

# Home Birth

## CHECKLIST

### FOR YOU

- |                                                                           |                                                             |                                                                |
|---------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Birth Plan                                       | <input type="checkbox"/> 2 Sets of Sheets (2 flat/2 fitted) | <input type="checkbox"/> Waterproof Mattress Cover             |
| <input type="checkbox"/> 4-6 Bath Towels                                  | <input type="checkbox"/> Paper Towels                       | <input type="checkbox"/> Large sturdy tray (e.g. cookie sheet) |
| <input type="checkbox"/> Plastic Drop Cloths                              | <input type="checkbox"/> Extra Toilet Paper                 | <input type="checkbox"/> Flash Light/Bright Portable Light     |
| <input type="checkbox"/> Large Bowl (For Placenta)                        | <input type="checkbox"/> Ice pack                           | <input type="checkbox"/> Heating Pad/Hot water bottle          |
| <input type="checkbox"/> Chux Pads/Bed Pads                               | <input type="checkbox"/> Bathrobe                           | <input type="checkbox"/> Warm & Light Blankets                 |
| <input type="checkbox"/> Large, Zippered plastic freezer bag for placenta | <input type="checkbox"/> Lip Balm                           | <input type="checkbox"/> Snacks/Ice Chips                      |
| <input type="checkbox"/> Hair Ties/Head bands                             | <input type="checkbox"/> Red Raspberry Leaf Tea             | <input type="checkbox"/> Camera/Chargers                       |
| <input type="checkbox"/> Honeysticks                                      | <input type="checkbox"/> Refillable water bottle            | <input type="checkbox"/> Pillows (at least 2)                  |

### FOR BABY

- |                                             |                                  |                                                                 |
|---------------------------------------------|----------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Receiving Blankets | <input type="checkbox"/> Diapers | <input type="checkbox"/> Unscented Wipes                        |
| <input type="checkbox"/> Bulb Syringe       | <input type="checkbox"/> Onesies | <input type="checkbox"/> Nursing supplies (see postpartum list) |



# Hospital Bag

## CHECKLIST

### FOR YOU

- |                                                              |                                                  |                                                   |
|--------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Birth Plan                          | <input type="checkbox"/> A Robe/Gown             | <input type="checkbox"/> Toiletries               |
| <input type="checkbox"/> Comfortable Clothes                 | <input type="checkbox"/> Reusable Water Bottle   | <input type="checkbox"/> Extra Long Phone Charger |
| <input type="checkbox"/> Nipple Cream                        | <input type="checkbox"/> Pillow                  | <input type="checkbox"/> Lip Balm                 |
| <input type="checkbox"/> Depends or Always Briefs/ Underwear | <input type="checkbox"/> Bluetooth Speaker       | <input type="checkbox"/> Portable Fan             |
| <input type="checkbox"/> Driver's license/ Insurance card    | <input type="checkbox"/> Breast Pads/Nursing Bra | <input type="checkbox"/> Footwear                 |
| <input type="checkbox"/> Bath towel                          | <input type="checkbox"/> Breast Pump             | <input type="checkbox"/> Snacks                   |

### FOR BABY

The hospital will provide diapers and wipes. Save yours for the return home.

- |                                   |                                        |                                                    |
|-----------------------------------|----------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Car Seat | <input type="checkbox"/> A few outfits | <input type="checkbox"/> Pediatrician Contact Info |
| <input type="checkbox"/> Bottles  | <input type="checkbox"/> Socks         |                                                    |

