

DAY TIME: _____	Number of Breastfeeds (rotating breasts each feed)	Behaviors	Wet Diapers	Stools	Type
1	6+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	BABY: Tiny Tummy, Sleepy, Quiet Swallows PARENTS: Sleepy, Learning	1 <input type="checkbox"/>	1 <input type="checkbox"/>	Black, Sticky, Tar-like
2	8+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	BABY: Tiny Tummy, More wakeful, Quiet Swallows PARENTS: Tired, Worried about baby getting enough	2 <input type="checkbox"/> <input type="checkbox"/>	1 - 2 <input type="checkbox"/> <input type="checkbox"/>	Black/Brown
3	10 - 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	BABY: Tummy expanding, baby very interested in feeding, fussy PARENTS: Tired, Teary, Worried about baby getting enough, Mom's nipples may be slightly sore	3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2 - 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Brown/Green
4	8 - 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	BABY: More settled after feeding, Feedings may be shorter, Gulping PARENTS: Mom's breasts are full, Parents more confident about baby getting enough	4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2 - 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Green/Yellow
5	8+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	BABY: Continues to feed every 2-3 hours w/ occasional cluster feeding PARENTS: Becoming more confident and comfortable with baby and breastfeeding	6 - 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yellow/Seedy

***Do not restrict your baby from breastfeeding.
If you are having difficulty waking your baby for feedings, ask for assistance.***