

Newborn Care Journal

Baby's Name: _____ Today's Date: _____

FEEDING				DIAPERING		SLEEPING			COMFORT	
Time of baby's feeding (start to finish)	Breastfeeding (total # minutes)	Bottle feeding (total # mL)	Did baby feed well? (if no, describe)	Check box for pee	Check box for poop	Time when baby fell asleep	Time when baby woke up	Did baby sleep for an hour or more? (if no, describe)	Did baby calm in 10 min? (if no, describe)	Extra Comments / Care Provided
<i>Example Below</i>										
6:15 am - 6:45 am	L – 20 min R – 10 min	mL	Yes	✓	✓ (black, sticky)	8:00 am	10:00 am	Yes	No, woke hungry, hard to calm until able to get latched on.	Mom and baby had skin-to-skin time. Will try to shorten length of time between feedings.



Department of Health



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This is adapted from: Boston Medical Center, Children's Hospital at Dartmouth-Hitchcock, Northern New England Perinatal Quality Improvement Network, Yale-New Haven Children's Hospital