

Safer Maternity Environments

Supporting modern maternity care through estate
investment and capacity planning



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This publication explores how investment in maternity infrastructure can support safer care, improve patient experience and enable service transformation. It draws on findings from recent national investigations, NHS guidance and recognised best practice to consider practical approaches to estate planning and modernisation.



Executive Summary

Safe maternity care relies on many factors. Skilled clinical teams, effective leadership, positive organisational culture and evidence-based practice all play vital roles in delivering high quality care for women, babies and families.

Increasingly, however, national investigations are reaching another important conclusion. The physical environment in which maternity care is delivered also matters.

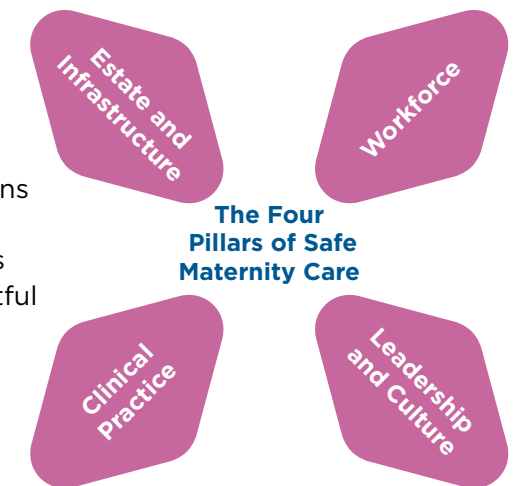
The National Maternity and Neonatal Investigation has identified maternity estate as a national patient safety issue, calling for renewed investment in maternity and neonatal infrastructure, revised Health Building Notes and a clear long-term strategy for modernising facilities across England. At the same time, the independent review of maternity services at Nottingham University Hospitals NHS Trust highlighted how the design and organisation of clinical environments can directly influence patient flow, emergency response, staff wellbeing and women's experience of care.

These findings reinforce what many NHS organisations already recognise. Much of the maternity estate was designed for a very different model of care. Changes in clinical practice, increasing birth complexity, rising Caesarean section rates, higher acuity, greater emphasis on personalised care and growing expectations around bereavement support have all placed additional demands on buildings that were often never intended to accommodate today's services.

Estate planning should therefore no longer be viewed simply as a capital investment programme. It is a strategic enabler of safe, compassionate and sustainable maternity care.

This paper explores how NHS organisations can respond to these challenges through thoughtful estate planning, refurbishment and capacity management. It considers how temporary and permanent healthcare infrastructure can support service continuity during refurbishment, improve patient flow, create additional capacity where required and provide environments that better meet the needs of women, babies, families and staff.

Rather than presenting estate as an isolated issue, this guide examines how infrastructure supports the wider ambitions of maternity transformation, helping organisations deliver safer pathways, improve patient experience and create resilient services for the future.



“**Safe maternity care depends not only on the people delivering care, but also on the environments in which that care takes place.**”

Introduction

Over the past decade, maternity services across England have been subject to unprecedented scrutiny.

National investigations, independent reviews and regulatory inspections have consistently identified areas requiring improvement. Their recommendations have addressed leadership, governance, staffing, education, culture and clinical practice. Together, they provide an important opportunity to improve maternity services for women, babies and families.

While many recommendations focus understandably on clinical care and organisational culture, another theme has emerged with increasing clarity.

The estate itself influences the quality and safety of care.

Buildings shape how clinical teams work together. They affect emergency response times, infection prevention, privacy, dignity, communication and patient experience. They determine whether services can expand to meet increasing demand, whether refurbishment can take place safely and whether modern models of care can be delivered effectively.

This represents an important shift in thinking.

Historically, estate investment has often been viewed as separate from clinical improvement programmes. Today, evidence suggests that the two are inseparable.

The National Maternity and Neonatal Investigation's Recommendation 8 explicitly recognises this relationship by calling for a national programme of investment in maternity

and neonatal infrastructure alongside updated design guidance and long-term planning.

Similarly, NHS England's review of maternity and neonatal infrastructure concluded that many organisations are attempting to deliver twenty-first century care within facilities that no longer reflect contemporary clinical practice or patient expectations.

The Care Quality Commission has reached similar conclusions through its inspection programme, identifying inadequate space, ageing buildings, insufficient theatre capacity and poor bereavement provision as recurring challenges across maternity services.

Collectively, these findings present an opportunity rather than simply a criticism.



Many NHS organisations are already investing in estate improvement programmes through refurbishment, expansion and new build projects. Others are considering how temporary facilities might support major refurbishment or enable additional capacity while permanent developments are planned.

The question is therefore no longer whether maternity estate should be improved. It is how those improvements can be delivered safely while maintaining continuity of care and preparing services for future demand.

This publication explores practical approaches to achieving that ambition.

It considers how estate strategy can support safer maternity pathways, examines opportunities to improve clinical environments and highlights where modern infrastructure solutions may assist NHS organisations in delivering change without compromising patient care.

Throughout, the emphasis remains firmly on women, babies and families.

Buildings do not improve outcomes on their own.

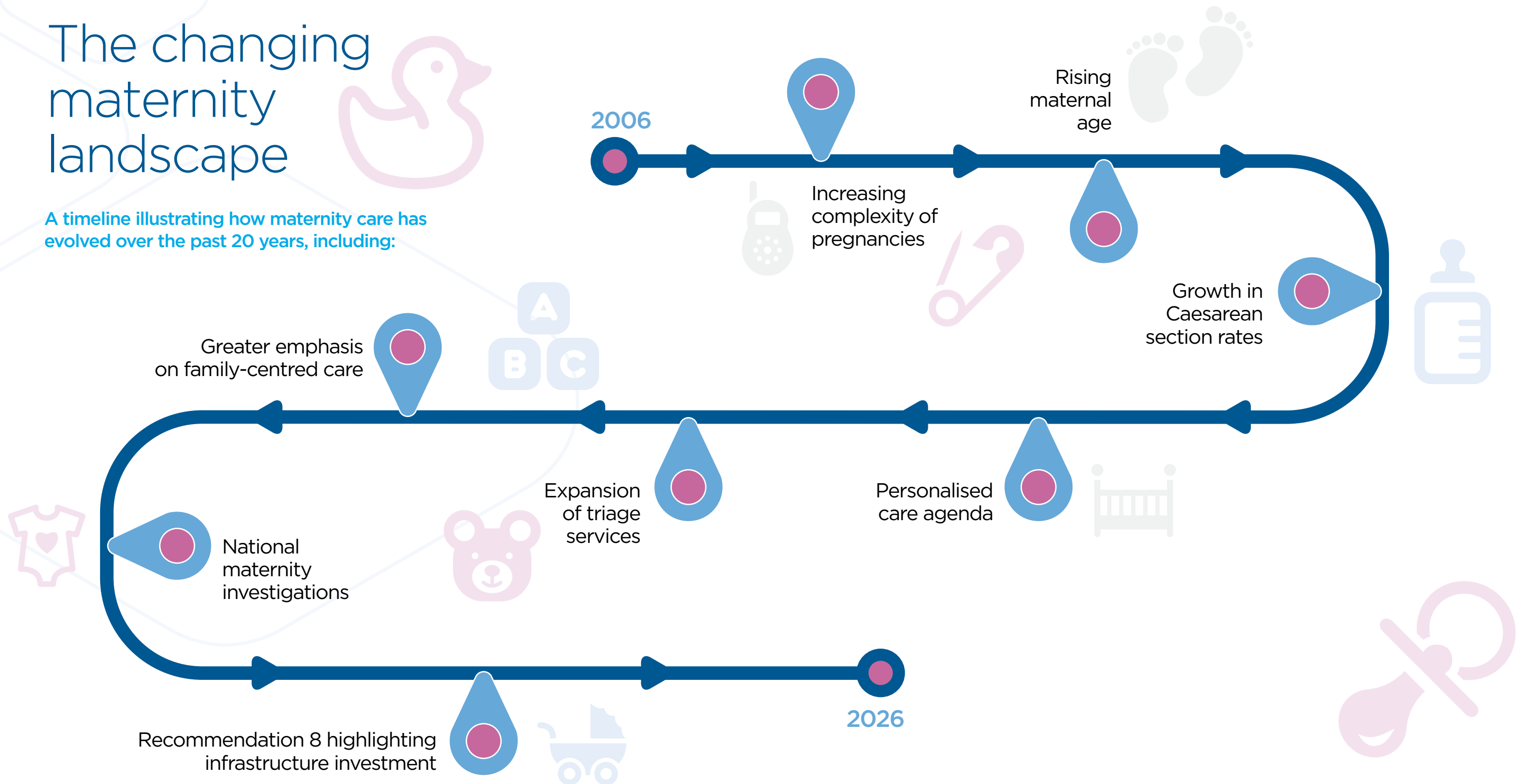
However, well-designed environments enable skilled professionals to deliver the safest possible care.

