Design (PFD) and a Project Room contents List (PRCL; equipment List) for a DoD healthcare project based on specific information entered in response to Input Data Statements.

W. Soiled Utility Room: This space provides an area for cleanup of medical equipment and instruments, and for disposal of medical waste material. It provides temporary holding for material that will be picked up by Central Sterile or similar service. It should be accessible from the main corridor.

X. Team Collaboration Room: This space provides staff with an environment conducive to collaboration. Room contains touchdown computer workstations for documentation and a table with chairs to hold meetings.

Y. Unit: A unit is an area of patient care that includes a number of patient rooms and all of the support functions necessary to provide care to the patients on that unit. Examples include an obstetric ward (unit), an LDR unit or an LDRP unit. The number of units varies and is provided in the formula below in Table 1 under Section 3: Operating Rationale and Basis of Criteria.

I. Workload: The anticipated number of procedures or visits that is processed through a department / service area. The total workload applied to departmental operational assumptions will determine overall room requirements for a service.

3 OPERATING RATIONALE AND BASIS OF CRITERIA

A. Workload Projections, number of patient beds (see formulas below), and planned services/modalities for a specific MHS facility project shall be sought by the planner in order to develop a baseline Program for Design based on these Criteria. Healthcare and clinical planners working on Military hospitals, medical centers and clinics shall utilize and apply the workload based criteria set forth herein for identified services and modalities to determine space requirements for the project

1. LDR and LDRP Calculation:

The vast majority of patients arriving at a hospital in need of obstetrical care are not scheduled in advance. Rather, these patients arrive in an unscheduled or random way (scheduled cesarean deliveries and scheduled induction patients are exceptions that do not arrive at the hospital randomly). A great deal of work has been done on the mathematics of random processes. Queuing theory, for example, is a branch of mathematics that studies people waiting in lines or queues. The mathematical model, the Poisson process, has been used to accurately describe many random processes. The Poisson process has been shown to accurately describe obstetrical facility occupancy in a number of studies dating from 1960.

There are two required inputs to the Poisson process, the arrival /admission rate and the service time or Average Length of Stay (ALOS). The Poisson process assumes that admissions are random events with respect to day of week and time

of day. If a significant proportion of admissions are scheduled, use of the Poisson process will over estimate the requirements for rooms and beds. Therefore, the Poisson process should be considered a conservative estimate (overestimate) of room and bed needs.

The Poisson process calculates the occupancy rate and probability that a bed will not be available (patient turn–aways). The calculation of this probability explicitly illustrates the trade-off between desired occupancy rate and the probability that a bed will not be available. There is no consensus on the "right" level that demand exceeds the facility capacity (percent of patient turn-aways). Estimates of the appropriate demand level for planning purposes range from 90 to 99.9 percent. The determination of the trade-off between occupancy rate and turn-away probability is a responsibility of the facility planners. The ability of the facility to accommodate patients in other rooms in the obstetrical unit or in other hospital units for short periods or to limit the number of scheduled procedures during periods of peak demand are important considerations when making this decision.

Normative formulas are provided below for the purpose of both quick and comparative program development. The Poisson process will be used to provide the accepted quantity solutions. An example of a Poisson distribution is provided following the formulas. An interactive, electronic spreadsheet which graphs this distribution is available on *http://www.tricare.osd.mil\ebc\rm* (requires login).

Common Planning Factors: Actual experience rates are more desirable and should be obtained from the historic workload for the facility. The following factors are provided for comparative purposes.

a. Minimum mother ALOS for normal vaginal birth = 2.0 days
b. Minimum mother ALOS for cesarean section birth = 4.0 days
c. Infant ALOS for a normal vaginal birth = 1.5 days
d. Infant ALOS for Cesarean Birth = 3.5 days
e. Cesarean Birthrate is about 30% nationally

Calculation of the number of LDR rooms:

Step 1: Determine the projected number of LDR events, which equals the number of vaginal births (project the annual number of births minus the annual projected number of cesarean births).

Step 2: Add to this the number of cesarean births less the number of "scheduled cesarean births." The purpose of adding the unscheduled C-sections is to provide LDR space for the woman who goes to an LDR room to attempt vaginal delivery and after some period of labor time, is taken to an operating room for an emergency cesarean section

Step 3: Determine the Average Length of Stay in an LDR for a normal vaginal birth. This number on average is 0.5 days or 12 hours (6-hrs. labor, 2-hrs. delivery, 3-hrs. recovery and 1 hr. room cleanup). A description of how to determine ALOS by DRG is provided at the end of this section.

Step 4: Determine the desired occupancy in the LDRs. The most widely used number in the private sector is 75% or 0.75

Step 5: Insert the numbers attained in steps one through three into the formula and calculate the number of LDRs required.

Formula 1:

$$\text{Number of LDR Rooms} = \frac{\text{Projected LDR Events x ALOS}}{\text{365 x Occupancy Rate}}$$

Notes:

Refer to Space Planning Criteria Chapter 120 for more detailed information on Occupancy Rates..

A rule-of-thumb is that LDRs are provided at a ratio of one per 350 non-cesarean births.

For Cesarean Section Births refer to DRG 370 and DRG 371.

For Normal Deliveries refer to the following DRGs: 372, 373, 374 and 375.

DRG 375 may require additional review since it is described as a vaginal delivery with OR procedure except sterilization and/or D&C.

Calculation of the number of LDRP Rooms:

Step 1: Determine the projected number of LDRP events, which equals the number of vaginal births (project the annual number of births minus the annual projected number of cesarean births).

Step 2: Determine the Average Length of Stay in an LDRP for a normal vaginal birth. This number on average is 2 days. A description of how to determine ALOS by DRG is provided at the end of this section.

Step 3: Determine the desired percentage of occupancy in the LDRP unit. The most widely used number in the private sector is 75% or .75

Step 4: Insert the resulting values of steps one through three into the formula below and calculate the number of LDRPs required.

Formula 2:

$$\text{Number of LDRP Rooms} = \frac{\text{Projected LDRP Events x ALOS}}{\text{365 x Occupancy Rate}}$$

Refer to Space Planning Criteria Chapter 120 for more detailed information on Occupancy Rates.

Note:

There is no difference in the LDR and the LDRP formulae. The results are different because of different variables, most notably the ALOS (average length of stay).

Calculation of the number of Cesarean Rooms:

Step 1: Project the number of annual cesarean births. A rule-of-thumb is that 30% of all births will be cesarean; however, there is considerable variation between hospitals.

Step 2: Divide the projected number of cesarean births by 500 to determine the total number of cesarean rooms required. Always round up to the next highest number. The minimum number of rooms must be one.

Formula 3:

$$\text{Number of Cesarean Rooms} = \frac{\text{Projected \# of Annual Cesarean Births}}{\text{500 births per room}}$$

Note:

In smaller facilities, the Cesarean Room(s) may be located in the Surgical Suite, if it is near the Obstetric Unit.

If located in the Surgical Suite, an Infant Resuscitation area shall be provided.

Calculation of the number of Post Partum Beds:

Step 1: Determine the projected number of annual births, low risk and then high risk. (See definitions for DRGs in each category.)

Step 2: Determine the Average Length of Stay (ALOS) in the obstetric unit. This number on average is 1.5 days for low risk patients and 3.5 days for high-risk patients. A description of how to determine ALOS by DRG is provided at the end of this section.

Step 3: Determine the desired percentage of occupancy in the obstetric unit. The most widely used number in the private sector is 75% or .75

Step 4: Insert the resulting values of steps one through three into the formula below and calculate the number of Post Partum Beds required.

Step 5: Calculate the formula twice, once for the projected number of low risk births and once for the projected number of high-risk patients. Add the resulting number of beds from each calculation to determine the total number of obstetric beds required.

Formula 4:

$$\text{Number of Postpartum Beds} = \frac{\text{Projected \# of Annual Births X ALOS}}{\text{365 x Occupancy Rate}}$$

Refer to Space Planning Criteria Chapter 120 for more detailed information on Occupancy Rates.

Note:

Postpartum beds are not required in a unit with a solely LDRP service. However, antepartum or high risk obstetric beds may be required, and an obstetric unit may also be provided in a hospital with a very large OB service (250 or more births per month). In this case, a special study is needed using a Poisson process to determine beds needed. This formula

will need to be calculated twice: once for projected low-risk births using the lower ALOS and then again for the projected number of high- risk births using the high risk ALOS.

Calculation of other Antepartum / OB / GYN Beds:

Step 1: Determine the projected number of admissions from the above DRGs.

Step 2: Determine the Average Length of Stay (ALOS) in the obstetric unit for each DRG. A description of how to determine ALOS by DRG is provided at the end of this section.

Step 3: Insert the paired numbers (patients by DRG and ALOS by DRG) attained in steps one and two into the formula below and calculate the number of postpartum beds required for each DRG.

Step 4: Calculate the formula nine times, once for each DRG. Add the resulting number of beds from each calculation to determine the total number of other OB beds required.

Formula 5:

$$\text{Number other beds} = \frac{\text{Projected number of patients in each DRG X DRG ALOS}}{365}$$

Note:

Other OB beds are for DRGs 376, 377 (except those following delivery), 378, 379, 380, 381, 382, 383 & 384. What about all the GYN DRGs (353-369)?

Calculation of Level I, Holding Nursery Bassinets:

Please refer to Chapter 430: Nursery which also contains space criteria for the Level I, Holding Nursery, planner shall not duplicate space.

Average Length of Stay (ALOS) is available through at least two sources.

Analysts with access to Standard Inpatient Data Records (SIDRs), the biometric records describing an individual disposition, can sum bed days by DRG and divide by dispositions. SIDRs are available on the IBM mainframe computer at Ft. Detrick in the MHS Data Repository (MDR) files and are based on SIDRs generated at individual MTFs.

Analysts with access to the All Region Server (ARS) Bridge can view individual SIDR records there and using the Business Objects software intrinsic to the Bridge, can calculate ALOS by DRG. The Bridge has been in a developmental mode with limited access but is moving to a production format with greatly increased access, including authorization for at least one analyst per MTF.

Both of the above methods calculate ALOS "on the fly" rather than accessing a pre-calculated value; thus they can be developed by DRG or by any other grouping such as by MEPR code.

A third option providing less detail is calculation through the MEPRS Executive Query System (MEQS). MEQS is a Business Objects based system containing expense and workload data for MTFs according to categories of interest for expense/accounting rather than workload purposes. Using occupied bed day and disposition data available here, one could calculate ALOS by MEPR code or site. ALOS by DRG could not be calculated using MEQS data.

Formula 6:

Total # of Bassinets = Total Number of LDR/LDRP & Postpartum Rooms X 10%

B. Space planning criteria have been developed on the basis of an understanding of the activities involved in the functional areas required for the two components: Labor and Delivery Units and Obstetric Units and their relationship with other services of a medical facility. These criteria are predicated on established and/or anticipated best practice standards, as adapted to provide environments supporting the highest quality heath care for Service Members and their dependents.

C. These criteria are subject to modification relative to equipment, medical practice, vendor requirements, and subsequent planning and design. The final selection of the size and type of medical equipment is determined during the design process.

D. The area for each Room (NSF) in this document has been provided by the Military Health System (MHS) Template Board Workgroup.

