Assessment:

Birthweight: _____ Plan:



Today's Date:

Today's Weight:

Infant Feeding Diary Day #____:

Recommended volume for supplementation based upon infant weight to gain/grow: _____mL, every 3 hours (if lacking milk transfer at breast) Recs based upon 8 feedings/day. Aim for 8-10 nursing/pumping sessions each day.

	1	2	3	4	5	6	7	8	9	10	11	12	13
Start time of feeding													
How long did baby BF? (min) (lt/rt)													
Baby's mood	Fussy Sleepy Alert												
Quality of suck during feed - breast?	Consistent Intermittent Nuzzling No Effort												
Supplement (mL) mom's milk													
Supplement (mL) formula													
Quality of suck during feed - bottle?	Strong Fair Poor												
End time of feeding													
Total # minutes (breast and bottle) GOAL: less than 30 minutes													
Pumping?													
How long? GOAL: 10-20 minutes													
Amount (mL)													

Total number of feeds: _____

Total pumped milk: _____

Total wet diapers: _____

Method of supplementation: syringe, nipple, bottle, other: _____