



Hospital Bag Checklist

FOR MOM

- | | | |
|--|---|--|
| <input type="checkbox"/> Picture ID | <input type="checkbox"/> Soap | <input type="checkbox"/> Comfortable Shoes |
| <input type="checkbox"/> Insurance Card | <input type="checkbox"/> Shampoo | <input type="checkbox"/> Cell Phone Charger |
| <input type="checkbox"/> Hospital Paperwork | <input type="checkbox"/> Lotion | <input type="checkbox"/> Camera or Video Camera |
| <input type="checkbox"/> Birth Plan | <input type="checkbox"/> Hair Ties | <input type="checkbox"/> Earbuds |
| <input type="checkbox"/> Eyewear: | <input type="checkbox"/> Comfortable Bathrobe | <input type="checkbox"/> A Comfortable Pillow in a |
| <input type="checkbox"/> Glasses | <input type="checkbox"/> 2-3 Loose-Fitting | <input type="checkbox"/> Bright Pillowcase |
| <input type="checkbox"/> Contacts Lenses | Nightgowns (with | <input type="checkbox"/> Magazines |
| <input type="checkbox"/> Contact Lens Solution | buttons in the front if | <input type="checkbox"/> Snacks |
| <input type="checkbox"/> Toothbrush | you'll be breastfeeding) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Toothpaste | <input type="checkbox"/> Slip-on Slippers | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Hairbrush | <input type="checkbox"/> Non-slip Socks | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Deodorant | <input type="checkbox"/> Nursing Bras | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Lip Balm | <input type="checkbox"/> Nursing Pads | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Make-up | <input type="checkbox"/> Maternity Underpants | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Face Wash | <input type="checkbox"/> An Outfit for Going Home | <input type="checkbox"/> _____ |

FOR BABY

- | | |
|---|--------------------------------|
| <input type="checkbox"/> A Going Home Outfit | <input type="checkbox"/> _____ |
| (Choose one with legs, so | <input type="checkbox"/> _____ |
| that the car seat is easier | <input type="checkbox"/> _____ |
| to buckle) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> A Receiving Blanket | <input type="checkbox"/> _____ |
| <input type="checkbox"/> A Soft Hat | <input type="checkbox"/> _____ |
| <input type="checkbox"/> A WubbaNub Pacifier | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Install the Car Seat | <input type="checkbox"/> _____ |

