

# Weaning from supplements – weekly log

Last weight check ( \_\_\_\_\_ ) \_\_\_\_\_ DATE WEIGHT This weight check ( \_\_\_\_\_ ) \_\_\_\_\_ DATE WEIGHT Weight gain \_\_\_\_\_

DAY # _____		Aim for 10 nursing/pumping sessions each day										TOTAL	DIAPER COUNT		
Start Time														Wet	Soiled
How long did baby breastfeed?														W	S
Supplement (ounces   mL)	Mom's Milk													W	S
	Formula													W	S
Pumping	How long? (min)													W	
	Amount (oz   mL)													W	

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