



Infant Feeding & Output - Daily Tracker

Infant Name: _____

Date: _____

Breastfeeds in 24 Hours

1	2	3	4	5	6
L <input type="checkbox"/>	R <input type="checkbox"/>	R <input type="checkbox"/>	L <input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	8	9	10	11	12
L <input type="checkbox"/>	R <input type="checkbox"/>	R <input type="checkbox"/>	L <input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMEMBER

It's normal & expected for newborn infants to feed every 1-3 hours. And, it's uncommon for feeds to be evenly spaced throughout the day

Supplemented Feeds (If needed, as recommended by a health care provider)

Feed #	Time of Day	Supplement		Feed #	Time of Day	Supplement	
		Amount	Type			Amount	Type

Wet Diapers

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Character of Wet Diapers

Diaper #	Clear	Yellow	Orange	Red/Pink	Heavy	Light	"Brick Dust"
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

HOW DO I KNOW BABY IS GETTING ENOUGH AT THE BREAST?

- Active drinking from both breasts at most feeds
- Sucks start rapid to stimulate let down then slow, rhythmic with occasional pause
- Audible swallow ("kah")
- Baby's hands relax/unclench
- 6 or more heavy wet diapers daily
- 3 or more dirty diapers daily

Stool (Dirty Diapers)

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Character of Stools

Stool #	Yellow	Green	Brown	Other Colour (specify)	Liquid	Formed	Mucous	Blood	Frothy
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									