

Newborn Care Diary

Baby's Name: _____ Baby's Med Record #: _____ Date: _____

Time when baby fell asleep	Time when baby woke up	Time of baby's feeding (start to finish)	Breast feeding (total # minutes)	Bottle feeding (total # mL)	Did baby feed well? (If no, please describe)	Did baby sleep for an hour or more? (If no, please describe)	Did baby console in 10 min? (If no, please describe)	Check box for pee	Check box for poop (please describe)	Extra Comments / Care Provided
example 8 am	12:00 pm	12:15 pm - 12:40	L - 15 min R - 10 min		Yes but needed to suck on finger for 2 min before able to latch on ok	Yes	Yes - Was very fussy when woke up but calmed down after 5 min of holding and sucking on finger	✓	✓✓ loose	Last feed was 4 hr ago - will do skin-to-skin time and offer breastfeed sooner next time
			L - R -							
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