

AROUND THE CIRCLE MIDWIFERY DAILY BREASTFEEDING DIARY

Mother's Name _____ Baby's Name _____

Phone # _____ Baby's Date of Birth _____

Sample Time 1. 3:30pm	Sample: Minutes Lt. Rt.	Sample Yes or no	Sample Yes or no	Sample # 1 yellow, liq. sm	Sample None	Sample None oz	Sample Sore Nipples
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Time of Day	Minutes of Time each Breast	Can You Hear Swallowing?	No. Wet Diapers	No. Stools & Color	Supplement Amount/Type	Amount Pumped	Other
1.	Lt. Rt.	Yes No	#	#		Oz.	
2.	Lt. Rt.	Yes No	#	#		Oz.	
3.	Lt. Rt.	Yes No	#	#		Oz.	
4.	Lt. Rt.	Yes No	#	#		Oz.	
5.	Lt. Rt.	Yes No	#	#		Oz.	
6.	Lt. Rt.	Yes No	#	#		Oz.	
7.	Lt. Rt.	Yes No	#	#		Oz.	
8.	Lt. Rt.	Yes No	#	#		Oz.	
9.	Lt. Rt.	Yes No	#	#		Oz.	
10.	Lt. Rt.	Yes No	#	#		Oz.	
TOTALS	# of breastfeeding sessions	Yes No	#	#		Oz.	
Normal Range within 24hours	8-10 Feeding Sessions	Yes	6-8	3-4			

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2.	Lt. Rt.	Yes No	#	#		Oz.	
3.	Lt. Rt.	Yes No	#	#		Oz.	
4.	Lt. Rt.	Yes No	#	#		Oz.	
5.	Lt. Rt.	Yes No	#	#		Oz.	
6.	Lt. Rt.	Yes No	#	#		Oz.	
7.	Lt. Rt.	Yes No	#	#		Oz.	
8.	Lt. Rt.	Yes No	#	#		Oz.	
9.	Lt. Rt.	Yes No	#	#		Oz.	
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