

Hospital Bag Packing Guide

Consider this guide to help you get started packing your hospital bag. Add/remove anything to meet your own needs!

BIRTH PARENT

- | | |
|--|---|
| <input type="checkbox"/> Comfortable, Loose Clothing:
Oversized T-Shirts, Nightie, Loose
and High-Waisted Sweatpants or
Leggings, Pajamas, Nursing Tank | <input type="checkbox"/> Disposable Briefs OR Postpartum
Underwear |
| <input type="checkbox"/> Light Bathrobe | <input type="checkbox"/> Slippers and/or Sandals |
| <input type="checkbox"/> Nursing Bras (2) | <input type="checkbox"/> Shoes that can easily be slipped
on/off to go home in |
| <input type="checkbox"/> Warm Socks with Grips | <input type="checkbox"/> Bathing Suit |

TOILETRIES

- | | |
|--|--|
| <input type="checkbox"/> Face Mask | <input type="checkbox"/> Shampoo |
| <input type="checkbox"/> Hand Sanitizer | <input type="checkbox"/> Conditioner |
| <input type="checkbox"/> Prescription Medications | <input type="checkbox"/> Dry Shampoo |
| <input type="checkbox"/> Glasses/Contact Lenses + Solution | <input type="checkbox"/> Bodywash |
| <input type="checkbox"/> Lip Balm | <input type="checkbox"/> Lotion |
| <input type="checkbox"/> Nipple Cream | <input type="checkbox"/> Hairbrush |
| <input type="checkbox"/> Toothbrush | <input type="checkbox"/> Hair Tie |
| <input type="checkbox"/> Deodorant | <input type="checkbox"/> Clips or Bobby Pins |
| <input type="checkbox"/> Body Wipes | <input type="checkbox"/> Headband |
| <input type="checkbox"/> Skin care | <input type="checkbox"/> Makeup |
| <input type="checkbox"/> Face Wipes | |

BABY

- | | |
|--|--|
| <input type="checkbox"/> Infant Car Seat | <input type="checkbox"/> Newborn Outfits (2) |
| <input type="checkbox"/> Baby Wipes | <input type="checkbox"/> Seasonal Items (e.g., snowsuit) |
| <input type="checkbox"/> Receiving Blanket (2) | <input type="checkbox"/> Scratch Mittens |
| <input type="checkbox"/> Newborn Hats (2) | |

PARTNER

- | | |
|--|---|
| <input type="checkbox"/> Change of Clothes | <input type="checkbox"/> Deodorant |
| <input type="checkbox"/> Bathing Suit | <input type="checkbox"/> Pillow |
| <input type="checkbox"/> Underwear | <input type="checkbox"/> Phone with Charger |
| <input type="checkbox"/> Socks | <input type="checkbox"/> List of Important Contacts |
| <input type="checkbox"/> Toothbrush | |

COOLER

- | | |
|---|--|
| <input type="checkbox"/> Light Snacks: Sandwiches, Granola Bars, Crackers, Hard Candy, Gummy Bears Banana, Apple, Grapes, Carrot Sticks | <input type="checkbox"/> Popsicles |
| | <input type="checkbox"/> Fluid Replacement Drinks: Sports drinks, Coconut Water, Juice |
| | <input type="checkbox"/> Honey |

OTHER

- | | |
|--|---|
| <input type="checkbox"/> Water Bottle | <input type="checkbox"/> Eye Mask |
| <input type="checkbox"/> Notebook and Pen | <input type="checkbox"/> Ear Plugs |
| <input type="checkbox"/> Breastfeeding Pillow | <input type="checkbox"/> Change for Vending Machine |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Health Card |
| <input type="checkbox"/> Long Phone Charging Cable | <input type="checkbox"/> Birth Plan |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Brown Envelope with Prenatal Records + Preadmission Form |
| <input type="checkbox"/> Laptop/Tablet with Charging Cable | |
| <input type="checkbox"/> Headphones | |
| <input type="checkbox"/> Bluetooth Speaker and Charger | |

COMFORT & ENVIRONMENT

- | | |
|--|--|
| <input type="checkbox"/> Extra Pillow (in distinct pillowcase) | <input type="checkbox"/> Massage Oil |
| <input type="checkbox"/> Small Fan | <input type="checkbox"/> Heating pad or hot water bottle |
| <input type="checkbox"/> Electric Candles | <input type="checkbox"/> TENS machine |
| <input type="checkbox"/> Essential Oils | <input type="checkbox"/> Rebozo |