“
Estate should no longer be viewed simply as a buildings issue. It is a patient safety issue.
”



The changing maternity landscape

A timeline illustrating how maternity care has evolved over the past 20 years, including:



→ ESTATE → CLINICAL PATHWAYS → STAFF WORKFLOW →
→ PATIENT EXPERIENCE → SAFETY OUTCOME

“
How the physical
environment influences
safe maternity care
”

Chapter One

Why maternity estate is
now a patient safety issue

More than bricks and mortar

When discussing maternity services, it is natural to focus on the people delivering care.

Midwives, obstetricians, anaesthetists, neonatal teams, maternity support workers and countless other professionals work every day to provide safe, compassionate care for women and babies, often in highly demanding circumstances.

Yet the environment in which that care takes place is equally important.

Clinical teams cannot deliver the highest standards of care if the spaces in which they work restrict movement during emergencies, compromise privacy, create bottlenecks within patient pathways or fail to accommodate modern models of care.

For many years, estate has often been viewed as a secondary consideration, competing with workforce pressures and operational performance for limited capital investment. Increasingly, however, national evidence demonstrates that this distinction is artificial. Buildings are not separate from care delivery. They are an integral part of it.

The National Maternity and Neonatal Investigation recognises this explicitly, identifying maternity estate and digital infrastructure as a national priority and calling for a coordinated programme of investment supported by revised design standards and long-term planning.¹

Its message is clear. Safe maternity care depends not only on skilled professionals and effective leadership, but also on environments that are fit for purpose.



“The physical environment in which women give birth should be recognised as an integral component of safe, high-quality maternity care.”



The evidence is compelling

The findings from the National Maternity and Neonatal Investigation are reinforced by NHS England's national review of maternity and neonatal infrastructure, published in 2025.

Drawing on responses from maternity providers across England, the review presents a consistent picture of an estate struggling to support contemporary care.

Among its findings:

- ◆ 69% of responding maternity units reported that their existing accommodation does not provide sufficient space for current birth activity.
- ◆ 86% reported inadequate storage, resulting in clinical equipment being stored in circulation routes or other unsuitable locations.
- ◆ 43% of the maternity and neonatal estate failed to meet basic compliance standards.
- ◆ Fewer than half of units had sufficient accommodation for birth partners to remain overnight.
- ◆ Only around one third reported having appropriate private accommodation for families experiencing pregnancy or baby loss.²

These findings should not simply be viewed as estate statistics.

Each has direct implications for clinical practice.

Insufficient space can delay emergency responses.

Poor storage increases clutter and creates trip hazards.

Limited partner accommodation restricts family-centred care.

Inadequate bereavement facilities can profoundly affect the experience of families at one of the most difficult moments of their lives.

Collectively, they demonstrate that estate quality influences far more than the appearance of maternity units. It affects the delivery of care itself.



Modern maternity care has outgrown many existing facilities

Many maternity units currently operating across England were designed more than two decades ago. Since then, maternity care has evolved considerably.

- Women are giving birth later in life.
- More pregnancies involve complex medical conditions.
- Clinical pathways have expanded.
- Expectations of personalised care have increased.
- Caesarean section rates have risen significantly.
- Digital systems are now embedded within clinical decision making.
- Bereavement care has become more family-centred.
- At the same time, maternity services increasingly operate within integrated care systems, requiring greater flexibility between hospital, community and outpatient settings.

Many existing buildings were simply never designed to support these developments.

Health Building Note 09-02 remains the principal design guidance for maternity facilities. Although it continues to provide valuable principles around functional relationships and patient flow, it was published in 2013 and reflects service models developed over a decade ago. The National Maternity and Neonatal Investigation therefore recommends that the maternity and neonatal Health Building Notes be comprehensively reviewed to ensure they reflect contemporary models of care.^{1,3}

The implication for NHS organisations is significant.

Estate planning should no longer focus solely on maintaining existing accommodation. It should consider whether buildings continue to support the way maternity services are now delivered and how they are likely to evolve over the coming decade.

Changing demands on maternity estate

Then 	Now 
Lower Caesarean section rates	Around 45% of NHS hospital births by Caesarean section*
Smaller assessment services	Dedicated maternity triage
Limited partner facilities	Family-centred care
Basic bereavement rooms	Dedicated bereavement suites
Traditional labour ward model	Complex integrated maternity pathways

*Source: NHS Maternity Statistics 2024-25.⁴

Estate directly influences clinical pathways

Poor estate design impacts care every day.

Women arriving with concerns during pregnancy require timely assessment in an environment that supports privacy, rapid clinical review and appropriate escalation.

Women requiring an emergency Caesarean section depend upon direct access to obstetric theatres without unnecessary delay.

Midwives require clear sightlines, efficient movement between clinical areas and sufficient space to provide care safely.

Neonatal teams benefit from immediate access when babies need advanced support following birth.

Families experiencing pregnancy or baby loss require environments that protect privacy and dignity while providing opportunities to spend meaningful time together.

These are not isolated requirements.

They are interconnected clinical pathways that rely upon careful planning of physical relationships between departments, circulation routes, support accommodation and clinical spaces.

Health Building Note 09-02 describes these functional relationships in detail, emphasising that maternity departments should operate

as coherent systems rather than collections of individual rooms.³

Where those relationships are compromised through constrained buildings, piecemeal alterations or capacity pressures, clinical teams are often forced to develop workarounds.

Although these adaptations frequently demonstrate remarkable ingenuity, they should not become permanent substitutes for environments designed to support safe care.

Nottingham demonstrates how estate and operational design interact

The independent review of maternity services at Nottingham University Hospitals NHS Trust provides an important practical illustration of the relationship between estate, operational design and patient safety.

