



DAILY BREASTFEEDING RECORD

| KEY | | | |
|-------------------------|--|--------------------------|--------------------|
| Stool | M: Meconium | G: Green | Y: Yellow |
| Infant State | A: Awake | C: Crying | F: Fussy |
| | S: Sleepy | CU: Cuing & Quiet | |
| Breasts | S: Soft | F: Full | E: Engorged |
| | S: Same as prefeed, no concerns | | |
| Nipples | P: Painful | | |
| | M: Misshapen | D: Damaged | |
| Audible Swallows | N: None | O: Occasional | F: Frequent |

| INTERVENTION KEY | INTERVENTIONS: Maternal | SUPPLEMENTATION | | |
|------------------|---|---|---|--|
| | HE: hand expression to obtain milk SNC: sore nipple care P: pumping NS: nipple shield O: other (specify) | Type | Method | |
| | | EBM: expressed breastmilk BS: breastmilk substitute (e.g. formula) F: fortifier DM: donor milk | C: cup B: bottle FT: finger (tube) S: spoon TG: tube (gavage) FD: finger dipping SNS: supplemental nursing system O: other (specify) | |
| | INTERVENTIONS: Infant OA: oral assessment S: soother (artificial nipple/pacifier) O: other (specify) | Indication: M: medical (describe in Progress note) NM: non-medical (specify) | | |
| | Intervention Education I: initial R: reinforced | Plan for Next Feeding * if extra space needed, see Progress Notes | | |

| Date & Time | Urine ✓ | Stool | Infant State | POSITION & LATCH | | | | INTERVENTIONS | | | | | PLAN FOR NEXT FEEDING* | INITIALS | | | |
|-------------|---------|-------|--------------|------------------|------------------------|----------|----------|------------------------------------|----------|--------|-----------------|-------------|------------------------|----------|-----------|--------|------------|
| | | | | Breasts | Nipples (post feeding) | Swallows | Position | Maternal Self-Efficacy/ Confidence | Maternal | Infant | SUPPLEMENTATION | | | | EDUCATION | | |
| | | | | | | | | | | | Type | Volume (mL) | | | | Method | Indication |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | Low High 1--2--3--4--5 | | | | | | | | | |
| | | | | | | | | 1--2--3--4--5 | | | | | | | | | |
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| PRINTED NAME | SIGNATURE/STATUS | INITIALS | PRINTED NAME | SIGNATURE/STATUS | INITIALS |
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*If additional space is needed, please use a Progress Note

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| PRINTED NAME | | SIGNATURE/STATUS | | INITIALS | | PRINTED NAME | | SIGNATURE/STATUS | | INITIALS | | | | | | | |
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