

BREASTFEEDING RECORD

Parent's Name: _____

Baby's Name: _____

Date of Birth: _____

Birth Weight: _____

Date: _____

Today's weight: _____

Time of Day	Minutes of Breastfeeding	Swallows Heard/Seen	Pre-feed Weight	Post- feed Weight	Weight Difference	Wet Diapers	Stools	Supplement type*/method	Expressed Milk**
1 st									
2 nd									
3 rd									
4 th									
5 th									
6 th									
7 th									
8 th									
9 th									
10 th									
11 th									
12 th									
Totals									
*** Avg. 8-12 times	*** 20-45 minutes per session	*** Swallows Heard/Seen				*** 6-8	*** 2-5		

* Only if medically ordered ** Amount expressed post feed *** Normal Range in 24 Hours 1oz.=30cc.=30mls.=30gms.

Date: _____

Today's weight: _____

Time of Day	Minutes of Breastfeeding	Swallows Heard/Seen	Pre-feed Weight	Post- feed Weight	Weight Difference	Wet Diapers	Stools	Supplement type*/method	Expressed Milk**
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Contact the Lactation Consultant, breastfeeding expert or your healthcare provider if your 24 hour totals are not within the average range shown in the last row. Note: The average frequency and duration of feeds, and number of stools may be less for babies over 1 month.

For Breastfeeding resources, visit: www.sickkids.ca/breastfeeding-program/index.html

For more resources and help in the community, visit: www.ontariobreastfeeds.ca or call 1-866-797-0000 for 24/7 breastfeeding support