



Baby's Name: _____ Birth Date: _____ Birth Time: _____ : _____ A.M./P.M.

Tracking Baby's Happy, Healthy Development

Fun Tips:

- Bring your completed trackers to your pediatrician appointments.
- Ask your nurse for more trackers so you can continue to track at home.

Today's Date: _____



Feeding

| Time of Day | Duration or Amount (minutes or ounces) | Notes |
|--|--|----------------------------|
| 7 <input checked="" type="radio"/> A.M. P.M. | 35 minutes | Fussy; fed from right side |
| A.M. P.M. | | |



Diaper Changes



Sleeping

Download the Pampers Rewards app for more newborn tips

Today's Date: _____



Feeding

| Time of Day | Duration or Amount (minutes or ounces) | Notes |
|-------------|--|-------|
| A.M. | | |
| P.M. | | |
| A.M. | | |
| P.M. | | |
| A.M. | | |
| P.M. | | |
| A.M. | | |
| P.M. | | |
| A.M. | | |
| P.M. | | |
| A.M. | | |
| P.M. | | |
| A.M. | | |
| P.M. | | |
| A.M. | | |
| P.M. | | |
| A.M. | | |
| P.M. | | |
| A.M. | | |
| P.M. | | |



Diaper Changes

| Time of Day | Urine | Stool | Notes |
|-------------|-------|-------|-------|
| A.M. | | | |
| P.M. | | | |
| A.M. | | | |
| P.M. | | | |
| A.M. | | | |
| P.M. | | | |
| A.M. | | | |
| P.M. | | | |
| A.M. | | | |
| P.M. | | | |
| A.M. | | | |
| P.M. | | | |
| A.M. | | | |
| P.M. | | | |
| A.M. | | | |
| P.M. | | | |
| A.M. | | | |
| P.M. | | | |



Sleeping

| Time of Day | Duration Hrs | Duration Mins | Notes |
|-------------|--------------|---------------|-------|
| A.M. | | | |
| P.M. | | | |
| A.M. | | | |
| P.M. | | | |
| A.M. | | | |
| P.M. | | | |
| A.M. | | | |
| P.M. | | | |
| A.M. | | | |
| P.M. | | | |
| A.M. | | | |
| P.M. | | | |
| A.M. | | | |
| P.M. | | | |
| A.M. | | | |
| P.M. | | | |
| A.M. | | | |
| P.M. | | | |

Notes/Questions:



Based on a 2023 survey of U.S. & Canadian pediatricians.



Nombre del bebé: _____ Fecha de nacimiento: _____ Hora de nacimiento: _____ A.M./P.M.

Seguimiento del desarrollo feliz y saludable del bebé

Consejos divertidos:

- Lleva los registros rellenados a las citas con el pediatra.
- Solicita a tu enfermera más registros para que puedas seguir haciendo el seguimiento en casa.

Fecha de hoy: _____



Alimentación

| Hora | Duración o cantidad (minutos u onzas) | Notas |
|--|---|--|
| 7 <input checked="" type="radio"/> A.M. P.M. | 35 minutos | Irritable; alimentación dada por el lado derecho |
| A.M. P.M. | | |



Cambio de pañales



Sueño

Descarga la aplicación Pampers Rewards para obtener más consejos para recién nacidos

Fecha de hoy: _____



Alimentación

| Hora | Duración o cantidad (minutos u onzas) | Notas |
|--------------|--|-------|
| A.M. P.M. | | |



Cambio de pañales

| Hora | Orina | Heces | Notas |
|--------------|-------|-------|-------|
| A.M. P.M. | | | |



Sueño

| Hora | Duración h min | Notas |
|--------------|---------------------|-------|
| A.M. P.M. | | |

Notas/preguntas:



• Basado en una encuesta de 2023 de pediatras estadounidenses y canadienses.