

## Breastfeeding Record

Baby's name: \_\_\_\_\_ Birth weight: \_\_\_\_\_

Date: \_\_\_\_\_

Today's weight: \_\_\_\_\_

Time of Day	Minutes of Breastfeeding	Swallows heard/seen	Pre-feed weight	Post-feed weight	Weight difference	Pees	Poops	Supplement given (F/EBM)	Amount of EBM expressed
Avg. 8-12 times	Avg. 30 mins per session				1 g = 1 mL	Min. 6	Min. 2	What baby took by bottle/tube	How much milk you pumped

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Contact a lactation consultant or your healthcare provider if your 24 hour totals are not within the average range shown in the last row. For more resources and help in the community, visit: [www.ontariobreastfeeds.ca](http://www.ontariobreastfeeds.ca) or call 1-866-797-0000 for 24/7 breastfeeding support by phone.

Note: The average frequency and duration of feeds, and number of stools may be less for babies over 1 month. For Breastfeeding resources, visit: [www.sickkids.ca/breastfeeding](http://www.sickkids.ca/breastfeeding)