

Newborn Care Diary

Baby's Name: _____

Baby's Med Record #: _____

Date: _____

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