DAILY BREASTFEEDING RECORD

KEY			
Stool	**M**: Meconium	**G**: Green	**Y**: Yellow
Infant State	**A**: Awake **S**: Sleepy	**C**: Crying **CU**: Cuing & Quiet	**F**: Fussy
Breasts	**S**: Soft	**F**: Full	**E**: Engorged
Nipples	**S**: Same as prefeed, no concerns **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 Type	Volume (mL)	Method	Indication	EDUCATION		
								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

NSRCBRR

For Reference Only

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Plan for Next Feeding
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