Newborn Care Diary

Baby's name: _____ Room number: _____ Date: _____

Start and finish time of baby's feeding	Breast feeding (total minutes)	Bottle feeding (total ml)	Did baby feed well? (if no, please describe)	Time baby fell asleep	Time baby woke up	Did baby console/calm in 10 minutes? (please describe)	Time baby had a wet (pee) diaper	Time baby had a poopy diaper (describe)	Comments about care provided
Example: *12:15-12:40 p.m.*	*L: 15 min* *R: 10 min*	*15 ml*	*Yes, but needed to calm by sucking on finger for 5 min. before able to latch.*	*1 p.m.*	*3:10 p.m.*	*No, took 15 min. to calm down while swad-dling and sucking on my finger.*	*3:30 p.m.*	*4 p.m.; watery*	*Startling easily and having some tremors. Nurse helped me comfort him by putting him skin-to-skin.*