E. Calculation of the number of Units for a project is based on the number of Patient Beds projected and the Workload Calculation Parameters in Table 1. The number and NSF of the support spaces in each Unit is determined based on the resulting number of Patient Bedrooms per unit. Spaces in each Common Functional Area are calculated based on the total number of Patient Bedrooms of the corresponding Nursing Unit. Mission, Staffing and Miscellaneous Input Data Questions drive the rest of the spaces in this document.

TABLE 1: PATIENT UNIT CALCULATION

420: LABOR AND DELIVERY / OBSTETRIC UNITS		
	NUMBER OF PATIENT BEDROOMS PER UNIT	
NURSING UNITS	MIN	MAX
Labor and Delivery Units (LDR or LDRP Models)	6	13
Obstetric Units	11	23

F. Calculation of the Antepartum Testing Room and Exam / Triage Room in Functional Area 3: L & D Common Triage Patient Area; and the C-Section Operating Room in, Functional Area 6: L & D Common C-Section Patient Area is derived from workload projections via the workload Input Data Statements as outlined below. Most of the remaining rooms in those functional areas and in the Support Functional Areas are determined based on the number of Patient Bedrooms, Exam / Triage and ORs generated by workload. Mission, Staffing and Miscellaneous Input Data Questions drive the rest of the spaces in this document.

G. Section 4: Input Data Questions and Section 5: Space Planning Criteria have been implemented and tested in SEPS II.

H. Exam Room, Testing Room and Procedure Room capacity calculation is based on the following formula / parameters:

Formula:

$$\frac{\text{Operating Days per Year x Hours of Operation per Day}}{\text{Average Length of Encounter (ALOE) in Minutes / 60 Minutes}} \text{ X Utilization Factor}$$

User-defined Value:
1. Operating Days per Year: 232, 240 or 250. (default in SEPS: 240)
2. Hours of Operation per Day: 6, 7, or 8 (default in SEPS: 8)

Fixed Value:
1. Utilization Factor: 80%

Calculation: Annual Workload for one Exam Room / Triage:

$$\frac{\text{240 Operating Days per Year x 8 Hours of Operation per Day}}{\text{60 Minutes / 60 Minutes}} \text{ X 0.80 = 1,536}$$

Minimum Annual Workload to generate an Exam Room, Testing Room or Procedure Room: 20% of Annual Workload for one Room.

I. Workload based room calculation examples:

1. Room Criteria Statement (Room 1):
Minimum one if the projected annual clinic encounters is between 307 and 1,536; provide an additional one for every increment of 1,536 projected annual clinic encounters greater than 1,536; the minimum workload to generate an additional room is 307.

   a. Input Data Statement 1, Answer 1:
   How many annual clinic encounters are projected? (W) = 4,700

   Step 1: Subtract the increment from the projected annual encounters to account for the "Minimum one" condition.
   4,700 – 1,536 = 3,164
   One room generated

   Step 2: Divide the resulting value by the increment.
   3,164 / 1,536 = 2.05
   Two additional rooms generated

   Step 3: Multiply the whole value ("2" in the previous step) by the increment.
   2 x 1,536 = 3,072

   Step 4: Subtract Step 3 from Step 1.
   3,164 – 3,072 = 92

   Step 5: Compare Step 4 with the "minimum workload to generate an additional room" value; if higher, provide an additional room.
   92 is less than 307

No additional rooms generated.

Total number of rooms generated by 4,700 annual encounters: 3

b. Input Data Statement 1, Answer 2:
How many annual clinic encounters are projected? (W) = 15,000

Step 1: Subtract the increment from the projected annual encounters to account for the "Minimum one" condition.
15,000 – 1,536 = 13,464
One room generated

Step 2: Divide the resulting value by the increment.
13,464 / 1,536 = 8.76
Eight additional rooms generated

Step 3: Multiply the whole value ("8" in the previous step) by the increment.
8 x 1,536 = 12,288

Step 4: Subtract Step 3 from Step 1.
13,464 – 12,288 = 1,176

Step 5: Compare Step 4 with the "*minimum workload to generate an additional room*" value; if higher, provide an additional room.
1,176 is greater than 307
One additional room generated.

Total number of rooms generated by 15,000 annual encounters: 10

2. Room Criteria Statement (Room 2):
Minimum two if the projected annual encounters is between 614 and 6,144; provide an additional one for every increment of 3,072 projected annual encounters greater than 6,144; the minimum workload to generate an additional room is 614.

a. Input Data Statement 2, Answer 1:
How many annual clinic encounters are projected? (W) = 12,500

Step 1: Subtract the increment from the projected annual encounters to account for the "Minimum one" condition.
12,500 – 6,144 (3,072 x 2) = 6,356
Two rooms generated

Step 2: Divide the resulting value by the increment.
6,356 / 3,072 = 2.06
Two additional rooms generated

Step 3: Multiply the whole value ("2" in the previous step) by the increment.
2 x 3,072 = 6,144

Step 4: Subtract Step 3 from Step 1.
6,356 – 6,144 = 212

Step 5: Compare Step 4 with the "minimum workload to generate an additional room" value; if higher, provide an additional room.
212 is less than 614
No additional rooms generated.

Total number of rooms generated by 12,500 annual encounters: 4

b. Input Data Statement 2, Answer 2:
How many annual clinic encounters are projected? (W) = 18,000

Step 1: Subtract the increment from the projected annual encounters to account for the "Minimum one" condition.
18,000 – 6,144 (3,072 x 2) = 11,856
Two rooms generated

Step 2: Divide the resulting value by the increment.
11,856 / 3,072 = 3.85
Three additional rooms generated

Step 3: Multiply the whole value ("3" in the previous step) by the increment.
3 x 3,072 = 9,216

Step 4: Subtract Step 3 from Step 1.
11,856 – 9,216 = 2,640

Step 5: Compare Step 4 with the "*minimum workload to generate an additional room*" value; if higher, provide an additional room.
2,640 is greater than 614
One additional room generated.

Total number of rooms generated by 18,000 annual encounters: 6

TABLE 2: WORKLOAD PARAMETER CALCULATION

420: LABOR AND DELIVERY / OBSTETRIC UNITS				
WORKLOAD	**AVERAGE LENGTH OF STAY (minutes)**	**UTILIZATION RATE**	**NUMBER OF ANNUAL BIRTHS / STAYS IN ONE ROOM (*)**	**MINIMUM ANNUAL BIRTHS / STAYS TO GENERATE ONE ROOM (20%)**
Antepartum Testing Room	45	80%	2,048	410
Exam / Triage Room	60	80%	1,536	307
C-Section Operating Room	60	80%	1,536	307

(*) Values in this column are representative and are based on an 8-hour per day and a 240-day per year default value. SEPS calculates this value dynamically based on answers to the following Input Data Statements:

For L & D Common Triage Patient Area:
(1) Is L & D Common Triage Patient Area authorized to operate outside the standard 8-hour per day shift? (Misc); if not:
(2) Is L & D Common Triage Patient Area authorized to operate a 6-hour per day shift? (Misc) (If not, a 7-hour per day shift will be used to calculate workload driven spaces), and

(3) Is L & D Common Triage Patient Area authorized to operate outside the standard 240 days per year? (Misc); if not:
(4) Is L & D Common Triage Patient Area authorized to operate 232 days per year? (Misc) (If not, 250 days per year will be used to calculate workload driven spaces)

For L & D Common C-Section Patient Area:
(5) Is L & D Common C-Section Patient Area authorized to operate outside the standard 8-hour per day shift? (Misc); if not:
(6) Is L & D Common C-Section Patient Area authorized to operate a 6-hour per day shift? (Misc) (If not, a 7-hour per day shift will be used to calculate workload driven spaces), and
(7) Is L & D Common C-Section Patient Area authorized to operate outside the standard 240 days per year? (Misc); if not:
(8) Is L & D Common C-Section Patient Area authorized to operate 232 days per year? (Misc) (If not, 250 days per year will be used to calculate workload driven spaces)

4 PROGRAM DATA REQUIRED (Input Data Questions) LABOR AND DELIVERY / OBSTETRIC COMMON AREAS

A. Mission Input Data Statements
1. Are Labor and Delivery Patient Units authorized? (M)
   a. Is a Patient Check-in Kiosk in the L & D Reception Area authorized? (M)
   b. Is Antepartum Testing available in the Outpatient Clinic / Women's Health Clinic? (M)
   c. Is a C-Section Patient Area authorized? (M)
      1. How many annual C-Section procedures are projected? (W)
   d. Is a Satellite Laboratory in each L & D Unit authorized? (M)

B. Workload Input Data Statements
   a. How many LDR patient beds are projected? (W)
   b. How many LDRP patient beds are projected? (W)
   c. How many annual Antepartum Testing encounters are projected? (W)
   d. How many annual Exam / Triage Room encounters are projected? (W)

C. Staffing Input Data Statements
   a. How many Lactation Support FTE positions for each L & D Unit are authorized? (S)
   b. How many L & D provider FTE positions are authorized? (S)
      1. How many L & D provider FTE positions are authorized to have a cubicle in the L & D Common Staff and Administrative Area? (S)
      2. How many L & D provider FTE positions are authorized to have a private office in the L & D - OB Units Common Staff and Administrative Area? (S)
      3. How many L & D provider FTE positions are authorized to have a shared office in the L & D - OB Units Common Staff and Administrative Area? (S)
      4. How many L & D provider FTE positions are authorized to have a cubicle in the L & D - OB Units Common Staff and Administrative Area? (S)
   c. How many L & D non-provider FTE positions are authorized? (S)
      1. How many L & D non-provider FTE positions are authorized to have a cubicle in the L & D Common Staff and Administrative Area? (S)

2. How many L & D non-provider FTE positions are authorized to have a private office in the L & D - OB Units Common Staff and Administrative Area? (S)
3. How many L & D non-provider FTE positions are authorized to have a shared office in the L & D - OB Units Common Staff and Administrative Area? (S)
4. How many L & D non-provider FTE positions are authorized to have a cubicle in the L & D - OB Units Common Staff and Administrative Area? (S)

D. Miscellaneous Input Data Statements
   a. How many Negative Pressure Isolation LDR / LDRP Rooms in each L & D Unit are authorized by the Infection Control Risk Assessment (ICRA)? (Misc)
   b. Are Caregiver Workstations authorized for the L & D Unit Patient Area? (Misc)
   c. Is a Scrubs Distribution Room in the L & D Staff and Administrative Area authorized? (Misc)
   d. Are Lockers / Changing Rooms and Toilets / Showers in the L & D Staff and Administrative Area authorized? (Misc)
   e. Is an On-Call Room in the Common L & D Staff and Admininstrative Area authorized? (Misc)
   f. How many L & D provider and non-provider FTEs will work on peak shift? (Misc)
   g. (1) Is the L & D Common Triage Patient Area authorized to operate outside the standard 8-hour per day shift? (Misc)
      1. (2) Is the L & D Common Triage Patient Area authorized to operate a 7-hour per day shift? (Misc) (If not, a 6-hour per day shift will be used to calculate workload driven spaces)
   h. (3) Is the L & D Common Triage Patient Area authorized to operate outside the standard 240 days per year? (Misc)
      1. (4) Is the L & D Common Triage Patient Area authorized to operate 250 days per year? (Misc) (If not, 232 days per year will be used to calculate workload driven spaces)
   i. (5) Is the L & D Common C-Section Patient Area authorized to operate outside the standard 8-hour per day shift? (Misc)
      1. (6) Is the L & D Common C-Section Patient Area authorized to operate a 7-hour per day shift? (Misc) (If not, a 6-hour per day shift will be used to calculate workload driven spaces)
   j. (7) Is the L & D Common C-Section Patient Area authorized to operate outside the standard 240 days per year? (Misc)
      1. (8) Is the L & D Common C-Section Patient Area authorized to operate 250 days per year? (Misc) (If not, 232 days per year will be used to calculate workload driven spaces)

5 SPACE PLANNING CRITERIA LABOR AND DELIVERY

For calculation of the number of Vending Machine areas, Public Toilets, Communication Closets, and Janitors Closets for this Chapter, please refer to DoD Space Planning Criteria Chapter 6.1: Common Areas.

