

Breastfeeding/Pumping Log

Date/Day: _____ Baby's Age: _____

	BF, Pump, or Skin to Skin	Start Time	Stop Time	Details or Notes	Volume Pumped <u>OR</u> Type of BF (full, partial, or little taken)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

JOURNAL/NOTES:

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JOURNAL/NOTES: