

NAME

HOSPITAL

BIRTH DOULA

NURSE

All About My Day

HOSPITAL CHECKLIST

Items to Bring (this list is not exhaustive):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Pillows / Linens | <input type="checkbox"/> Massage Oil | <input type="checkbox"/> Thermos | <input type="checkbox"/> Nipple Cream |
| <input type="checkbox"/> Family Photos | <input type="checkbox"/> Flower Essences | <input type="checkbox"/> Kitchari | <input type="checkbox"/> Baby Blankets |
| <input type="checkbox"/> Tea Lights | <input type="checkbox"/> Hot Water Bottle | <input type="checkbox"/> Loose Clothing | <input type="checkbox"/> Baby Hats |
| <input type="checkbox"/> Salt Lamp | <input type="checkbox"/> Herbal Teas | <input type="checkbox"/> Toiletries | <input type="checkbox"/> Cloth Diapers |
| <input type="checkbox"/> Music Speaker | <input type="checkbox"/> Jar of Ghee | <input type="checkbox"/> Rosewater | <input type="checkbox"/> Diaper Bag |
| <input type="checkbox"/> Journal / Pen | <input type="checkbox"/> Spice Blend | <input type="checkbox"/> Belly Band / Wrap | <input type="checkbox"/> ID/Insurance Card |
| <input type="checkbox"/> EO Diffuser | <input type="checkbox"/> Dried Fruits | <input type="checkbox"/> Nursing Pillow | <input type="checkbox"/> Slippers / Socks |
| <input type="checkbox"/> Bathrobe | <input type="checkbox"/> Cell / Charger | <input type="checkbox"/> Underwear | <input type="checkbox"/> Cooler Bag |
| <input type="checkbox"/> Triphala Ghee | <input type="checkbox"/> Camcorder | <input type="checkbox"/> Laundry Bag | <input type="checkbox"/> Baby Mittens |
| <input type="checkbox"/> Burp Cloths | <input type="checkbox"/> Diaper Wipes | <input type="checkbox"/> Baby Book | <input type="checkbox"/> Breast Pump |
| <input type="checkbox"/> Medications | <input type="checkbox"/> Bottles / Nipples | <input type="checkbox"/> Flip Flops | <input type="checkbox"/> Period Panties |

Additional Notes / Items