A. FA 1: L & D Unit Calculation:

1. **Number of L & D Units (CALC1).....0 NSF**
   The minimum number of patient beds, of all types, to generate one Labor and

Delivery Area Unit is six; the maximum is thirteen.

B. <u>FA 2: L & D Common Reception Area</u>:
Reception and waiting may be shared among more than one Obstetric Unit on a floor. Planner may consider sharing these resources between an L&D Unit and an OB Unit if the program permits.

1. **Waiting, Labor and Delivery (WRC01) ..... 120 NSF**
Minimum NSF; provide an additional 60 NSF for every increment of four Antepartum Testing, Exam / Triage Room, LDR / LDRP Room, LDR / LDRP Negative Pressure Isolation Room and C-Section Operating Rooms greater than four.

   Minimum allocated NSF accommodates three standard seats at 16 NSF plus one wheelchair space at 25 NSF and one Bariatric bench seat at 36 NSF and circulation area.

2. **Playroom (PLAY1) ..... 120 NSF**
Provide one for the L & D Reception Area.

   This space is provided to accommodate children's play activities; it shall be outfitted with appropriate furniture and accessories. It can be an open or enclosed area included in or adjacent to General Waiting.

3. **Reception (RECP1) ..... 120 NSF**
Minimum NSF; provide an additional 30 NSF for every increment of twelve Antepartum Testing, Exam / Triage Room, LDR / LDRP Room, LDR / LDRP Negative Pressure Isolation Room and C-Section Operating Rooms greater than twelve.

   Allocated NSF accommodates up to four receptionists and circulation.

4. **Kiosk, Patient Check-in (CLSC1) ..... 30 NSF**
Provide one if a Patient Check-in Kiosk in the L & D Reception Area is authorized.

5. **Consult Room (OFDC2) ..... 120 NSF**
Provide one for the L & D Reception Area.

6. **Alcove, Wheelchair (SRLW1) ..... 60 NSF**
Provide one for the L & D Reception Area.

C. <u>FA 3: L & D Common Triage Patient Area:</u>

1. **Antepartum Testing, Multi-Station Room (LDAT2) ..... 480 NSF**
Minimum NSF if the projected annual Antepartum Testing encounters is between 410 and 6,144; provide an additional 120 NSF for every increment of 2,048 projected annual Antepartum Testing encounters greater than 6,144; the minimum workload to generate an additional Antepartum Testing Station is 410 if Antepartum Testing is not available in the Outpatient Clinic / Women's Health Clinic. (Refer to Section 3)

   Allocated NSF accommodates three testing stations include large reclining chairs or beds with monitors and a nursing station.

2. **Toilet, Antepartum Testing Patient (TLTU1) ..... 60 NSF**
Provide one per each Antepartum Testing Multi-Station Room.

3. **Exam / Triage Room (LDEP1).....180 NSF**
   Minimum two if the projected annual Exam / Triage Room encounters is between 307 and 3,072; provide an additional one for every increment of 1,536 projected annual Exam / Triage Room encounters greater than 3,072; the minimum workload to generate an additional Exam / Triage Room is 307. (Refer to Section 3)

   Open 24/7; these rooms are also set up to do Antepartum Testing.

4. **Toilet, Exam / Triage Room Patient (TLTU1) .....60 NSF**
   Provide one per Exam / Triage Room.

5. **Nurse Station (NSTA1).....120 NSF**
   Provide one for the L & D Triage Patient Area.

   This Nurse Station is dedicated to Exam / Triage and Antepartum Testing and accommodates up to four stations.

D. <u>FA 4: L & D Unit Patient Area</u>:

1. **LDR / LDRP Room (LDRP1).....360 NSF**
   Provide one per each LDR and LDRP patient bed projected; deduct the LDR / LDRP Negative Pressure Isolation Room.

   For greater than 1,200 annual deliveries, the LDR Model is recommended. For less than 1,200 annual deliveries, the LDRP Model is recommended. Portable tubs will be provided.

2. **Toilet / Shower, LDR / LDRP Patient (TLTS2).....60 NSF**
   Provide one per each LDR / LDRP Room.

3. **Patient Room,**
   Negative Pressure Isolation LDR / LDRP (LDRP3).....360 NSF
   Minimum one, provide additional ones as authorized per the Infection Control Risk Assessment (ICRA)

   The number, location and type of airborne infection isolation and protective environment rooms shall be determined by the infection control risk assessment (ICRA), which shall be conducted during the early planning phase of a project.

4. **Anteroom,**
   Negative Pressure Isolation LDR / LDRP (BRAR1) .....120 NSF
   Provide one per each Negative Pressure Isolation LDR / LDRP Room authorized in each L & D Unit per Infection Control Risk Assessment (ICRA).

   Allocated NSF accommodates Caregiver Workstation.

5. **Toilet / Shower,**
   Negative Pressure Isolation LDR / LDRP Patient (TLTS2).....60 NSF
   Provide one per each Negative Pressure Isolation LDR / LDRP Room.

6. **Equipment Room, LDR / LDRP (SRSE1).....120 NSF**
   Minimum one; provide an additional one for every increment of two LDR or LDRP and Negative Pressure Isolation LDR / LDRP and Negative Pressure Isolation LDR / LDRP Rooms greater than two.

7. **Nurse Station (NSTA1).....120 NSF**
   Minimum NSF; provide an additional 60 NSF for every increment of four LDR /

LDRP and Negative Pressure Isolation LDR / LDRP Room greater than four.

8. **Caregiver Workstation (NSTA2)..... 60 NSF**
Provide one for every increment of two LDR / LDRP Rooms if Caregiver Workstations are authorized.

   Decentralized caregiver workstations provided for every two patient rooms. These charting stations may be designed with views to patient rooms and provide convenient access to supply areas and computers for patient charting.

9. **Team Collaboration Room (WRCH1)..... 120 NSF**
Minimum one per each L & D Unit; provide an additional one for each L & D Unit if the number of beds in the unit is between nine and thirteen.

   Allocated NSF provides space for staff collaboration with touchdown computer stations for documentation and a table with chairs.

E. <u>FA 5: L & D Unit Support Area</u>:

1. **Nourishment Room (NCWD1) ..... 120 NSF**
Minimum NSF; provide one per each L & D Unit; provide an additional 60 NSF if the number for LDR / LDRP Rooms in the Unit is between ten and thirteen.

   Allocated NSF provides a hand-washing station, work counter, refrigerator, storage cabinets, drinking water-dispensing unit (separate from hand-washing station), and equipment for serving nourishments.

2. **Medication Room (MEDP1) ..... 120 NSF**
Minimum NSF; provide one per each L & D Unit; provide an additional 60 NSF if the number for LDR / LDRP Rooms in the Unit is between ten and thirteen.

   Allocated NSF provides space for a work counter, sink, refrigerator and locked storage for biological or drugs. Accommodates space for automated medication dispensing machine.

3. **Infant Prep Room (LDPR1)..... 120 NSF**
Provide one per each L & D Unit.

   Allocated space for staff to provide post-mortem care of infant prior to family viewing.

4. **Laboratory, Satellite (LMU01) ..... 120 NSF**
Provide one per if a Satellite Laboratory in each L & D Unit is authorized.

5. **Utility Room, Clean (UCCL1)..... 120 NSF**
Minimum NSF; provide one per each L & D Unit; provide an additional 60 NSF if the number for LDR or LDRP Rooms in the Unit is between ten and thirteen.

   Allocated NSF provides space for a work counter, a handwashing station and storage facilities for clean and sterile supplies such as shelving and automated dispensing machines. Clean linen may be stored in a designated area in the clean utility room if space is not provided in a separate room or in an alcove.

6. **Utility Room, Soiled (USCL1)..... 120 NSF**
Minimum NSF; provide one per each L & D Unit; provide an additional 60 NSF if the number for LDR or LDRP Rooms in the Unit is between ten and thirteen.

   Allocated NSF provides space to handle soiled carts as well as space for a

handwashing station, a work counter, space for waste and soiled linen receptacles and provisions for disposal of liquid waste.

7. **Storage, Stretcher (SRLW1) .....60 NSF**
Provide one per each L & D Unit.

8. **Storage, Breast Milk (SRR02).....60 NSF**
Provide one per each L & D Unit.

   Allocated NSF provides space for freezers and refrigerators.

9. **Storage, Equipment (SRSE1) .....240 NSF**
Minimum NSF; provide one per each L & D Unit: provide an additional 30 NSF if the number for LDR or LDRP Rooms in the Unit is between ten and thirteen.

   Allocated NSF sized provides space for portable tubs and bassinets.

10. **Alcove, Crash Cart (RCA01) .....30 NSF**
Minimum one; provide one per each L & D Unit; provide an additional one if the number for LDR or LDRP Rooms in the Unit is between ten and thirteen.

    Allocated NSF provides space for two carts.

11. **Alcove, Portable Imaging (XRM01) .....30 NSF**
Provide one per each L & D Unit.

12. **Alcove, Blanket Warmer (RCA04) .....30 NSF**
Minimum one; provide one per each L & D Unit; provide an additional one if the number of LDR / LDRP Rooms in the Unit is between ten and thirteen.

F. <u>FA 6: L & D Common C-Section Patient Area</u>:

1. **Alcove, Nursery Transport Unit (NYTU1).....30 NSF**
Provide one if a C-Section Patient Area is authorized.

2. **Operating Room, C-Section (LDDR1) .....660 NSF**
Minimum one if the projected annual C-Section procedures is between 307 and 1,536; provide an additional one for every increment of 1,536 projected annual C-Section procedures greater than 1,536; the minimum workload to generate an additional C-Section Operating Room is 307. (Refer to Section 3)

3. **Recovery Room, C-Section Patient (RRSS1) .....240 NSF**
Minimum one; provide an additional one for every increment of two C-Section Operating Rooms greater than two if a C-Section Patient Area is authorized.

   Allocated NSF includes area for infant recovery.

4. **Workstation, Staff (NSTA2) .....60 NSF**
Minimum NSF; provide an additional 60 NSF for every increment of two C-Section Operating Rooms greater than two if a C-Section Patient Area is authorized.

5. **Workroom, Anesthesia (ANCW1).....120 NSF**
Provide one if a C-Section Patient Area is authorized.

