Newborn daily tracker

For the days (and nights) that blur together.

BABY _____ **DATE** _____ **AGE** _____

24-hour window: _____ to _____

FEEDS

Breast / bottle / both. Use minutes, mL, or oz.

Time	Type / side	Minutes / amount	Notes

DIAPERS

Mark each change; both can apply.

Time	Wet	Poop	Notes

TOTAL WET _____ **TOTAL POOP** _____

SLEEP

Add AM / PM. Continue on another sheet if needed.

Fell asleep	Woke up	Notes

NOTES + QUESTIONS

Little observations. Things to ask. Anything else.

A little record, not a report card.
Use what helps. Follow your care team's guidance; this sheet is a log, not a feeding or sleep plan.