The Women’s Hospital opened in the fall of 2000 with increased capacity for the neonatal intensive care, neonatal intermediate care, and pediatric intermediate care units. The replacement facility has allowed the UNC Health Care System to bring into a single structure nearly all resources dedicated to the provision of health care services for women. It also provides a health care environment that is safer, more efficient, and geared to delivering innovative services that improve women’s health outcomes. For example, all of the rooms in the new hospital are single-bedded. Such private rooms are important for women, not only for clinical reasons, but also to meet psychosocial needs such as allowing family members to stay in the room with the postpartum patient.

The UNC Women’s Hospital has approximately 450,000 square feet in a single structure, with nearly all resources dedicated to the provision of health care services for women. It houses ambulatory care clinics; a 22-bed gynecologic/ gynecology oncology unit; a Labor and Delivery unit (a Level III referral center) with 24/7 anesthesia coverage, 15 L&D rooms, 5 triage rooms, 3 operating rooms, and a 2-bed recovery room; a 28-bed all-private-room maternity care center; a 13-bed ante-partum unit; clinical diagnostic facilities, laboratories, pharmacy services, and lactation services. Approximately 4000 babies are born each year at UNC Women’s Hospital, with ~10-12% of these deliveries complicated by pre-existing or gestational diabetes mellitus.

The Labor and Delivery Unit (~20,000 sq ft) consists of 4 LDRP’s and 10 LDR’s, each approximately 340 square feet. The monitoring capabilities in each room include pulse, EKG, blood pressure, oxygen saturation, central venous pressure, and pulmonary artery pressure, plus a centralized electronic fetal monitoring system. All fetal monitors are Hewlett Packard and the central fetal monitoring package is by Hillrom. Each room has an IBM workstation for charting on the computerized inpatient record and all fetal heart rate information and non-invasive maternal monitoring data streams automatically into the computerized record. There is a 300 square foot room designated for the care of high risk and critically ill women with invasive monitoring capabilities mounted at the bedside, as well as two portable hemodynamic monitors that can be used in any room. An ATL HDL 5000 ultrasound machine with color flow and pulsed Doppler capabilities is available. Three large operating rooms are located within the unit as well as a preoperative holding area, in which minor treatments such as decompression amniocentesis or breech version can be performed. Nursing stations are strategically located throughout the unit to streamline patient care. The labor and delivery unit is adjacent to the neonatal intensive care for ease of access.

Located one floor above the labor and delivery unit is the combined antepartum/postpartum unit with 28 private rooms (250 square feet each) and a newborn nursery (450 square feet) with 14 bassinets. Part of the central fetal monitoring system is 15 portable fetal monitors, connecting to hubs in each room. The nursing care in Labor and Delivery is provided by 35 full-time registered nurses, three scrub technicians and three unit secretaries. The antepartum/postpartum/nursery staff consists of 37 full-time RNs, six LPNs and three nurse aids with nine unit secretaries. Adjacent to the unit is a large wet laboratory with a refrigerated centrifuge and – 70°C freezers for study specimen processing and storage.

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