6. **Scrub / Sink Area (ORSA1).....60 NSF**
Minimum one; provide an additional one for every increment of two C-Section Operating Rooms greater than two if a C-Section Patient Area is authorized.

   Allocated NSF allows for two adjacent scrub positions and should be located near

the entry point to each C-Section OR. If located between two adjacent Operating Rooms, four positions should be provided. This area will be accessed from the restricted corridor.

7. **Supply Room, Sterile (ORSS1) ..... 120 NSF**
   Minimum NSF; provide an additional 60 NSF for every increment of six C-Section Operating Rooms greater than six if a C-Section Patient Area is authorized.

8. **Utility Room, Soiled (USCL1) ..... 120 NSF**
   Minimum NSF; provide an additional 60 NSF for every increment of eight C-Section Operating Rooms greater than eight if a C-Section Patient Area is authorized.

   Allocated NSF provides space for a handwashing station, a work counter, space for waste receptacles and soiled linen receptacles and provisions for disposal of liquid waste.

9. **Storage, Anesthesia (ORSS1) ..... 120 NSF**
   Provide one if a C-Section Patient Area is authorized.

10. **Storage, Equipment (SRSE1) ..... 120 NSF**
    Minimum one; provide an additional one for every increment of eight C-Section Operating Rooms greater than eight if a C-Section Patient Area is authorized.

11. **Storage, Medical Gas (SRGC2) ..... 120 NSF**
    Provide one if a C-Section Patient Area is authorized.

12. **Lounge, Staff (SL001) ..... 120 NSF**
    Provide one if a C-Section Patient Area is authorized.

    Could be shared with other Units.

13. **Locker / Changing Room, Male Staff (LR002) ..... 120 NSF**
    Provide one if a C-Section Patient Area is authorized.

    Can be shared with other Units, provide clean / dirty access

14. **Locker / Changing Room, Female Staff (LR002) ..... 120 NSF**
    Provide one if a C-Section Patient Area is authorized.

    Can be shared with other Units, provide clean / dirty access

15. **Toilet / Shower, Male Staff (TLTS1) ..... 60 NSF**
    Provide one if a C-Section Patient Area is authorized.

16. **Toilet / Shower, Female Staff (TLTS1) ..... 60 NSF**
    Provide one if a C-Section Patient Area is authorized.

17. **Janitor Closet (JANC1) ..... 60 NSF**
    Provide one if a C-Section Patient Area is authorized.

G. <u>FA 7: L & D Common Staff and Administrative Area</u>:

1. **Office, Labor and Delivery OIC (OFA04) ..... 120 NSF**
   Provide one for the L & D Common Staff and Administrative Area.

2. **Office, Assistant OIC (OFA04) ..... 120 NSF**
   Provide one for the L & D Common Staff and Administrative Area.

3. **Office, NCOIC / LCPO / LPO (OFA04).....120 NSF**
   Provide one for the L & D Common Staff and Administrative Area.
4. **Office, Lactation Support (OFD01).....120 NSF**
   Provide one per each Lactation Support FTE position authorized.
5. **Cubicle (OFA03) .....60 NSF**
   Provide one per each L & D provider and non-provider FTE position authorized to have a cubicle in the L & D Common Staff and Administrative Area.

   These cubicles may be collocated in a shared space or dispersed as required.
6. **Conference Room (CRA01) .....240 NSF**
   Minimum NSF; provide an additional 60 NSF if the total number of L & D provider and non-provider FTE positions authorized is greater than ten.

   Planner must determine adequacy and availability of existing Conference Room space and the ability to optimize resources by sharing Conference Room space with other departments.
7. **Copier (RPR01).....120 NSF**
   Provide one for the L & D Common Staff and Administrative Area.

   This is a room for the copier / printer / scanner. It may be located directly adjacent to the reception area or in the clinic staff support area.
8. **Storage, Patient Records (MRS01).....120 NSF**
   Provide one if Patient Record storage in the Common L & D Staff and Administrative Area is authorized.

   The Military Health System is moving towards an integrated electronic medical record. If required, space for paper medical records for patients will be planned.
9. **Storage, Office Supplies (SRS01) .....60 NSF**
   Provide one for the Common L & D Staff and Administrative Area.

   Allocated NSF provides space for office supplies, patient forms and literature.
10. **On-Call Room (DUTY1) .....120 NSF**
    Provide one if an On-Call Room in the Common L & D Staff and Administrative Area is authorized.
11. **Toilet / Shower, On-Call Room (TLTS1).....60 NSF**
    Provide one if an On-Call Room in the Common L & D Staff and Administrative Area is authorized.
12. **Lounge, Staff (SL001) .....120 NSF**
    Minimum NSF, provide an additional 60 NSF for every increment of five L & D FTEs working on peak shift greater than ten; maximum 360 NSF.
13. **Locker / Changing Room, Male Staff (LR002) .....120 NSF**
    Provide one if L & D Lockers / Changing Rooms and Toilets / Showers in the L & D Common Staff and Administrative Area are authorized.
14. **Locker / Changing Room, Female Staff (LR002).....120 NSF**
    Provide one if L & D Lockers / Changing Rooms and Toilets / Showers in the L & D Common Staff and Administrative Area are authorized.

15. **Toilet / Shower, Male Staff (TLTS1) ..... 60 NSF**
Provide one if L & D Lockers / Changing Rooms and Toilets / Showers in the L & D Common Staff and Administrative Area are authorized.

16. **Toilet / Shower, Female Staff (TLTS1) ..... 60 NSF**
Provide one if L & D Lockers / Changing Rooms and Toilets / Showers in the L & D Common Staff and Administrative Area are authorized.

17. **Scrubs Distribution Room (LCCL4) ..... 120 NSF**
Provide one if a Scrubs Distribution Room in the L & D Common Staff and Administrative Area is authorized.

6 PROGRAM DATA REQUIRED (Input Data Questions) OBSTETRIC UNIT

A. Mission Input Data Statements
1. Are Obstetric Units authorized? (M)

B. Workload Input Data Statements
a. How many Negative Pressure Isolation Obstetric Rooms in each L & D Unit are authorized by the Infection Control Risk Assessment (ICRA)? (Misc)
b. How many Postpartum / Antepartum patient beds are projected? (W)
c. How many bassinets for the Postpartum / Antepartum Well-Baby Nursery (Level I) Patient Area are projected? (W)

C. Staffing Input Data Statements
a. How many Obstetric Units FTE provider positions are authorized to have a Provider Workstation in each Obstetric Unit Unit? (S)
b. How many Obstetric Units provider FTE positions are authorized? (S)
1. How many Obstetric Units provider FTE positions are authorized to have a cubicle in the Obstetric Units Common Staff and Administrative Area? (S)
2. How many Obstetric Units provider FTE positions are authorized to have a private office in the L & D / OB Units Common Staff and Administrative Area? (S)
3. How many Obstetric Units provider FTE positions are authorized to have a shared office in the L & D / OB Units Common Staff and Administrative Area? (S)
4. How many Obstetric Units provider FTE positions are authorized to have a cubicle in the L & D - OB Units Common Staff and Administrative Area? (S)
c. How many Obstetric Units non-provider FTE positions are authorized? (S)
1. How many Obstetric Units non-provider FTE positions are authorized to have a cubicle in the Obstetric Units Common Staff and Administrative Area? (S)
2. How many Obstetric Units non-provider FTE positions are authorized to have a private office in the L & D / OB Units Common Staff and Administrative Area? (S)
3. How many Obstetric Units non-provider FTE positions are authorized to have a shared office in the L & D / OB Units Common Staff and Administrative Area? (S)
4. How many Obstetric Units non-provider FTE positions are authorized to have a cubicle in the L & D / OB Units Common Staff and Administrative Area? (S)

D. Miscellaneous Input Data Statements
   a. How many Obstetric Units FTEs will work on peak shift? (Misc)
   b. Are Lockers / Changing Rooms and Toilets / Showers in the Obstetric Units Staff and Administrative Area authorized? (Misc)
   c. Is an On-Call Room in the Obstetric Units Staff and Administrative Area authorized? (Misc)

7 PROGRAM DATA REQUIRED (Input Data Questions) COMMON L & D / OB UNITS

A. Mission Input Data Statements
   a. Is storage of Patient Records in the L & D / OB Units Common Staff and Administrative Area (FA 14) authorized? (M) (If not, Patient Records Storage will be provided in each, the L & D and the OB Common Staff and Administrative Areas (FA 7 & 13))
   b. Is a Common L & D / OB Units Graduate Medical Education program authorized? (M)
      1. How many L & D / OB Units Resident / Student FTE positions are authorized? (S)

B. Miscellaneous Input Data Statements
   a. Is Sub-Waiting in the L & D / OB Units Common Staff and Administrative Area authorized? (Misc)
   b. Is a Staff Lounge in the L & D / OB Units Common Staff and Administration Area authorized? (Misc)
   c. Are Lockers / Changing Rooms and Toilets / Showers in the L & D / OB Units Common Staff and Administration Area authorized? (Misc)
   d. Is a Scrubs Distribution Room in the L & D / OB Units Common Staff and Administrative Area authorized? (Misc)
   e. Is an On-Call Room in the L & D / OB Units Common Staff and Administrative Area authorized? (Misc)

8 SPACE PLANNING CRITERIA OBSTETRIC UNITS

For calculation of the number of Vending Machine areas, Public Toilets, Communication Closets, and Janitors Closets for this Chapter, please refer to DoD Space Planning Criteria Chapter 6.1: Common Areas.

A. FA 8: Obstetric Unit Calculation:

1. **Number of Obstetric Units (CALC1).....0 NSF**
   The minimum number of patient beds, of all types, to generate one Obstetric Unit is eleven; the maximum is twenty-three.

B. FA 9: Obstetric Units Common Reception Area:

Reception and waiting may be shared among more than one Obstetric Unit on a floor. Planner may consider sharing these resources between an L&D Unit and an OB Unit if the program permits.

1. **Waiting, Obstetric Units (WRC01).....120 NSF**
   Minimum NSF; provide an additional 60 NSF for every increment of four Postpartum / Antepartum Patient Rooms, Patient Room, Postpartum Negative Isolation greater than four.

   Minimum allocated NSF accommodates three standard seats at 18 NSF plus three wheelchair spaces at 25 NSF and circulation area, or three Bariatric

benches seating at 36 NSF plus three wheelchairs at 25 NSF and circulation area.

2. **Playroom (PLAY1) ..... 120 NSF**
Provide one for the Obstetric Units Common Reception Area.

   This space is provided to accommodate children's play activities; it shall be outfitted with appropriate furniture and accessories and included within the General Waiting.

3. **Reception (RECP1) ..... 120 NSF**
Minimum NSF; provide an additional 30 NSF for every increment of twelve Postpartum and Antepartum Rooms greater than twelve.

   Allocated NSF accommodates up to four receptionists and circulation.

4. **Consult Room (OFDC2) ..... 120 NSF**
Provide one for the Obstetric Units Common Reception Area.

5. **Alcove, Wheelchair (SRLW1) ..... 60 NSF**
Provide one for the Obstetric Units Common Reception Area.

C. <u>FA 10: Obstetric Unit Patient Area</u>:

1. **Nursery, Parent Teaching Room (NYPT1) ..... 180 NSF**
Provide one per each Obstetric Unit.

