

HOSPITAL *Packing List*

LET IT BE
Birth

BIRTHING PERSON

- | | |
|--|--|
| <input type="checkbox"/> A change of clothes to go home in | <input type="checkbox"/> Your favorite snacks! |
| <input type="checkbox"/> Entertainment for downtime | <input type="checkbox"/> Favorite comfort item - blanket, etc. |
| <input type="checkbox"/> Toiletries and medications | <input type="checkbox"/> Sports bra or nursing bra for labor |
| <input type="checkbox"/> Charging cord or box for phone | <input type="checkbox"/> Nursing bra or tank for feeding |

PARTNER

- | | |
|---|--|
| <input type="checkbox"/> A few changes of clothing - comfy! | <input type="checkbox"/> Your favorite snacks! |
| <input type="checkbox"/> Entertainment for downtime | <input type="checkbox"/> Pillow if you have a favorite one |
| <input type="checkbox"/> Toiletries and medications | <input type="checkbox"/> Water bottle |
| <input type="checkbox"/> Charging cord or box for phone | <input type="checkbox"/> Medical equipment, like a cpap, if you have one |

BABY

- | | |
|--|---|
| <input type="checkbox"/> 1-2 outfits to go home in | <input type="checkbox"/> Special comfort item - stuffy, blanket, etc. |
| <input type="checkbox"/> Car seat | <input type="checkbox"/> Nursing pillow - if you have a specific one |
| <input type="checkbox"/> Swaddle or blanket | |
| <input type="checkbox"/> Pacifier (if desired) | |

OTHER

- | | |
|---|--|
| <input type="checkbox"/> Identification | <input type="checkbox"/> Your Birth Plan or Preferences |
| <input type="checkbox"/> Medical Insurance Card | <input type="checkbox"/> Labor coping items (see handout) |
| <input type="checkbox"/> Living will and medical directives | <input type="checkbox"/> Cash or credit card to buy food for the non-birthing person |
| <input type="checkbox"/> Eye masks and Earplugs | |