

## The big day is near...Let's pack your gear

### For Mom

- |   |   |
|---|---|
| <input type="checkbox"/> Change of clothes for home (loose-fitting).      | <input type="checkbox"/> Hair clips/bands/barrettes.                  |
| <input type="checkbox"/> Comfortable (loose-fitting) shoes.               | <input type="checkbox"/> Lip balm.                                    |
| <input type="checkbox"/> Nursing bra, if planning to breastfeed.          | <input type="checkbox"/> Cosmetics (if desired).                      |
| <input type="checkbox"/> Breastfeeding pillow, if planning to breastfeed. | <input type="checkbox"/> Glasses and/or contacts and supplies.        |
| <input type="checkbox"/> Support bra, if NOT planning to breastfeed.      | <input type="checkbox"/> Cord blood collection kit (if collecting).   |
| <input type="checkbox"/> Robe and/or nightgown.                           | <input type="checkbox"/> Photo ID and health insurance card.          |
| <input type="checkbox"/> Slippers and/or flip flops.                      | <input type="checkbox"/> Pediatrician's name and contact information. |
| <input type="checkbox"/> Socks.   |   |
| <input type="checkbox"/> Toothbrush, toothpaste and floss                 |   |
| <input type="checkbox"/> Shampoo/conditioner.                             |   |
| <input type="checkbox"/> Deodorant.                                       |   |
| <input type="checkbox"/> Hair brush.                                      |   |
| <input type="checkbox"/> Hair dryer, hair irons, etc. (if desired).       |   |

### Comfort Tools

- Focal point: picture or object, etc.
- Tennis ball.
- Lotions or oils – unscented.

### For Support Person/Partner

- |   |   |
|---|---|
| <input type="checkbox"/> Camera and/or video equipment AND necessary accessories (chargers/batteries, memory card, etc.). | <input type="checkbox"/> Medications: Daily medications, pain relievers, antacids, etc. |
| <input type="checkbox"/> Entertainment: Laptop, tablet, etc.  | <input type="checkbox"/> Toothbrush, toothpaste and floss.                              |
| <input type="checkbox"/> Music: Device, earbuds/headphones, speaker, etc.   | <input type="checkbox"/> Deodorant.   |
| <input type="checkbox"/> Cell phone and charger.  | <input type="checkbox"/> Shaving supplies.  |
| <input type="checkbox"/> Telephone list; people you wish to contact.  | <input type="checkbox"/> Glasses and/or contacts and supplies.                          |
| <input type="checkbox"/> Money for food or random items.  | <input type="checkbox"/> Change of clothes.   |
| <input type="checkbox"/> Breath mints or gum.   | <input type="checkbox"/> Sweatshirt.  |
| <input type="checkbox"/> Snacks and drinks.   | <input type="checkbox"/> Shower shoes or slippers.                                      |
|   | <input type="checkbox"/> Swimsuit.  |
|   | <input type="checkbox"/> Helpful handouts or information.                               |

### For Baby

- |  |   |
|--|---|
| <input type="checkbox"/> Car seat with head support; know how to install, adjust, and use. | <input type="checkbox"/> Receiving blanket (light weight).      |
| <input type="checkbox"/> Newborn clothing for going home and pictures.                     | <input type="checkbox"/> Nail file or emery board.              |
|  | <input type="checkbox"/> Baby book for footprints (if desired). |

- Please leave your jewelry, unnecessary valuables, fragrance diffusers, candles and scented sprays at home.
- This list contains only suggestions and/or recommendations. Not all items are required.