   For multiple families to do discharge classes. Accommodate 8 chairs with an area/ podium for instructor.

2. **Patient Room, Postpartum / Antepartum (BRMS1) ..... 360 NSF**
Provide one per each Postpartum and Antepartum Patient Bed projected; deduct the number of Postpartum / Antepartum Negative Pressure Isolation Patient Room.

3. **Toilet / Shower, Postpartum / Antepartum Patient (TLTS2) ..... 60 NSF**
Provide one per each Postpartum / Antepartum Patient Room.

4. **Patient Room,**
Postpartum / Antepartum Negative Pressure Isolation (BRIT1) ..... 360 NSF
Minimum one, provide additional ones as authorized per the Infection Control Risk Assessment (ICRA)

   The number, location and type of airborne infection isolation and protective environment rooms shall be determined by the infection control risk assessment (ICRA), which shall be conducted during the early planning phase of a project.

5. **Toilet / Shower,**
Postpartum / Antepartum Negative Isolation Patient (TLTS2) ..... 60 NSF
Provide one per each Postpartum Isolation Patient Room.

6. **Caregiver Workstation (NSTA2) ..... 60 NSF**
Provide one for every increment of two Antepartum / Postpartum Patient Rooms.

   Decentralized caregiver workstations provided for every two patient rooms. These charting stations may be designed with views to patient rooms and provide convenient access to supply areas and computers for patient charting.

7. **Nurse Station (NSTA1).....120 NSF**
Minimum NSF; provide one per each Obstetric Unit; provide an additional 30 NSF if the number for Postpartum or Antepartum Patient Rooms in the Unit is between sixteen and nineteen; provide an additional 60 NSF if the number for Postpartum or Antepartum Patient Rooms in the unit is between twenty and twenty-three.

8. **Team Collaboration Room (WRCH1) .....120 NSF**
Minimum one per each Obstetric Unit; provide an additional one for each Obstetric Unit if the number of beds in the unit is between eighteen and twenty-three.

   Allocated NSF provides space for staff collaboration with touchdown computer stations for documentation and a table with chairs.

D. <u>FA 11: Obstetric Unit Support Area</u>:

1. **Medication Room (MEDP1).....120 NSF**
Minimum NSF; provide one per each Obstetric Unit; provide an additional 60 NSF if the number for Postpartum or Antepartum Rooms in the Unit is between sixteen and nineteen; provide an additional 120 NSF if the number for Postpartum or Antepartum Rooms in the unit is between twenty and twenty-three.

   Allocated NSF provides space for a work counter, sink, refrigerator and locked storage for biological or drugs. Accommodates space for automated medication dispensing machine.

2. **Nourishment Room (NCWD1).....120 NSF**
Provide one per each Obstetric Unit.

   Allocated NSF provides a hand-washing station, work counter, refrigerator, storage cabinets, drinking water-dispensing unit (separate from hand-washing station), and equipment for serving nourishments.

3. **Utility Room, Clean (UCCL1) .....120 NSF**
Minimum NSF; provide one per each Obstetric Unit; provide an additional 60 NSF if the number for Postpartum or Antepartum Rooms in the Unit is between sixteen and nineteen; provide an additional 120 NSF if the number for Postpartum or Antepartum Rooms in the unit is between twenty and twenty-three.

   Allocated NSF provides space for a work counter, a handwashing station and storage facilities for clean and sterile supplies such as shelving and automated dispensing machines. Clean linen may be stored in a designated area in the clean utility room if space is not provided in a separate room or in an alcove.

4. **Utility Room, Soiled (USCL1) .....120 NSF**
Minimum NSF; provide one per each Obstetric Unit; provide an additional 60 NSF if the number for Postpartum or Antepartum Rooms in the Unit is between sixteen and nineteen; provide an additional 120 NSF if the number for Postpartum or Antepartum Rooms in the unit is between twenty and twenty-three.

   Allocated NSF provides space for a handwashing station, a work counter, space for waste receptacles and soiled linen receptacles and provisions for disposal of liquid waste.

5. **Storage, Equipment (SRSE1) .....120 NSF**
Minimum NSF; provide one per each Obstetric Unit; provide an additional 60 NSF

if the number for Postpartum or Antepartum Rooms in the Unit is between sixteen and nineteen; provide an additional 120 NSF if the number for Postpartum or Antepartum Rooms in the unit is between twenty and twenty-three.

6. **Storage, Stretcher (SRLW1)..... 60 NSF**
   Provide one per each Obstetric Unit.
7. **Storage, Breast Milk (SRR02)..... 60 NSF**
   Provide one per each Obstetric Unit.
8. **Alcove, Nursery Transport Unit (NYTU1) ..... 30 NSF**
   Provide one per each Obstetric Unit.
9. **Alcove, Crash Cart (RCA01)..... 30 NSF**
   Provide one per each Obstetric Unit.

E. <u>FA 12: (Obstetric Units) Well-Baby Nursery (Level I) Common Patient Area</u>:

1. **Nursery, Level 1 (NYNN1)..... 240 NSF**
   Minimum NSF; provide an additional 60 NSF per each projected Bassinet greater than three.

   Well-Baby Nursery / Holding Nursery. This Space to accommodate bassinets in an open area. Planner shall verify whether this space is also provided in the Nursery Department (Chapter 430); do not duplicate.
2. **Gowning Station (NYAR1)..... 60 NSF**
   Provide one for the Well-Baby Nursery (Level I) Patient Care Area.

   Anteroom for family and visitor to scrub and gown prior to entering the nursery.
3. **Isolation Room (NYIR1)..... 180 NSF**
   Provide one for the Well-Baby Nursery (Level I) Patient Care Area.

   This room is provided for treatment of infectious infants. The number, location and type of airborne infection isolation and protective environment rooms shall be determined by the infection control risk assessment (ICRA), which shall be conducted during the early planning phase of a project.
4. **Procedure Room (NYPR1)..... 180 NSF**
   Provide one for the Well-Baby Nursery (Level I) Patient Care Area.

F. <u>FA 13: Obstetric Units Common Staff and Administrative Area</u>:

1. **Office, Obstetric Unit OIC (OFA04)..... 120 NSF**
   Provide one for Obstetric Units.
2. **Office, Assistant OIC (OFA04) ..... 120 NSF**
   Provide one for Obstetric Units.
3. **Office, NCOIC / LCPO / LPO (OFA04) ..... 120 NSF**
   Provide one for Obstetric Units.
4. **Cubicle (OFA03)..... 60 NSF**
   Provide one per each Obstetric Units provider and non-provider FTE position authorized to have a cubicle in the Provide one for Obstetric Units Common Staff and Administrative Area.

   These cubicles may be collocated in a shared space or dispersed as required

5. **Conference Room (CRA01) .....240 NSF**
   Minimum NSF; provide an additional 60 NSF if the total number of Obstetric Unit FTE provider and non-provider FTE positions authorized is greater than ten.

   Planner must determine adequacy and availability of existing Conference Room space and the ability to optimize resources by sharing Conference Room space with other departments.

6. **Copier (RPR01).....120 NSF**
   Provide one for Obstetric Units.

   This is a room for the copier / printer / scanner. It may be located directly adjacent to the reception area or in the clinic staff support area.

7. **Storage, Patient Records (MRS01).....120 NSF**
   Provide one if Patient Records storage in the Obstetric Units Staff and Administrative Area is authorized.

   The Military Health System is moving towards an integrated electronic medical record. If required, space for paper medical records for patients will be planned.

8. **Storage, Office Supplies (SRS01) .....60 NSF**
   Provide one for Obstetric Units.

   Allocated NSF provides space for office supplies, patient forms and literature.

9. **Lounge, Staff (SL001) .....120 NSF**
   Minimum NSF, provide an additional 60 NSF for every increment of five Obstetric Units FTEs working on peak shift greater than ten; maximum 360 NSF.

10. **Locker / Changing Room, Male Staff (LR002) .....120 NSF**
    Provide one if Lockers / Changing Rooms and Toilets / Showers in the Obstetric Units Staff and Administrative Area are authorized.

11. **Locker / Changing Room, Female Staff (LR002).....120 NSF**
    Provide one if Lockers / Changing Rooms and Toilets / Showers in the Obstetric Units Staff and Administrative Area are authorized.

12. **Toilet / Shower, Male Staff (TLTS1).....60 NSF**
    Provide one if Lockers / Changing Rooms and Toilets / Showers in the Obstetric Units Staff and Administrative Area are authorized.

13. **Toilet / Shower, Female Staff (TLTS1) .....60 NSF**
    Provide one if Lockers / Changing Rooms and Toilets / Showers in the Obstetric Units Staff and Administrative Area are authorized.

14. **Scrubs Distribution Room (LCCL4) .....120 NSF**
    Provide one for Obstetric Units.

15. **On-Call, Room (DUTY1) .....120 NSF**
    Provide one if an On-Call Room in the Obstetric Units Staff and Administrative Area is authorized.

G. <u>FA 14: L & D / OB Units Common Staff and Administrative Area</u>:

1. **Office, Department / Clinic Chief (OFA04).....120 NSF**
   Provide one for the L & D / OB Units.

2. **Office, Executive Assistant (OFA04) ..... 120 NSF**
   Provide one for the L & D / OB Units.

3. **Sub-Waiting (WRC03) ..... 60 NSF**
   Provide one if Waiting in the L & D / OB Units Common Staff and Administrative Area is authorized.

   Allocated NSF provides space for minimum of two seats plus circulation.

4. **Office, NCOIC / LCPO / LPO (OFA04) ..... 120 NSF**
   Provide one for the L & D / OB Units.

5. **Office, Private (OFA04) ..... 120 NSF**
   Provide one per each L & D / OB Units provider and non-provider FTE position authorized to have a private office in the L & D / OB Units Common Staff and Administrative Area.

6. **Office, Shared (OFA05) ..... 120 NSF**
   Provide one per each L & D / OB Units provider and non-provider FTE position authorized to have a shared office in the L & D / OB Units Common Staff and Administrative Area.

7. **Cubicle (OFA03) ..... 60 NSF**
   Provide one per each L & D / OB Units provider and non-provider FTE position authorized to have a cubicle in the L & D / OB Units Common Staff and Administrative Area.

   These cubicles may be collocated in a shared space or dispersed as required.

8. **Storage, Patient Records (MRS01) ..... 120 NSF**
   Provide one if Patient Records storage in the L & D / OB Units Common Staff and Administrative Area is authorized.

   The Military Health System is moving towards an integrated electronic medical record. If required, space for paper medical records for patients will be planned.

9. **Conference Room (CRA01) ..... 240 NSF**
   Minimum NSF; provide an additional 60 NSF if the total number of L & D / OB Units provider and non-provider FTE positions authorized is greater than ten.

   Planner must determine adequacy and availability of existing Conference Room space and the ability to optimize resources by sharing Conference Room space with other departments.

10. **Copier (RPR01) ..... 120 NSF**
    Provide one for L & D / OB Units.

    This is a room for the copier / printer / scanner. It may be located directly adjacent to the reception area or in the clinic staff support area.

11. **Storage, Office Supplies (SRS01) ..... 60 NSF**
    Provide one for L & D / OB Units.

