



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 EBM: expressed breastmilk BS: breastmilk substitute (e.g. formula) F: fortifier DM: donor milk	Method 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											
								1--2--3--4--5											
								1--2--3--4--5											
								1--2--3--4--5											
								1--2--3--4--5											
								1--2--3--4--5											
								1--2--3--4--5											
PRINTED NAME		SIGNATURE/STATUS		INITIALS		PRINTED NAME		SIGNATURE/STATUS		INITIALS									

*If additional space is needed, please use a Progress Note