While the review focuses primarily on culture, governance and clinical practice, it also highlights how service configuration influences patient flow and operational efficiency.

One example concerns maternity triage.

The review identifies benefits associated with dedicated obstetric triage separated from scheduled maternity assessment activity, enabling women requiring unscheduled care to be assessed more efficiently and reducing

pressure on other parts of the maternity pathway.⁵

Similarly, the report discusses increasing pressure associated with elective Caesarean section activity, recognising that rising surgical demand requires careful consideration of theatre capacity and operational separation between planned and emergency care.

These findings illustrate an important principle.

Estate planning should never be considered independently from service planning.

Buildings shape clinical pathways, and clinical pathways should inform building design.



Key insight

Successful maternity estate projects begin by understanding patient pathways, not floor plans.

Estate also affects staff wellbeing

The quality of clinical environments influences not only patients but also those delivering care.

Poorly designed accommodation contributes to fatigue, inefficient workflows and frustration.

Insufficient storage requires repeated movement of equipment.

Congested circulation routes increase stress during emergencies.

Lack of staff facilities affects wellbeing throughout long shifts.

Difficulty finding appropriate private space for sensitive conversations places additional emotional burden on clinicians.

Conversely, environments designed around clinical workflow support multidisciplinary working, improve visibility, reduce unnecessary movement and enable teams to focus their attention where it matters most: caring for women and babies.

This relationship between environment and workforce experience has become increasingly important as NHS organisations seek to retain experienced maternity professionals and create positive working environments.

Estate investment should therefore be viewed not only as infrastructure improvement, but also as workforce investment.



Estate improvement is an opportunity, not simply a response

Much of the national discussion understandably focuses on shortcomings within existing maternity accommodation.

However, there is also a positive story.

Across England, NHS organisations are investing in refurbishment, expansion and redevelopment programmes that create opportunities to redesign services around modern models of care.

These programmes provide opportunities to:

- ◆ improve patient flow
- ◆ increase resilience during periods of peak demand
- ◆ modernise clinical environments
- ◆ enhance privacy and dignity
- ◆ improve infection prevention
- ◆ expand theatre capacity where required
- ◆ create dedicated triage services
- ◆ strengthen bereavement support
- ◆ improve staff wellbeing
- ◆ future-proof maternity services for the next generation.

Achieving these ambitions requires careful planning.

Maintaining safe services while major refurbishment or redevelopment takes place presents significant operational challenges.

Temporary clinical infrastructure, phased refurbishment and modular expansion all have important roles to play in enabling improvement without compromising continuity of care.

The following chapter explores how NHS organisations can successfully modernise maternity environments while maintaining safe clinical services throughout the construction programme.



References

- 1 National Maternity and Neonatal Investigation. Final Report and Recommendations (Recommendation 8). <https://www.matneoinv.org.uk/final-reports/>
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- 4 NHS Digital. NHS Maternity Statistics 2024-25. <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-maternity-statistics/2024-25>
- 5 Ockenden Review. Independent Review of Maternity Services at Nottingham University Hospitals NHS Trust. <https://www.ockendenmaternityreview.org.uk/>

→ ASSESS → PLAN → PROTECT CLINICAL PATHWAYS →
→ DECANT → REFURBISH → RECOMMISSION → EVALUATE

Chapter Two

Planning a Safe Maternity
Refurbishment

Modernising maternity services without interrupting care

The need to improve maternity environments is widely recognised. Across England, NHS organisations are investing in programmes to address ageing infrastructure, remove backlog maintenance, improve infection prevention, expand capacity and create environments better suited to modern maternity care.

Unlike many other healthcare services, however, maternity departments cannot simply close while refurbishment takes place.

Babies continue to be born every day and women continue to require emergency assessment, urgent obstetric intervention and inpatient care regardless of construction programmes or estate investment plans.

Maintaining safe maternity services throughout refurbishment therefore presents one of the most complex challenges facing NHS estates and operational teams.

The objective is not simply to replace buildings - it is to ensure that every woman continues to receive safe, timely and compassionate care while those improvements are delivered.

“
Successful refurbishment begins by protecting clinical pathways, not by relocating rooms.
”

The estate should follow the patient pathway

Every refurbishment programme should begin with a simple question:

How will women safely move through the maternity pathway while construction takes place?

Answering this question requires clinical and estates teams to work together from the earliest planning stages. Rather than focusing first on floor plans or building phases, organisations should map the complete maternity journey, considering how women access services, how emergencies are managed and how different clinical functions interact.

Typical pathways include:

- ◆ maternity triage and emergency assessment
- ◆ antenatal assessment
- ◆ induction of labour
- ◆ labour and birth
- ◆ obstetric theatre
- ◆ recovery
- ◆ postnatal care
- ◆ neonatal services
- ◆ bereavement support.

Each element depends upon the others and disrupting one part of the pathway inevitably affects the whole service.

Health Building Note 09-02 places considerable emphasis on these functional relationships, recognising that maternity departments operate as integrated clinical systems rather than collections of individual spaces. Obstetric theatres, labour rooms, neonatal services, recovery and inpatient accommodation must all work together to support timely, safe care.¹

For this reason, refurbishment programmes should be designed around maintaining complete clinical pathways wherever possible, rather than relocating individual departments multiple times throughout construction.

Patient safety must remain the primary objective

Large-scale refurbishment inevitably creates disruption. Construction activity generates noise, vibration and dust. Routes through departments may change. Staff become unfamiliar with temporary layouts. Equipment may need to be relocated. Patients and visitors require new wayfinding arrangements.

Each of these factors introduces potential clinical risk.

For maternity services, where emergencies can develop rapidly and where women may already be experiencing considerable anxiety, careful planning is essential.

NICE guidance on infection prevention emphasises that infection prevention and control specialists should be involved in the planning, design and management of healthcare environments from the earliest stages.²

Similarly, Health Building Note 00-09 recommends that infection prevention considerations are integrated throughout refurbishment projects, recognising that construction activity can introduce significant additional risks if poorly managed.³

Six principles for safe maternity refurbishment

- ◆ Protect emergency pathways.
- ◆ Minimise changes to patient flow.
- ◆ Maintain direct access to obstetric theatres.
- ◆ Preserve privacy and dignity throughout construction.
- ◆ Integrate infection prevention into every phase.
- ◆ Engage clinical teams throughout planning and commissioning.

6



Decanting services safely

Many refurbishment programmes require departments to be temporarily relocated while work is undertaken. This process, commonly referred to as decanting, is considerably more complex within maternity services than in many other clinical specialties.

Women should not experience multiple changes in how they access care throughout a refurbishment programme.

Similarly, staff should not need to continually adapt to changing clinical environments unless absolutely necessary.

A well-designed decant strategy therefore seeks to provide stable temporary accommodation for each clinical function throughout the duration of a construction phase.

This reduces confusion, improves operational familiarity and supports consistent clinical practice.

Particular attention should be given to:

- ◆ maternity triage
- ◆ labour ward access
- ◆ obstetric theatres
- ◆ neonatal interfaces
- ◆ postnatal wards
- ◆ bereavement facilities.

These services should remain clearly identifiable, easily accessible and operationally connected throughout refurbishment.

