

# What to Bring with You to the Hospital

## You will need

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Ontario Health Card and other insurance related information  |
| <input type="checkbox"/> | Medications you take regularly at home (please do not bring labeled pharmacy containers to the hospital) |
| <input type="checkbox"/> | A pencil or a pen  |
| <input type="checkbox"/> | A limited amount of money for telephone, parking etc.  |
| <input type="checkbox"/> |  |

## For you and your partner

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Lip balm or candies to keep your mouth moist                    |
| <input type="checkbox"/> | A watch   |
| <input type="checkbox"/> | A camera  |
| <input type="checkbox"/> | Socks and shoes or slippers with non-slip rubber or vinyl soles |
| <input type="checkbox"/> | Books, magazines, CDs with player, MP3, cards etc.              |
| <input type="checkbox"/> | Personal care items and snacks for your partner                 |
| <input type="checkbox"/> | Optional hot/cold pack for back discomfort                      |
| <input type="checkbox"/> |   |

## For your hospital stay

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Soap, shampoo and deodorant   |
| <input type="checkbox"/> | Toothbrush and toothpaste   |
| <input type="checkbox"/> | Sanitary pads (large with wings- one large package)   |
| <input type="checkbox"/> | Breast pads   |
| <input type="checkbox"/> | Personal care items   |
| <input type="checkbox"/> | 2 sets of light weight pajamas, bathrobe, underpants, supportive bra (opens easily in front for breastfeeding)  |
| <input type="checkbox"/> | Personal pillow (optional)  |
| <input type="checkbox"/> | Comfortable clothes or maternity clothes to wear home, clothes that open at the front as best for breastfeeding |
| <input type="checkbox"/> |   |

## For your baby

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Newborn diapers (one package)   |
| <input type="checkbox"/> | Baby wipes  |
| <input type="checkbox"/> | Sleepers  |
| <input type="checkbox"/> | Receiving blankets- do not take home hospital blankets  |
| <input type="checkbox"/> | Rear-facing car seat with CMVSS label (please read manual carefully prior to delivery of baby). You may book an appointment with the Health Unit (519-631-9900) to ensure proper installation of your car seat. |
| <input type="checkbox"/> | Seasonal change for clothes for discharge   |
| <input type="checkbox"/> |   |

## For your partner

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Sleeping bag and pillow (if intending to stay the night) |
| <input type="checkbox"/> | Change of clothes  |
| <input type="checkbox"/> | Pajamas or appropriate sleepwear                         |
| <input type="checkbox"/> | \$10.00 refundable deposit for Partner in Care Card      |
| <input type="checkbox"/> |  |