    Allocated NSF provides space for office supplies, patient forms and literature.

12. **On-Call Room (DUTY1) ..... 120 NSF**
    Provide one if an On-Call Room in the L & D / OB Units Common Staff and Administrative Area if authorized.

13. **Toilet / Shower, On-Call Room (TLTS1).....60 NSF**
Provide one if an On-Call Room in the L & D / OB Units Common Staff and Administrative Area if authorized.

14. **Lounge, Staff (SL001) .....120 NSF**
Provide one if authorized.

15. **Locker / Changing Room, Male Staff (LR002) .....120 NSF**
Provide one if Lockers / Changing Rooms and Toilets / Showers in the L & D / OB Units Common Staff and Administration Area is authorized.

16. **Locker / Changing Room, Female Staff (LR002).....120 NSF**
Provide one if Lockers / Changing Rooms and Toilets / Showers in the L & D / OB Units Common Staff and Administration Area is authorized.

17. **Toilet / Shower, Male Staff (TLTS1).....60 NSF**
Provide one if Lockers / Changing Rooms and Toilets / Showers in the L & D / OB Units Common Staff and Administration Area is authorized.

18. **Toilet / Shower, Female Staff (TLTS1)….....60 NSF**
Provide one if Lockers / Changing Rooms and Toilets / Showers in the L & D / OB Units Common Staff and Administration Area is authorized.

19. **Scrubs Distribution Room (LCCL4) .....120 NSF**
Provide one if a Scrubs Distribution Room in the L & D / OB Units Common Staff and Administrative Area is authorized.

    This Space to dispense and receive scrubs. Space may be provided within each locker room or directly adjacent. May be a space for an automated scrub management system.

H. <u>FA 15: L & D / OB Units Common GME Education / Training Area</u>:

1. **Office, Residency Program Director (OFA04) ..... 120 NSF**
Provide one if a L & D / OB Units Graduate Medical Education program is authorized.

2. **Resident Collaboration Room (WKTM1).....240 NSF**
Minimum NSF; provide an additional 60 NSF per each Resident / Student FTE position authorized greater than two if a L & D / OB Units Graduate Medical Education program is authorized.

    This room will contain one cubicle per Resident / Student at 60 NSF. In addition to the cubicles, a table with chairs for collaboration space and bookcases will be provided.

3. **Classroom / Conference Room (CLR01) ..... 240 NSF**
Provide one if the total number of Resident / Student FTE positions is greater than five if a L & D / OB Units Graduate Medical Education program is authorized.

    Planner must determine adequacy and availability of existing Classroom / Conference Room space and the ability to optimize resources by sharing Classroom / Conference Room space with other GME programs.

9 PLANNING AND DESIGN CONSIDERATIONS

The following design considerations are intended to provide planners and designers with guidance on how to follow world-class and evidence-based design strategies for new and

renovation of existing healthcare facilities. For a more comprehensive list, refer to the latest version of the *World Class Checklist* (https://facilities.health.mil/home/). Also refer to Section 1.2 – 6, Design Considerations and Requirements of the latest version of *Guidelines for Design and Construction of Health Care Facilities of the Facility Guidelines Institute (FGI).*

A. The net-to-department gross factor (NTDG) for Labor and Delivery – Obstetric Unit is **1.50.** This number when multiplied by the programmed net square foot (NSF) area determines the departmental gross square feet. This factor accounts for the space occupied by internal department circulation and interior partitions and other construction elements not defined by the net square foot area.

B. Patient Room
   1. Provide wardrobe and shelf space for patient's personal items, flowers, etc.
   2. Consider providing overnight accommodation for one guest within the patient room and include desk, internet access, TV and locked storage.
   3. Provide same-handed patient rooms where appropriate. This means that the working arrangement and features are all situated in the same place in all rooms.
   4. Consider installing ceiling lifts where needed to promote safety.
   5. Control of sound transmission between rooms is a critical design consideration. Consideration for acoustic privacy must also be made wherever patient information is exchanged.

C. Provisions for bariatric patients should be included where applicable.

D. Maximize non-institutional design features in order to provide a more therapeutic healing environment. Daylighting, window views of nature, access to gardens, indoor plants, and nature photography will provide positive distraction and may alleviate patient pain, stress and anxiety.

E. Clearly define patient flows and facilitate wayfinding.

F. A separate flow should be created between patients and staff ("on stage" and "off stage") to provide privacy, safety and patient/staff satisfaction.

G. Consider efficiency of layout such that walking distances of the routes staff repeatedly take are kept to a minimum.
   1. Consider providing decentralized caregiver workstations that are distributed throughout the nursing unit to allow nurses to spend more time with patients and less time walking. These workstations may be designed with views to patient rooms and provide convenient access to supply areas and computers for patient charting.
   2. Consider patient servers or cabinets to locate frequently used supplies and linen, thus decreasing frequent trips by nursing staff to and from the clean utility room.

H. Consider designing staff lounge as a place of respite, utilizing lighting and technology. (e.g., backlit art; controllable lighting; soft, natural colors; ergonomically supportive furniture; and soft music).

I. Team collaboration rooms and staff areas should be located so staff members may have conversations regarding patients and clinical matters without being heard by patients or visitors.

J. Careful consideration should be given to both the type of hand-washing station that is installed and its placement. Hand washing sinks and alcohol-based hand-rub dispensers must be visible and accessible in patient rooms and treatment areas. Ensure convenient access to the medication station and nourishment area as well

K. Design for flexibility and adaptability to accommodate future expansion.

L. The Medication Preparation Room should be enclosed to minimize distractions. A glass wall or walls may be advisable to permit observation of patients and unit activities.

M. Consider security requirements early on in design (Consider infant security systems, closed circuit television camera to monitor visualization, etc.)

N. In all equipment storage rooms, assure adequate power is provided for all equipment house within these room.

O. Provide plumbing hook-ups and a drain (not floor style) similar to a washing machine set up in each LDR/LDRP patient room to accommodate portable labor tubs.

P. The Triage Area should be located near the primary entrance to the Labor and Delivery Unit and adjacent to the Waiting Room. The Triage Area should also be adjacent to the Labor and Delivery Unit for better patient flow and staff efficiency.

Q. The C-section suite should be located near the LDR/LDRPs to facilitate transfer of patients requiring unanticipated C-section deliveries.

R. Provide dedicated clean and dirty elevators from the C-section suite to Central Sterile if these services are not on the same floor.

S. Consider locating the Well Baby or Holding Nursery on the Obstetric unit when the LDR concept is used and on the Labor and Delivery Unit when the LDRP concept is used.

T. If a NICU is provided, there should be a direct vertical or horizontal adjacency to the C-section OR.

10 FUNCTIONAL RELATIONSHIPS

Relationship of DoD 420: Labor and Delivery / Obstetric Units to services listed below:

TABLE 2: LABOR AND DELIVERY UNIT FUNCTIONAL RELATIONSHIP MATRIX

Services	Relationship	Reasons
Obstetric Unit	1	A, G, H
Women's Health Clinic	2, 3	A, G, H
Emergency Department	2, 3	C
Central Sterile	3	B, G
Admission/Pre-admissions unit (PAD)	3	H
Antepartum Testing	3	G, H
Pediatrics Clinic	3	G, H
Radiology	3	G, H
Laboratory	3	G
Inpatient Pharmacy	3	G

TABLE 3: OBSTETRIC UNIT FUNCTIONAL RELATIONSHIP MATRIX

Services	Relationship	Reasons
L & D Unit	1	A, G, H
Women's Health Clinic	2, 3	A, G, H
Emergency Department	2, 3	C
Public (Patient / Visitor / Family) Entrance	3	H, J
Admission / Pre-admissions unit (PAD)	3	H
Antepartum Testing	3	G, H
Radiology	3	G, H
Laboratory	3	G
Inpatient Pharmacy	3	G

Legend:

Relationship:

1. Adjacent
2. Close / Same Floor
3. Close / Different Floor Acceptable
4. Limited Traffic

Reasons:

(Use as many as appropriate)

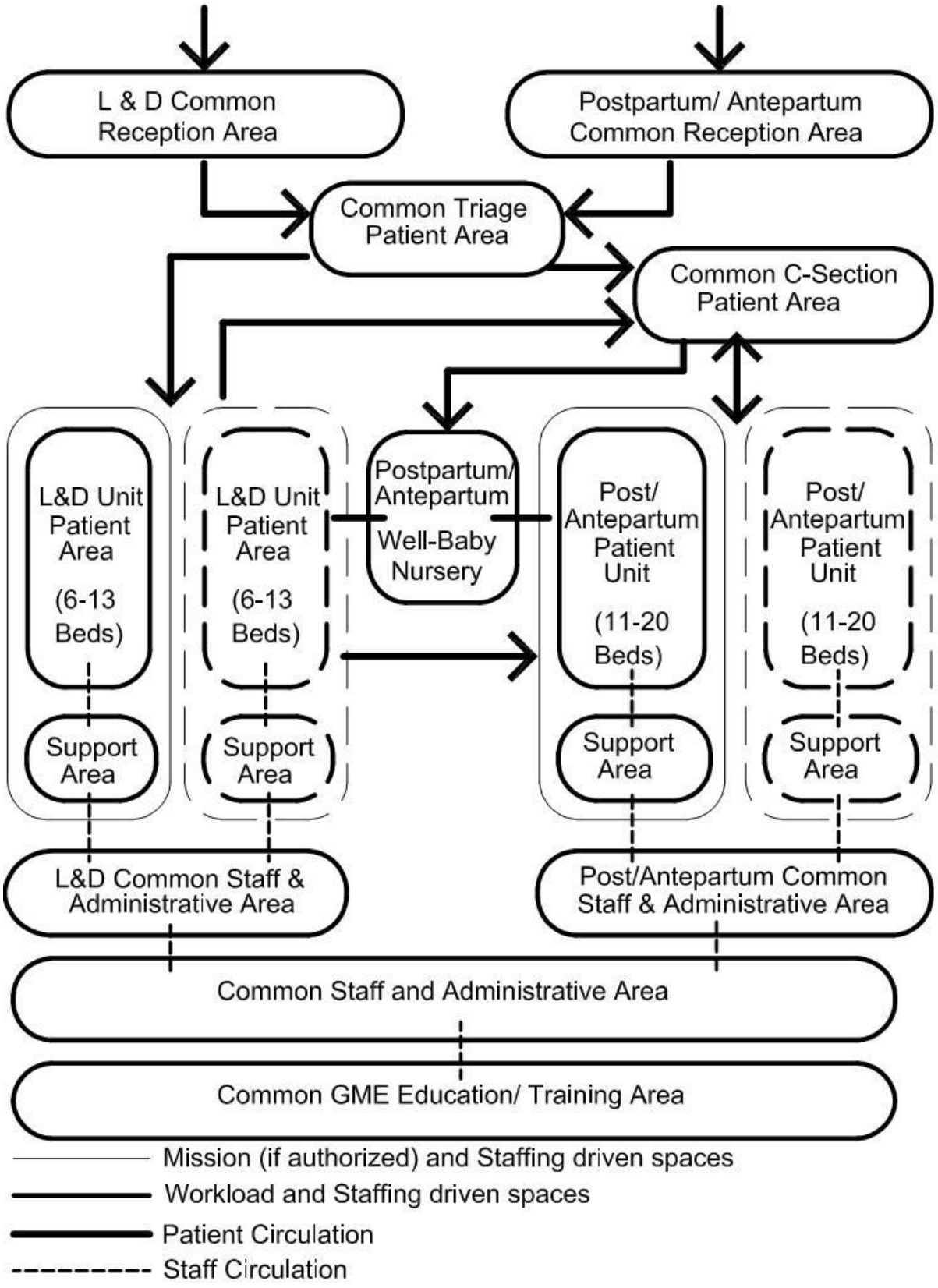
A. Common use of resources
B. Accessibility of supplies
C. Urgency of contact
D. Noise or vibration
E. Presence of odors or fumes
F. Contamination hazard
G. Sequence of work
H. Patient's convenience
I. Frequent contact
J. Need for security

11 FUNCTIONAL DIAGRAM

Functional Diagrams show the relationship of each functional area to the whole department. In some instances it shows important spaces within a functional area and how staff and patients may flow through the department. This diagram is not intended to serve as a "bubble diagram" that the planner / designer will create for an individual project. Size and shapes of spaces do not reflect actual configuration or square footage of spaces / rooms.