Temporary infrastructure as an enabling strategy

Historically, organisations undertaking major refurbishment often relied upon internal reconfiguration to create temporary accommodation. Increasingly, however, constrained hospital sites, rising activity levels and ageing estates mean that sufficient internal space is simply unavailable.

This has led many NHS organisations to consider temporary healthcare infrastructure as part of wider estate strategies.

Temporary facilities should not be viewed as an end in themselves. Rather, they provide an opportunity to maintain clinical capacity while permanent environments are modernised.

Depending upon local requirements, temporary accommodation may support:

- ◆ inpatient maternity wards
- ◆ assessment areas
- ◆ clinical support accommodation
- ◆ theatre recovery
- ◆ outpatient services
- ◆ staff welfare facilities
- ◆ associated support spaces.

Providing temporary accommodation externally can release existing clinical areas for comprehensive refurbishment while reducing disruption to ongoing services.

Importantly, this approach allows refurbishment work to proceed more quickly than would often be possible through numerous small construction phases within occupied departments.

Mobile and modular facilities within estate strategies

Modern healthcare infrastructure offers NHS organisations considerable flexibility when planning refurbishment programmes

Although terminology is sometimes used interchangeably, mobile and modular facilities each offer different advantages depending upon the objectives of the project.

Mobile facilities are particularly valuable where rapid deployment is required to provide additional clinical capacity during refurbishment or periods of exceptional demand.

Their relatively short mobilisation times make them well suited to supporting urgent estate programmes where maintaining service continuity is critical.

Modular facilities, by contrast, provide greater flexibility for larger or more complex schemes.

Manufactured off site before installation, modular buildings can accommodate a wide range of clinical functions and may be used on either a temporary or permanent basis. Their design flexibility enables organisations to create environments that closely reflect the requirements of contemporary maternity pathways while significantly reducing construction activity on live hospital sites.

For many NHS organisations, the most effective solution combines both approaches.

Temporary mobile facilities may provide immediate clinical capacity while larger modular developments create more extensive accommodation supporting refurbishment or long-term expansion.

Selecting the most appropriate solution depends upon local estate constraints, programme timescales, available space, clinical requirements and future service plans.

“Temporary infrastructure should be considered as a means of protecting patient care during change, not simply as additional accommodation.”



Protecting clinical flow during refurbishment

One of the strongest themes emerging from both national investigations and the Nottingham review is the importance of maintaining effective clinical flow.

Delays in assessment, congestion within labour wards and pressure on obstetric theatres all influence the safety and experience of care.

Estate projects should therefore seek not merely to replace existing accommodation, but to improve how services operate.

Questions that should inform refurbishment planning include:

- ◆ Can maternity triage operate independently from scheduled assessment activity?
- ◆ Is emergency access to obstetric theatres protected?
- ◆ Are induction pathways appropriately separated from labour ward activity?
- ◆ Does the layout support efficient multidisciplinary working?
- ◆ Can families experiencing pregnancy loss access dedicated bereavement accommodation without passing through busy clinical areas?
- ◆ Does the proposed configuration reduce unnecessary movement for women, staff and equipment?

Considering these questions early allows organisations to use refurbishment as an opportunity to improve operational performance rather than simply replace ageing buildings.

Specialist infrastructure partners

Delivering complex refurbishment programmes requires collaboration between clinical leaders, estates professionals, infection prevention specialists, architects, contractors and infrastructure providers.

Where temporary or modular facilities are required, specialist healthcare infrastructure partners can provide additional expertise in planning, mobilisation and clinical commissioning.

Early engagement can help organisations explore options for maintaining patient pathways, minimising operational disruption and integrating temporary accommodation into wider estate strategies.

For organisations undertaking significant maternity refurbishment, this collaborative approach can reduce programme risk while supporting continuity of care throughout construction.

Looking beyond refurbishment

Refurbishment should not be viewed as the conclusion of an estate programme.

Instead, it provides an opportunity to prepare maternity services for future demand.

The next chapter explores how changing patterns of maternity care, including rising Caesarean section rates, increasing demand for maternity triage and evolving models of personalised care, are influencing the future capacity requirements of maternity services across England.

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Vanguard case study

Creating additional maternity capacity at Wilhelmina Hospital, Assen

When planned service changes in the Netherlands were expected to increase demand for maternity and obstetric services in Assen and Emmen, Wilhelmina Hospital Assen needed a practical way to expand capacity while preserving a safe, high-quality and welcoming environment for women and families.

Vanguard worked with the hospital to adapt a mobile ward into a fully equipped delivery suite, seamlessly connected to the main hospital and customised with new flooring and homely wall coverings to reduce the clinical feel of the space. The unit operated for six months as a fourth delivery room, helping the hospital maintain obstetric support for the local population. During that period, around one baby a day was born in the temporary suite, with approximately 125 babies welcomed in the Vanguard facility and positive feedback received from staff, mothers and families.

Project statistics

125

Babies born in the Vanguard unit

4

the number of delivery rooms available at the hospital while the unit was in place

6

months the unit acted as a temporary delivery room

A simple patient journey:

- COMMUNITY CARE → MATERNITY TRIAGE → ASSESSMENT →
- INDUCTION (WHERE REQUIRED) → LABOUR & BIRTH →
- OBSTETRIC THEATRE (IF REQUIRED) → RECOVERY →
- POSTNATAL CARE → COMMUNITY SUPPORT

Chapter Three

Planning for modern maternity demand

Maternity services are changing

The way maternity care is delivered today differs significantly from when many maternity departments were originally designed.

Women are entering pregnancy with increasingly complex clinical needs.

More births involve medical co-morbidities.

Personalised care has become an established principle across NHS maternity services.

Technology plays a greater role in monitoring and clinical decision making.

At the same time, maternity services are supporting growing numbers of women requiring assessment, planned intervention and enhanced observation.

These changes have important implications for the physical environments in which care is delivered. Capacity planning can no longer be based simply on the number of births taking place each year. Instead, organisations need to understand how clinical pathways are changing, how women move through services and where future pressures are likely to arise.

Estate planning should therefore support flexibility as much as capacity.

Rising demand for maternity assessment

One of the most significant changes in modern maternity care is the increasing demand for unscheduled assessment.

Women are encouraged to seek advice promptly if they experience reduced fetal movements, abdominal pain, bleeding, hypertension symptoms or concerns about their baby's wellbeing.

This is entirely appropriate and reflects improvements in maternity safety.

However, it also means maternity assessment services are managing substantially greater activity than many existing departments were originally designed to accommodate.

The Royal College of Obstetricians and Gynaecologists describes maternity triage as the emergency front door to maternity services.

It recommends dedicated accommodation, appropriately trained staff and rapid assessment pathways operating twenty-four hours a day.¹

Similarly, the Care Quality Commission has identified increasing pressure on maternity triage services across England, with many organisations struggling to accommodate growing demand within existing facilities.²

These findings reinforce an important message.

Maternity triage should no longer be viewed as simply another clinical room within the department. It is a critical operational hub.

Designing effective triage environments

A well-designed maternity triage service should support both clinical assessment and operational efficiency.

Women should be able to access services easily, without unnecessary confusion or delay.

