



# Daily Intake and Output Log

Name \_\_\_\_\_ Day \_\_\_\_\_ Date \_\_\_\_\_

Time	Direct feeding		Supplement		Output		Milk expression	
	Minutes R/L	Quality*	Type	Amount	Wet**	Stool ***	Minutes	Amount

**Expected intake and output**  
**Feedings:** 8 to 12 each day  
**Wet diapers:** Day 1 one, day 2 two, day 3 three, day 4 and on six  
**Stools:** 2 to 3 each day  
*Contact your baby's health care provider and/or lactation consultant if you baby does not meet these minimums. Or if, during the first week of life, baby does not stool in 24 hours.*

\*Estimate quality of feeding: poor, good, very good.  
 \*\*Estimate amount of urine: damp, wet, soaked.  
 \*\*\*Estimate amount of stool: smear, medium, large.