Refer to Functional Diagram(s) on next page(s)

11 FUNCTIONAL DIAGRAM: LABOR AND DELIVERY / OBSTETRIC UNIT



12 Appendix A: SPACE PLANNING CRITERIA SUMMARY

FA 1:L & D Unit Calculation:

Room Name	Room Code	NSF	Space Criteria
Number of L & D Units	CALC1	0	The minimum number of patient beds, of all types, to generate one Labor and Delivery Area Unit is six; the maximum is thirteen.

FA 2:L & D Common Reception Area:

Room Name	Room Code	NSF	Space Criteria
Waiting, Labor and Delivery	WRC01	120	Minimum NSF; provide an additional 60 NSF for every increment of four Antepartum Testing, Exam / Triage Room, LDR / LDRP Room, LDR / LDRP Negative Pressure Isolation Room and C-Section Operating Rooms greater than four.
Playroom	PLAY1	120	Provide one for the L & D Reception Area.
Reception	RECP1	120	Minimum NSF; provide an additional 30 NSF for every increment of twelve Antepartum Testing, Exam / Triage Room, LDR / LDRP Room, LDR / LDRP Negative Pressure Isolation Room and C-Section Operating Rooms greater than twelve.
Kiosk, Patient Check-in	CLSC1	30	Provide one if a Patient Check-in Kiosk in the L & D Reception Area is authorized.
Consult Room	OFDC2	120	Provide one for the L & D Reception Area.
Alcove, Wheelchair	SRLW1	60	Provide one for the L & D Reception Area.

FA3: L & D Common Triage Patient Area:

Room Name	Room Code	NSF	Space Criteria
Antepartum Testing, Multi-Station Room	LDAT2	480	Minimum NSF; provide an additional 120 NSF for every increment of 2,048 projected annual Antepartum Testing encounters greater than 6,144; the minimum workload to generate a room is 410 if Antepartum Testing is not available in the Outpatient Clinic / Women's Health Clinic. (Refer to Table 1)
Toilet, Antepartum Testing Patient	TLTU1	60	Provide one per each Antepartum Testing Multi-Station Room.
Exam / Triage Room	LDEP1	180	Minimum two; provide an additional one for every increment of 1,536 projected annual Exam / Triage Room encounters greater than 3,072; the minimum workload to generate a room is 307. (Refer to Table 1)
Toilet, Exam / Triage Room Patient	TLTU1	60	Provide one per Exam / Triage Room.
Nurse Station	NSTA1	120	Provide one for the L & D Triage Patient Area.

FA4:L & D Unit Patient Area:

Room Name	Room Code	NSF	Space Criteria
LDR / LDRP Room	LDRP1	360	Provide one per each LDR and LDRP patient bed projected; deduct the LDR / LDRP Negative Pressure Isolation Room.
Toilet / Shower, LDR / LDRP Patient	TLTS2	60	Provide one per each LDR / LDRP Room.
Patient Room, Negative Pressure Isolation LDR / LDRP	LDRP3	360	Minimum one, provide additional ones as authorized per the Infection Control Risk Assessment (ICRA)
Anteroom, Negative Pressure Isolation LDR / LDRP	BRAR1	120	Provide one per each Negative Pressure Isolation LDR / LDRP Room authorized in each L & D Unit per Infection Control Risk Assessment (ICRA).

Toilet / Shower, Negative Pressure Isolation LDR / LDRP Patient	TLTS2	60	Provide one per each Negative Pressure Isolation LDR / LDRP Room.
Equipment Room, LDR / LDRP	SRSE1	120	Minimum one; provide an additional one for every increment of two LDR or LDRP and Negative Pressure Isolation LDR / LDRP and Negative Pressure Isolation LDR / LDRP Rooms greater than two.
Nurse Station	NSTA1	120	Minimum NSF; provide an additional 60 NSF for every increment of four LDR / LDRP and Negative Pressure Isolation LDR / LDRP Room greater than four.
Caregiver Workstation	NSTA2	60	
Team Collaboration Room	WRCH1	120	Minimum one per each L & D Unit; provide an additional one for each L & D Unit if the number of beds in the unit is between nine and thirteen.

FA5: L & D Unit Support Area:

Room Name	Room Code	NSF	Space Criteria
Nourishment Room	NCWD1	120	Minimum NSF; provide one per each L & D Unit; provide an additional 60 NSF if the number for LDR / LDRP Rooms in the Unit is between ten and thirteen.
Medication Room	MEDP1	120	Minimum NSF; provide one per each L & D Unit; provide an additional 60 NSF if the number for LDR / LDRP Rooms in the Unit is between ten and thirteen.
Infant Prep Room	LDPR1	120	Provide one per each L & D Unit.
Laboratory, Satellite	LMU01	120	Provide one per if a Satellite Laboratory in each L & D Unit is authorized.
Utility Room, Clea	UCCL1	120	Minimum NSF; provide one per each L & D Unit; provide an additional 60 NSF if the number for LDR or LDRP Rooms in the Unit is between ten and thirteen.
Utility Room, Soiled	USCL1	120	Minimum NSF; provide one per each L & D Unit; provide an additional 60 NSF if the number for LDR or LDRP Rooms in the Unit is between ten and thirteen.

Storage, Stretcher	SRLW1	60	Provide one per each L & D Unit.
Storage, Breast Milk	SRR02	60	Provide one per each L & D Unit.
Storage, Equipment	SRSE1	240	Minimum NSF; provide one per each L & D Unit: provide an additional 30 NSF if the number for LDR or LDRP Rooms in the Unit is between ten and thirteen.
Alcove, Crash Cart	RCA01	30	Minimum one; provide one per each L & D Unit; provide an additional one if the number for LDR or LDRP Rooms in the Unit is between ten and thirteen.
Alcove, Portable Imaging	XRM01	30	Provide one per each L & D Unit.
12. Alcove, Blanket Warmer	RCA04	30	Minimum one; provide one per each L & D Unit; provide an additional one if the number of LDR / LDRP Rooms in the Unit is between ten and thirteen.

FA6:L & D Common C-Section Patient Area:

Room Name	Room Code	NSF	Space Criteria
Alcove, Nursery Transport Unit	NYTU1	30	Provide one if a C-Section Patient Area is authorized.
Operating Room, C-Section	LDDR1	660	Minimum one; provide an additional one for every increment of 1,536 projected annual C-Section procedures greater than 1,536; the minimum workload to generate a room is 307; if a C-Section Patient Area is authorized. (Refer to Table 1)
Recovery Room, C-Section	RRSS1	240	Minimum one; provide an additional one for every increment of two C-Section Operating Rooms greater than two if a C-Section Patient Area is authorized.
Workstation, Staff	NSTA2	60	Minimum NSF; provide an additional 60 NSF for every increment of two C-Section Operating Rooms greater than two if a C-Section Patient Area is authorized.
Workroom, Anesthesia	ANCW1	120	Provide one if a C-Section Patient Area is authorized.

Scrub / Sink Area	ORSA1	60	Minimum one; provide an additional one for every increment of two C-Section Operating Rooms greater than two if a C-Section Patient Area is authorized.
Supply Room, Sterile	ORSS1	120	Minimum NSF; provide an additional 60 NSF for every increment of six C-Section Operating Rooms greater than six if a C-Section Patient Area is authorized.
Utility Room, Soiled	USCL1	120	Minimum NSF; provide an additional 60 NSF for every increment of eight C-Section Operating Rooms greater than eight if a C-Section Patient Area is authorized.
Storage, Anesthesia	ORSS1	120	Provide one if a C-Section Patient Area is authorized.
Storage, Equipment	SRSE1	120	Minimum one; provide an additional one for every increment of eight C-Section Operating Rooms greater than eight if a C-Section Patient Area is authorized.
Storage, Medical Gas	SRGC2	120	Provide one if a C-Section Patient Area is authorized.
Lounge, Staff	SL001	120	Provide one if a C-Section Patient Area is authorized.
Locker / Changing Room, Male Staff	LR002	120	Provide one if a C-Section Patient Area is authorized.
Locker / Changing Room, Female Staff	LR002	120	Provide one if a C-Section Patient Area is authorized.
Toilet / Shower, Male Staff	TLTS1	60	Provide one if a C-Section Patient Area is authorized.
Toilet / Shower, Female Staff	TLTS1	60	Provide one if a C-Section Patient Area is authorized.
Janitor Closet	JANC1	60	Provide one if a C-Section Patient Area is authorized.

FA7: L & D Common Staff and Administrative Area:

Room Name	Room Code	NSF	Space Criteria
Office, Labor and Delivery OIC	OFA04	120	Provide one for the L & D Common Staff and Administrative Area.
Office, Assistant OIC	OFA04	120	Provide one for the L & D Common Staff and Administrative Area.
Office, NCOIC / LCPO / LPO	OFA04	120	Provide one for the L & D Common Staff and Administrative Area.

Office, Lactation Support	OFD01	120	Provide one per each Lactation Support FTE position authorized.
Cubicle	OFA03	60	Provide one per each L & D provider and non-provider FTE position authorized to have a cubicle in the L & D Common Staff and Administrative Area.
Conference Room	CRA01	240	Minimum NSF; provide an additional 60 NSF if the total number of L & D provider and non-provider FTE positions authorized is greater than ten.
Copier	RPR01	120	Provide one for the L & D Common Staff and Administrative Area.
Storage, Patient Records	MRS01	120	Provide one if Patient Record storage in the Common L & D Staff and Administrative Area is authorized.
Storage, Office Supplies	SRS01	60	Provide one for the Common L & D Staff and Administrative Area.
On-Call Room	DUTY1	120	Provide one if an On-Call Room in the Common L & D Staff and Administrative Area is authorized.
Toilet / Shower, On-Call Room	TLTS1	60	Provide one if an On-Call Room in the Common L & D Staff and Administrative Area is authorized.
Lounge, Staff	SL001	120	Minimum NSF, provide an additional 60 NSF for every increment of five L & D FTEs working on peak shift greater than ten; maximum 360 NSF.
Locker / Changing Room, Male Staff	LR002	120	Provide one if L & D Lockers / Changing Rooms and Toilets / Showers in the L & D Common Staff and Administrative Area are authorized.
Locker / Changing Room, Female Staff	LR002	120	Provide one if L & D Lockers / Changing Rooms and Toilets / Showers in the L & D Common Staff and Administrative Area are authorized.
Toilet / Shower, Male Staff	TLTS1	60	Provide one if L & D Lockers / Changing Rooms and Toilets / Showers in the L & D Common Staff and Administrative Area are authorized.