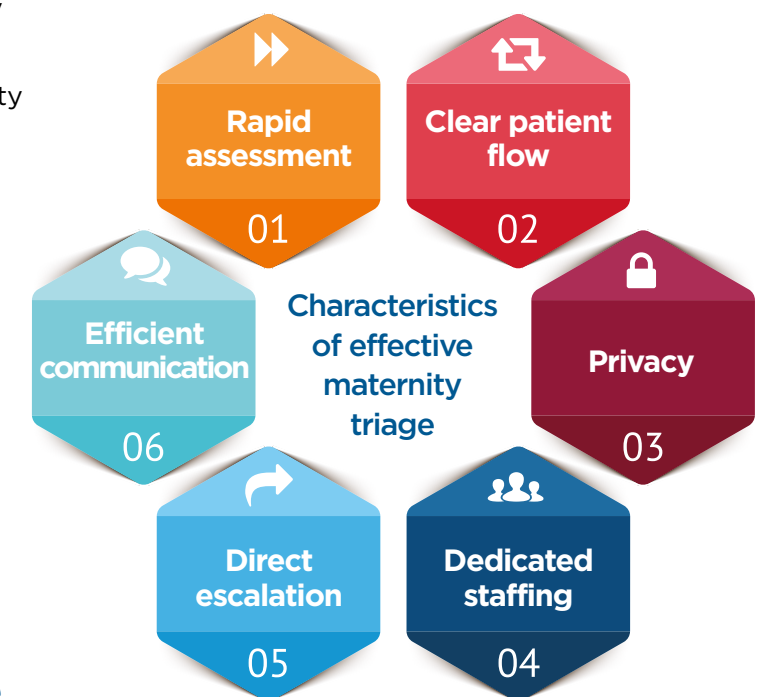
Clinical teams should be able to undertake timely assessment while maintaining privacy, dignity and confidentiality.

Assessment areas should allow rapid escalation where required while avoiding unnecessary movement through the department.

Good practice suggests dedicated maternity triage accommodation should include:

- ◆ welcoming reception and arrival space
- ◆ appropriately sized clinical assessment rooms
- ◆ monitoring facilities
- ◆ nearby toilet facilities
- ◆ dedicated telephone access
- ◆ clear wayfinding
- ◆ direct links to labour ward and obstetric theatres where appropriate.

“The maternity estate should be designed around the care women need today, not the care buildings were designed to deliver twenty years ago.”



The changing role of obstetric theatres

Few areas illustrate changing maternity demand more clearly than obstetric theatres.

NHS Maternity Statistics show that approximately **45% of births in NHS hospitals in England now take place by Caesarean section**, reflecting changing clinical practice, increasing maternal complexity and greater use of planned surgical birth.⁴

While Caesarean birth is a routine and safe procedure for many women, increasing surgical activity places additional pressure on maternity infrastructure.

Operating theatres require supporting accommodation including:

- ◆ anaesthetic preparation
- ◆ recovery
- ◆ neonatal support
- ◆ equipment storage
- ◆ staff facilities
- ◆ post-operative observation areas.

The National Maternity and Neonatal Investigation notes that increases in Caesarean section rates have not always been matched by corresponding increases in theatre capacity or postnatal accommodation.⁵

As a result, some organisations experience congestion within labour wards, pressure on emergency theatre access and delayed patient flow throughout the department.

Estate planning therefore needs to consider the entire surgical pathway rather than theatre space alone.

Separating planned and emergency activity

One of the recurring themes within the reviews concerns the interaction between elective and emergency maternity services.

Where planned Caesarean sections and emergency obstetric procedures compete for the same resources, delays and operational pressure may arise.

Although every maternity unit operates differently, increasing numbers of organisations are considering how estate configuration can better separate scheduled and emergency activity while maintaining clinical flexibility.

Possible approaches include:

- ◆ dedicated elective theatre sessions
- ◆ improved recovery accommodation
- ◆ more efficient patient preparation areas
- ◆ enhanced theatre support spaces
- ◆ improved links between labour ward and obstetric theatres.

These changes are not simply about increasing throughput.

Their primary purpose is to improve resilience, allowing emergency care to continue safely even during periods of exceptionally high activity.

“Capacity is not simply about having more space. It is about having the right space in the right place at the right time.”

Induction of labour

Induction of labour has become an increasingly important component of maternity services.

Many women now require induction for clinical reasons, while national guidance has expanded the circumstances in which induction may be recommended.

Health Building Note 09-02 recognises induction as a distinct clinical function requiring dedicated accommodation appropriately located within the maternity department.⁶

However, induction areas often experience significant operational pressure and women may spend many hours within these pathways before labour becomes established.

Where dedicated accommodation is unavailable, labour ward capacity can become constrained, reducing flexibility for women requiring active labour care or emergency admission.

Estate planning should therefore consider induction services as an integral component of maternity capacity rather than simply an extension of inpatient accommodation.

Providing appropriately designed induction facilities can improve patient experience while protecting labour ward capacity for women requiring higher acuity care.



Designing for flexibility

Modern maternity accommodation should be capable of adapting to changing patterns of care.

Flexible environments may allow:

- ◆ enhanced recovery following Caesarean section
- ◆ early mobilisation
- ◆ infant feeding support
- ◆ family-centred care
- ◆ overnight partner accommodation privacy
- ◆ quiet environments conducive to recovery.

Postnatal care is changing too

Increasing numbers of women recover from operative birth within postnatal wards. This has implications for room design, observation, accessibility and patient comfort.

Modern postnatal accommodation should support:

- ◆ enhanced recovery following Caesarean section
- ◆ early mobilisation
- ◆ infant feeding support
- ◆ family-centred care
- ◆ overnight partner accommodation privacy
- ◆ quiet environments conducive to recovery.

NHS England's infrastructure review found that fewer than half of maternity units currently provide sufficient accommodation for birth partners wishing to remain overnight.⁷

This represents more than a facilities issue. Partner involvement contributes positively to family-centred care, emotional wellbeing and confidence during the early postnatal period. Estate planning should therefore consider how accommodation can better support the wider family as well as the clinical needs of mother and baby.

Looking beyond hospital walls

Capacity planning increasingly extends beyond acute maternity departments.

Community maternity hubs, outpatient assessment services and integrated care pathways all play growing roles within maternity provision.

As these models continue to develop, acute hospital environments should be designed to work seamlessly alongside community services rather than operating in isolation.

Digital integration, improved communication and coordinated patient pathways will all influence future estate requirements.

Planning today should therefore consider not only current activity but also how maternity services are likely to evolve over the next decade.

Infrastructure that supports growth

Meeting future demand is unlikely to rely upon a single solution. Some organisations will expand existing accommodation through refurbishment. Others will construct permanent extensions. Some may require temporary facilities while long-term investment programmes are delivered.

Increasingly, modern methods of construction provide opportunities to introduce additional clinical capacity more rapidly than traditional building approaches, allowing organisations to respond to changing demand while maintaining operational flexibility.

The most successful strategies are likely to combine short-term resilience with long-term planning, ensuring that today's investment continues to support tomorrow's maternity services.

capacity requirements of maternity services across England.

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Chapter Four

Designing compassionate environments
for bereavement care

The environment matters most when families need it most

For every family, pregnancy and birth represent a significant life event. For some families, however, those experiences are marked by loss. Whether through miscarriage, stillbirth, neonatal death or a life-limiting diagnosis, bereavement care forms an essential part of modern maternity services.

Although compassionate care is delivered by people, the environment in which that care takes place profoundly influences how families experience some of the most difficult moments of their lives.

