

Newborn Care Diary

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

Time of baby's feeding (start to finish)	Breast feeding (total # minutes)	Bottle feeding (total # mL)	Time when baby fell asleep	Time when baby woke up	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 12:15 pm- 12:40 pm	L - 15 min R - 10 min		10:00 am	12:00 pm	No	No	Woke hungry, hard to console until able to get latched on	√	√	Last feed was 4 hr ago - will do skin-to-skin time & offer feed sooner next time
	L - R -	mL								
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