Toilet / Shower, Female Staff	TLTS1	60	Provide one if L & D Lockers / Changing Rooms and Toilets / Showers in the L & D Common Staff and Administrative Area are authorized.
Scrubs Distribution Room	LCCL4	120	Provide one if a Scrubs Distribution Room in the L & D Common Staff and Administrative Area is authorized.

FA8:Obstetric Unit Calculation:

Room Name	Room Code	NSF	Space Criteria
Number of Obstetric Units	CALC1	0	The minimum number of patient beds, of all types, to generate one Obstetric Unit is eleven; the maximum is twenty-three.

FA9: Obstetric Units Common Reception Area:

Room Name	Room Code	NSF	Space Criteria
Waiting, Obstetric Units	WRC01	120	Minimum NSF; provide an additional 60 NSF for every increment of four Postpartum / Antepartum Patient Rooms, Patient Room, Postpartum Negative Isolation greater than four.
Playroom	PLAY1	120	Provide one for the Obstetric Units Common Reception Area.
Reception	RECP1	120	Minimum NSF; provide an additional 30 NSF for every increment of twelve Postpartum and Antepartum Rooms greater than twelve.
Consult Room	OFDC2	120	Provide one for the Obstetric Units Common Reception Area.
Alcove, Wheelchair	SRLW1	60	Provide one for the Obstetric Units Common Reception Area.

FA10:Obstetric Unit Patient Area:

Room Name	Room Code	NSF	Space Criteria
Nursery, Parent Teaching Room	NYPT1	180	Provide one per each Obstetric Unit.
Patient Room, Postpartum / Antepartum	BRMS1	360	Provide one per each Postpartum and Antepartum Patient Bed projected; deduct the number of Postpartum / Antepartum Negative Pressure Isolation Patient Room.

Toilet / Shower, Postpartum / Antepartum Patient	TLTS2	60	Provide one per each Postpartum / Antepartum Patient Room.
Patient Room, Postpartum / Antepartum Negative Pressure Isolation	BRIT1	360	Minimum one, provide additional ones as authorized per the Infection Control Risk Assessment (ICRA)
Toilet / Shower, Postpartum / Antepartum Negative Isolation Patient	TLTS2	60	Provide one per each Postpartum Isolation Patient Room.
Caregiver Workstation	NSTA2	60	Provide one for every increment of two Antepartum / Postpartum Patient Rooms.
Nurse Station	NSTA1	120	Minimum NSF; provide one per each Obstetric Unit; provide an additional 30 NSF if the number for Postpartum or Antepartum Patient Rooms in the Unit is between sixteen and nineteen; provide an additional 60 NSF if the number for Postpartum or Antepartum Patient Rooms in the unit is between twenty and twenty-three.
Team Collaboration Room	WRCH1	120	Minimum one per each Obstetric Unit; provide an additional one for each Obstetric Unit if the number of beds in the unit is between eighteen and twenty-three.

FA11: Obstetric Unit Support Area:

Room Name	Room Code	NSF	Space Criteria
Medication Room	MEDP1	120	Minimum NSF; provide one per each Obstetric Unit; provide an additional 60 NSF if the number for Postpartum or Antepartum Rooms in the Unit is between sixteen and nineteen; provide an additional 120 NSF if the number for Postpartum or Antepartum Rooms in the unit is between twenty and twenty-three.
Nourishment Room	NCWD1	120	Provide one per each Obstetric Unit.

Utility Room, Clean	UCCL1	120	Minimum NSF; provide one per each Obstetric Unit; provide an additional 60 NSF if the number for Postpartum or Antepartum Rooms in the Unit is between sixteen and nineteen; provide an additional 120 NSF if the number for Postpartum or Antepartum Rooms in the unit is between twenty and twenty-three.
Utility Room, Soiled	USCL1	120	Minimum NSF; provide one per each Obstetric Unit; provide an additional 60 NSF if the number for Postpartum or Antepartum Rooms in the Unit is between sixteen and nineteen; provide an additional 120 NSF if the number for Postpartum or Antepartum Rooms in the unit is between twenty and twenty-three.
Storage, Equipment	SRSE1	120	Minimum NSF; provide one per each Obstetric Unit; provide an additional 60 NSF if the number for Postpartum or Antepartum Rooms in the Unit is between sixteen and nineteen; provide an additional 120 NSF if the number for Postpartum or Antepartum Rooms in the unit is between twenty and twenty-three.
Storage, Stretcher	SRLW1	60	Provide one per each Obstetric Unit.
Storage, Breast Milk	SRR02	60	Provide one per each Obstetric Unit.
Alcove, Nursery Transport Unit	NYTU1	30	Provide one per each Obstetric Unit.
Alcove, Crash Cart	RCA01	30	Provide one per each Obstetric Unit.

FA12:(Obstetric Units) Well-Baby Nursery (Level I) Common Patient Area:

Room Name	Room Code	NSF	Space Criteria
Nursery, Level 1	NYNN1	240	Minimum NSF; provide an additional 60 NSF per each projected Bassinet greater than three.
Gowning Station	NYAR1	60	Provide one for the Well-Baby Nursery (Level I) Patient Care Area.
Isolation Room	NYIR1	180	Provide one for the Well-Baby Nursery (Level I) Patient Care Area.
Procedure Room	NYPR1	180	Provide one for the Well-Baby Nursery (Level I) Patient Care Area.

FA13:Obstetric Units Common Staff and Administrative Area:

Room Name	Room Code	NSF	Space Criteria
Office, Obstetric Unit OIC	OFA04	120	Provide one for Obstetric Units.
Office, Assistant OIC	OFA04	120	Provide one for Obstetric Units.
Office, NCOIC / LCPO / LPO	OFA04	120	Provide one for Obstetric Units.
Cubicle	OFA03	60	Provide one per each Obstetric Units provider and non-provider FTE position authorized to have a cubicle in the Provide one for Obstetric Units Common Staff and Administrative Area.
Conference Room	CRA01	240	Minimum NSF; provide an additional 60 NSF if the total number of Obstetric Unit FTE provider and non-provider FTE positions authorized is greater than ten.
Copier	RPR01	120	Provide one for Obstetric Units.
Storage, Patient Records	MRS01	120	Provide one if Patient Records storage in the Obstetric Units Staff and Administrative Area is authorized.
Storage, Office Supplies	SRS01	60	Provide one for Obstetric Units.
Lounge, Staff	SL001	120	Minimum NSF, provide an additional 60 NSF for every increment of five Obstetric Units FTEs working on peak shift greater than ten; maximum 360 NSF.
Locker / Changing Room, Male Staff	LR002	120	Provide one if Lockers / Changing Rooms and Toilets / Showers in the Obstetric Units Staff and Administrative Area are authorized.
Locker / Changing Room, Female Staff	LR002	120	Provide one if Lockers / Changing Rooms and Toilets / Showers in the Obstetric Units Staff and Administrative Area are authorized.
Toilet / Shower, Male Staff	TLTS1	60	Provide one if Lockers / Changing Rooms and Toilets / Showers in the Obstetric Units Staff and Administrative Area are authorized.

Toilet / Shower, Female Staff	TLTS1	60	Provide one if Lockers / Changing Rooms and Toilets / Showers in the Obstetric Units Staff and Administrative Area are authorized.
Scrubs Distribution Room	LCCL4	120	Provide one for Obstetric Units.

FA14: L & D / OB Units Common Staff and Administrative Area:

Room Name	Room Code	NSF	Space Criteria
Office, Department / Clinic Chief	OFA04	120	Provide one for the L & D / OB Units.
Office, Executive Assistant	OFA04	120	Provide one for the L & D / OB Units.
Sub-Waiting	WRC03	60	Provide one if Waiting in the L & D / OB Units Common Staff and Administrative Area is authorized.
Office, NCOIC / LCPO / LPO	OFA04	120	Provide one for the L & D / OB Units.
Office, Private	OFA04	120	Provide one per each L & D / OB Units provider and non-provider FTE position authorized to have a private office in the L & D / OB Units Common Staff and Administrative Area.
Office, Shared	OFA05	120	Provide one per each L & D / OB Units provider and non-provider FTE position authorized to have a shared office in the L & D / OB Units Common Staff and Administrative Area.
Cubicle	OFA03	60	Provide one per each L & D / OB Units provider and non-provider FTE position authorized to have a cubicle in the L & D / OB Units Common Staff and Administrative Area.
Storage, Patient Records	MRS01	120	Provide one if Patient Records storage in the L & D / OB Units Common Staff and Administrative Area is authorized.
Conference Room	CRA01	240	Minimum NSF; provide an additional 60 NSF if the total number of L & D / OB Units provider and non-provider FTE positions authorized is greater than ten.
Copier	RPR01	120	Provide one for L & D / OB Units.

Storage, Office Supplies	SRS01	60	Provide one for L & D / OB Units.
On-Call Room	DUTY1	120	Provide one if an On-Call Room in the L & D / OB Units Common Staff and Administrative Area if authorized.
Toilet / Shower, On-Call Room	TLTS1	60	Provide one if an On-Call Room in the L & D / OB Units Common Staff and Administrative Area if authorized.
Lounge, Staff	SL001	120	Provide one if authorized.
Locker / Changing Room, Male Staff	LR002	120	Provide one if Lockers / Changing Rooms and Toilets / Showers in the L & D / OB Units Common Staff and Administration Area is authorized.
Locker / Changing Room, Female Staff	LR002	120	Provide one if Lockers / Changing Rooms and Toilets / Showers in the L & D / OB Units Common Staff and Administration Area is authorized.
Toilet / Shower, Male Staff	TLTS1	60	Provide one if Lockers / Changing Rooms and Toilets / Showers in the L & D / OB Units Common Staff and Administration Area is authorized.
Toilet / Shower, Female Staff	TLTS1	60	Provide one if Lockers / Changing Rooms and Toilets / Showers in the L & D / OB Units Common Staff and Administration Area is authorized.
Scrubs Distribution Room	LCCL4	120	Provide one if a Scrubs Distribution Room in the L & D / OB Units Common Staff and Administrative Area is authorized.

FA15: L & D / OB Units Common GME Education / Training Area:

Room Name	Room Code	NSF	Space Criteria
Office, Residency Program Director	OFA04	120	Provide one if a L & D / OB Units Graduate Medical Education program is authorized.
Resident Collaboration Room	WKTM1	240	Minimum NSF; provide an additional 60 NSF per each Resident / Student FTE position authorized greater than two if a L & D / OB Units Graduate Medical Education program is authorized.

Classroom / Conference Room	CLR01	240	Provide one if the total number of Resident / Student FTE positions is greater than five if a L & D / OB Units Graduate Medical Education program is authorized.