The National Bereavement Care Pathway, Sands, NHS England and Health Building Note 09-02 all recognise that bereavement environments should not be considered optional additions to maternity departments. They are fundamental components of compassionate, family-centred care.¹⁻⁴

Well-designed bereavement accommodation cannot remove grief.

However, it can provide privacy, dignity, comfort and precious opportunities for families to spend time together without unnecessary interruption or distress.

Estate planning therefore plays an important role in supporting high-quality bereavement care.

Privacy is a clinical requirement

Families experiencing baby loss should not have to share spaces with families celebrating the arrival of a newborn baby.

Yet national reviews continue to identify examples where bereaved parents remain within busy maternity environments, hearing newborn babies crying or passing through crowded labour wards and postnatal areas.

Health Building Note 09-02 states clearly that women who have experienced pregnancy or baby loss should not be accommodated alongside new mothers wherever possible. Dedicated bereavement accommodation should provide a private, self-contained environment separated from routine maternity activity.³

Similarly, the Care Quality Commission has identified bereavement accommodation as an area requiring improvement across a number of maternity services, recognising that inappropriate environments can increase distress for families already experiencing profound loss.⁵

Privacy should therefore be viewed not as a desirable feature but as an essential component of safe, compassionate care.

Creating space for families

Bereavement care extends far beyond clinical treatment.

Many families wish to spend time with their baby, invite close relatives, create memories, participate in cultural or religious practices or simply remain together in a peaceful environment.

The physical environment should enable these choices.

Rather than resembling a standard inpatient bedroom, dedicated bereavement accommodation should support families as they experience loss in their own way and at their own pace.

This means recognising that bereavement rooms are not simply clinical spaces.

They are family spaces.

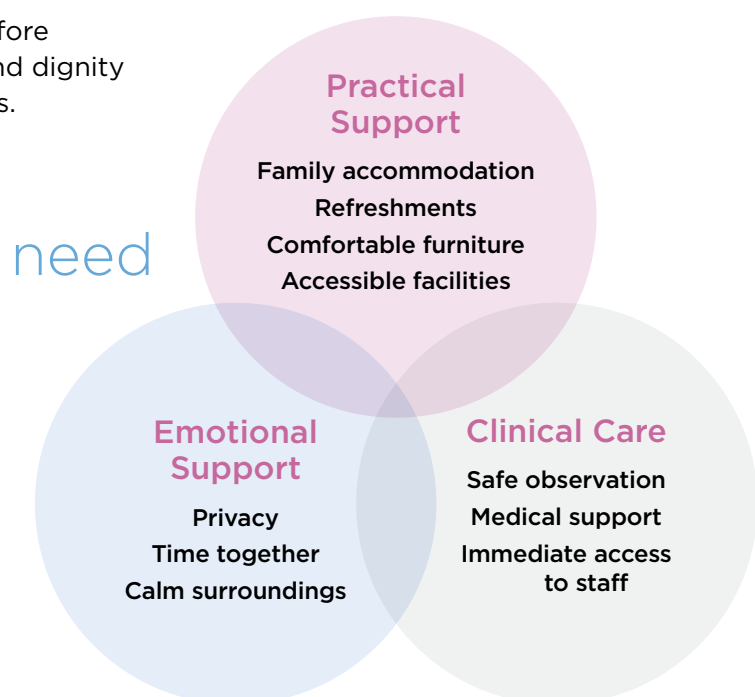
Design decisions should therefore prioritise comfort, flexibility and dignity alongside clinical requirements.



Families may remember every detail of the environment in which they said goodbye to their baby. Thoughtful design can never remove grief, but it can provide dignity, privacy and compassion when they are needed most.



What families need



Principles of good bereavement suite design

National guidance provides considerable consistency regarding the characteristics of effective bereavement accommodation.

While layouts will inevitably differ between organisations, several principles emerge repeatedly.

A separate location

Bereavement suites should be located away from busy labour wards, antenatal clinics and postnatal areas wherever possible.

Families should not be required to walk through areas where celebrations are taking place or where newborn babies are visible.

If complete physical separation cannot be achieved, alternative routes should be considered to minimise additional distress.

Sands also recommends discreet external signage so that families can enter and leave the suite privately.²

A separate location

One of the most frequently discussed aspects of bereavement design concerns sound.

Hearing newborn babies crying or celebrations taking place nearby can be deeply distressing for bereaved parents.

Where physical separation cannot completely eliminate these experiences, appropriate acoustic design becomes particularly important.

Sound insulation, careful room positioning and considered circulation routes should therefore form part of every bereavement design brief.

Space for families

Bereavement affects partners, siblings, grandparents and wider family members.

Accommodation should therefore support families rather than only individual patients.

Depending upon local circumstances, facilities may include:

- ◆ comfortable seating
- ◆ a double bed where appropriate
- ◆ ensuite bathroom
- ◆ refreshments
- ◆ space for memory-making activities
- ◆ overnight accommodation for partners
- ◆ facilities supporting cultural or religious practices.

Providing these facilities acknowledges that bereavement care continues over many hours rather than simply during immediate clinical treatment.

Time together

Many families wish to spend precious time with their baby following loss.

This may involve holding their baby, taking photographs, creating memory boxes, introducing siblings or simply remaining together privately.

Bereavement suites should therefore support uninterrupted family time.

Current good practice also recommends providing appropriate cooling facilities that allow families greater flexibility over how long they spend with their baby before saying goodbye.²⁻⁴

These facilities should be incorporated discreetly and sensitively into room design.

Key insight

Compassionate bereavement environments should support choice. Families should be able to decide how they wish to spend time with their baby rather than having those decisions determined by the physical environment.



Looking beyond the room itself

Good bereavement care extends beyond the suite.

The surrounding environment also influences family experience.

Consideration should therefore be given to:

- ◆ discreet arrival and departure routes
- ◆ nearby parking
- ◆ private waiting areas
- ◆ family consultation rooms
- ◆ quiet outdoor space where possible
- ◆ easy access to specialist bereavement staff

Health Building Note 09-02 identifies access to a secluded garden or external space as particularly beneficial, recognising the value many families place on spending time outdoors during periods of grief.³

These wider environmental considerations help create a more holistic approach to bereavement care.



Supporting staff as well as families

Providing bereavement care is emotionally demanding for healthcare professionals.

Midwives, obstetricians, neonatal teams and bereavement specialists often support families through some of the most difficult experiences of their careers.

Estate planning should therefore consider the needs of staff alongside those of families.

Appropriate consultation rooms, private workspaces, facilities for multidisciplinary discussions and opportunities for staff wellbeing all contribute to maintaining compassionate, high-quality bereavement care.

Designing environments that support staff ultimately benefits families too.



Listening to families

Perhaps the most important principle underpinning modern bereavement design is co-production.

National guidance consistently recommends involving bereaved parents in the planning, design and ongoing review of bereavement facilities.

Families who have experienced pregnancy or baby loss often provide insights that designers and clinicians may not otherwise consider.

Simple details, including lighting, furniture, colour palettes, artwork, signage and circulation routes, can have lasting emotional significance.

By involving families throughout the design process, NHS organisations can create environments that feel genuinely compassionate rather than simply compliant with guidance.

“
The most effective bereavement environments are designed not only for families, but with families.
”

Estate as part of compassionate care

The independent reviews of maternity services reminds us that compassionate care extends beyond the hospital stay.

Communication, continuity and ongoing support all influence how families experience bereavement.

Estate cannot address these challenges alone.

However, thoughtfully designed environments can provide an important foundation for compassionate care, enabling clinical teams to support families with dignity, privacy and respect throughout their bereavement journey.⁶

As NHS organisations continue to modernise maternity services, dedicated bereavement accommodation should therefore be viewed not as additional space to be provided if budgets allow, but as essential infrastructure supporting one of the most sensitive aspects of maternity care.

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Choosing the right infrastructure solution

A simple decision journey:

- ➔ WHAT IS THE CHALLENGE?
- ➔ URGENT CAPACITY PRESSURE
- ➔ MAJOR REFURBISHMENT
- ➔ PERMANENT SERVICE EXPANSION
- ➔ NEW MODEL OF CARE
- ➔ POTENTIAL INFRASTRUCTURE SOLUTIONS
 - Mobile • Modular • Permanent construction • Hybrid approaches

Chapter Five

Delivering modern maternity infrastructure

Estate investment should begin with the clinical need

Every NHS organisation faces different estate challenges.

Some maternity units require urgent refurbishment because of ageing infrastructure.

Others need additional clinical capacity to meet increasing demand.

Some organisations are redesigning services around new models of maternity care, while others are planning significant redevelopment programmes over many years.

These projects vary considerably in scale, complexity and timescale.

Consequently, no single infrastructure solution is appropriate for every organisation.

The most successful projects begin by identifying the clinical problem before considering the buildings required to solve it.

This principle is reflected throughout NHS estate guidance, which emphasises that infrastructure should enable service transformation rather than dictate it.¹

Whether the objective is maintaining safe services during refurbishment, increasing theatre capacity or creating entirely new maternity accommodation, estate decisions should always support better patient care.

Choosing the right approach

Estate investment is increasingly expected to achieve several objectives simultaneously.

Projects must improve patient safety, support workforce wellbeing, minimise disruption, deliver value for money and provide flexibility for future service development.

Meeting all these objectives often requires organisations to consider a range of delivery models.

These may include:

- ◆ refurbishment of existing accommodation
- ◆ permanent extensions
- ◆ new build developments
- ◆ modular healthcare facilities
- ◆ mobile clinical facilities
- ◆ combinations of temporary and permanent infrastructure.

Rather than viewing these as competing options, many organisations are successfully combining different approaches within wider estate strategies.

“
The right solution is not determined by the type of building. It is determined by the needs of the women, babies and staff who will use it.
 ”

Responding to changing demand

Not every estate challenge results from ageing buildings.

Increasing maternity assessment activity, rising Caesarean section rates and changing models of personalised care have all increased demand for appropriately designed clinical environments.

Where permanent redevelopment forms part of a longer-term strategy, interim capacity may provide valuable flexibility while capital programmes progress.

Examples may include:

- ◆ additional inpatient accommodation
- ◆ expanded maternity assessment areas
- ◆ additional obstetric theatre capacity
- ◆ outpatient services
- ◆ staff welfare accommodation.

Providing this additional capacity can improve operational resilience while allowing organisations time to develop permanent estate strategies.

Matching the solution to the challenge



Estate challenge

Urgent refurbishment
Capacity pressure
Long-term expansion
New maternity model
Mixed programme



Potential approach

Temporary decant accommodation
Additional clinical facilities
Permanent modular development
Purpose-designed new accommodation
Combined infrastructure strategy

Modern methods of construction

Modern methods of construction are becoming increasingly important within NHS estate planning.

Manufacturing significant elements of healthcare buildings away from live hospital sites offers opportunities to reduce disruption, improve programme certainty and accelerate delivery compared with many traditional construction methods.

For healthcare environments, this approach can also improve quality assurance by allowing construction to take place within controlled factory environments before installation on site.

Modular healthcare buildings are now widely used across the NHS for a variety of clinical functions, including theatres, wards, outpatient departments, diagnostic facilities and support accommodation.

Importantly, modern modular healthcare buildings should not be confused with temporary portable accommodation.

They are permanent clinical environments designed to meet the same regulatory and technical standards as traditionally constructed healthcare facilities.

For many organisations, modular construction provides an opportunity to expand services while minimising disruption to busy hospital campuses.

The role of mobile healthcare facilities

Mobile healthcare facilities fulfil a different but equally important role.

Designed for rapid deployment, they can provide fully functioning clinical environments capable of supporting patient care while permanent accommodation is refurbished or expanded.

Within maternity pathways, mobile facilities may contribute to wider estate strategies by supporting functions such as:

- ◆ inpatient accommodation
- ◆ theatre capacity
- ◆ recovery facilities
- ◆ outpatient activity
- ◆ associated support services

Their greatest advantage often lies in speed.

Where maintaining clinical services is the immediate priority, rapidly deployable facilities can help organisations protect capacity while longer-term investment programmes are delivered



Temporary infrastructure should create time to deliver permanent improvement.



Integrating temporary and permanent infrastructure

Increasingly, NHS organisations are recognising that temporary and permanent infrastructure need not be considered separate solutions.

Many successful programmes combine both approaches.

For example, temporary facilities may maintain clinical services while permanent accommodation is constructed.

Similarly, modular buildings initially introduced to support refurbishment may later become part of longer-term service expansion.

This integrated approach provides greater flexibility while allowing organisations to respond to changing operational priorities over time.

Estate planning therefore becomes less about selecting individual buildings and more about creating adaptable infrastructure strategies capable of supporting service transformation.



Working with specialist infrastructure partners

Delivering healthcare infrastructure requires expertise extending beyond construction alone.

Successful projects depend upon close collaboration between clinicians, estates professionals, architects, infection prevention specialists, contractors and healthcare infrastructure providers.

Specialist partners bring experience of working within live healthcare environments, helping organisations maintain safe clinical services while complex construction programmes are delivered.

Support may include:

- ◆ feasibility assessment
- ◆ estate planning
- ◆ decant strategy development
- ◆ clinical workflow planning
- ◆ temporary infrastructure provision
- ◆ modular healthcare design
- ◆ commissioning support
- ◆ operational readiness planning.

Early engagement allows these disciplines to contribute before key estate decisions have been finalised, often improving both programme efficiency and patient outcomes.

Supporting the NHS estate strategy

The National Maternity and Neonatal Investigation calls for investment over three distinct timescales:

- ◆ immediate action to address urgent risks
- ◆ medium-term improvement over five years
- ◆ longer-term strategic investment over ten years.²

This phased approach aligns closely with wider NHS estate planning.

Temporary infrastructure may help organisations respond rapidly to immediate operational pressures.

Refurbishment programmes address existing estate condition.

Permanent investment supports future models of care.

Rather than viewing these as isolated projects, organisations increasingly recognise them as different stages within a continuous estate strategy.

Questions for Boards considering maternity estate investment

- ◆ What clinical problem are we trying to solve?
- ◆ How will patient safety be protected during construction?
- ◆ Can clinical pathways remain operational throughout the programme?
- ◆ Does the proposal improve patient experience?
- ◆ Does it support future models of maternity care?
- ◆ Can it adapt to changing demand?
- ◆ Does it represent long-term value for the NHS?

Looking ahead

Estate investment alone cannot transform maternity services.

Safe, compassionate care depends upon skilled professionals, effective leadership, positive culture and evidence-based clinical practice.

However, the national evidence is now clear.

The environments in which care is delivered also influence safety, experience and operational performance.

As NHS organisations continue to invest in maternity services, estate should be viewed not as a constraint but as an opportunity.

An opportunity to create environments that better support women, babies and families.

An opportunity to improve the working lives of maternity professionals.

An opportunity to build services capable of meeting the needs of future generations.

The final chapter draws together the themes explored throughout this publication and presents a practical framework to help NHS Boards and senior leaders plan future investment in safer maternity environments.

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- 1 National Bereavement Care Pathway (NBCP). England Evidence Library – Standard 2. <https://www.nbcpathway.org.uk/>
- 2 Sands. Bereavement Rooms and Bereavement Suites: Position Statement. <https://www.sands.org.uk/>
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Case Study

Cwm Taf Morgannwg UHB: delivering rapid additional capacity during a critical incident

When a critical incident at Princess of Wales Hospital required the closure of eight theatres and ten wards, Cwm Taf Morgannwg University Health Board needed to protect vital surgical and diagnostic capacity while services were decanted and reconfigured.

Working with Vanguard Healthcare Solutions, the Health Board rapidly developed a plan to create additional capacity at Royal Glamorgan Hospital: a five-bay ward and alongside a four-heater surgical suite supported by two wards.

Despite the complexity of installing facilities on a constrained hospital site, the surgical suite within nine weeks. Described by staff as a “mini-hospital”, the facility provided alternative capacity during a period of operational pressure and then supported wider efforts to reduce waiting times, demonstrating how mobile and modular infrastructure can help NHS organisations respond quickly, maintain patient pathways and create resilient clinical capacity during estate disruption.



A Framework for Action

Supporting safer maternity environments
through strategic estate planning



A national opportunity

The recent national investigations into maternity services have highlighted significant challenges across England's maternity system.

Much of the public discussion has understandably focused on leadership, culture, governance and clinical practice. These remain fundamental priorities and will continue to shape maternity improvement programmes across the NHS.

However, another message has emerged with increasing clarity.

The physical environment in which maternity care is delivered matters.

Buildings influence how clinical teams work together.

They shape patient flow, privacy, infection prevention, emergency response, staff wellbeing and family experience.

The estate should therefore no longer be viewed as simply an operational asset.

It should be recognised as a strategic enabler of safe, compassionate and sustainable maternity care.

For NHS Boards, this represents an important opportunity.

Investment in maternity infrastructure is not solely about replacing ageing buildings.

It is about creating environments that allow talented professionals to deliver the safest possible care for women and babies.

Five priorities for NHS leaders

Drawing together the findings of national investigations, NHS guidance and recognised good practice, five priorities emerge for organisations planning future investment in maternity services.

1. Place patient safety at the centre of every estate decision

Estate investment should always begin with clinical need.

Decisions about refurbishment, expansion or redevelopment should be informed by patient pathways, operational resilience and the experience of women, babies and families.

Buildings should support safer care, not simply accommodate it.

2. Plan around clinical pathways rather than departments

Modern maternity services operate as integrated systems.

Triage, labour ward, obstetric theatres, postnatal care, neonatal services and bereavement support are all interconnected.

Estate planning should therefore protect complete patient pathways rather than focusing on individual clinical areas.

3. Create flexibility for future models of care

The way maternity services are delivered will continue to evolve.

Future infrastructure should provide sufficient flexibility to respond to:

- ◆ changing clinical practice
- ◆ increasing acuity
- ◆ technological innovation
- ◆ integrated community services
- ◆ future capacity requirements.

Investment made today should continue supporting maternity services for decades to come.

4. Deliver improvement without compromising care

Major refurbishment should not require reductions in clinical quality or patient experience.

Careful decant planning, temporary infrastructure and phased construction can help organisations maintain safe services while modernisation takes place.

The objective should always be continuous improvement with continuous care.

5. Design for compassion as well as efficiency

Clinical effectiveness and compassionate care are not competing priorities.

Privacy, dignity, family-centred care and thoughtfully designed bereavement environments all contribute directly to women's experience of maternity services.

Good design should support both operational efficiency and human experience.



The safest maternity services are created when clinical excellence, compassionate leadership and thoughtfully designed environments work together.



Questions every NHS Board should ask

As organisations consider future investment in maternity infrastructure, the following questions may help guide discussion.

Clinical pathways

- ◆ Does our current estate support the way maternity care is delivered today?
- ◆ Where are the greatest constraints on patient flow?
- ◆ Are emergency pathways protected?

Capacity

- ◆ Is our accommodation sufficient for current and projected activity?
- ◆ Are obstetric theatres appropriately configured?
- ◆ Is maternity triage appropriately sized and located?
- ◆ Does postnatal accommodation reflect changing models of care?

Compassion

- ◆ Do our environments promote dignity, privacy and family-centred care?
- ◆ Are bereavement facilities consistent with recognised national guidance?
- ◆ Are women able to access care in calm, welcoming surroundings?

Staff

- ◆ Does our estate support multidisciplinary working?
- ◆ Are staff environments appropriate for modern maternity practice?
- ◆ Can clinical teams work efficiently without unnecessary operational constraints?

Future planning

- ◆ Can our buildings adapt as services evolve?
- ◆ Does our estate strategy align with wider organisational priorities?
- ◆ Are we planning for the next decade rather than the next year?

Estate planning is continuous

Estate investment should not be viewed as a series of isolated projects.

It should form part of a continuous strategy supporting:

- ◆ safer care
- ◆ improved patient experience
- ◆ workforce wellbeing
- ◆ operational resilience
- ◆ long-term service transformation.

Working in partnership

Delivering modern maternity environments requires collaboration across many disciplines.

Clinical leaders, estates teams, infection prevention specialists, architects, contractors, project managers and healthcare infrastructure partners each contribute different expertise.

Successful projects are characterised by early engagement, shared objectives and a clear focus on maintaining safe clinical pathways throughout change.

Specialist infrastructure partners can support organisations by providing additional clinical capacity, enabling refurbishment programmes and helping implement long-term estate strategies.

The most successful partnerships are those in which infrastructure is viewed not simply as a construction project, but as an integral component of clinical transformation.

About Vanguard Healthcare Solutions

For more than twenty-five years, Vanguard Healthcare Solutions has supported NHS organisations in maintaining and expanding clinical services during periods of estate transformation.

Working collaboratively with healthcare providers across the UK, Vanguard delivers mobile, modular and hybrid healthcare facilities that enable organisations to:

- ◆ maintain clinical services during refurbishment
- ◆ respond to increasing patient demand
- ◆ expand healthcare capacity
- ◆ modernise ageing estate
- ◆ improve operational resilience.

Every project is developed in partnership with clinical and estates teams, ensuring that infrastructure supports patient pathways, operational continuity and high-quality care.

As the NHS continues investing in safer maternity environments, Vanguard remains committed to supporting organisations in delivering infrastructure solutions that place women, babies and families at the centre of every decision.

Further reading

Readers wishing to explore the topics discussed in this publication may find the following resources helpful.

- ◆ National Maternity and Neonatal Investigation. Final Report and Recommendations. <https://www.matneoinv.org.uk/final-reports/>
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