My Baby Diary

My Name: ____________________  My Baby’s Name: ____________________
This diary is a tool that gives you the opportunity to reflect on what your baby can and does do, even when they are in the hospital. You can keep this record and share it with your child when they are older to show them how much they accomplished as a baby. You can also use it to recognize what you have accomplished as a mother during this challenging time. We encourage you to fill this out with your partner and family.
Visiting Log

Name of Mother: 

Name of Baby: 

Please check off when you do any of these activities with your baby:

<table>
<thead>
<tr>
<th>Date</th>
<th>I spoke with the nurse or doctor about my baby</th>
<th>I spent time at the bedside watching my baby</th>
<th>I wrote in my Baby Diary</th>
<th>I talked, read to, or sang to my baby</th>
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<th>I held my baby while swaddled</th>
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</table>

My goal for this week:

Notes:

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Visiting Log

Name of Mother: ................................................................. Week: .................................................................

Name of Baby: .................................................................................................................................

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My goal for this week: .................................................................................................................................

Notes: .................................................................................................................................................................

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Visiting Log

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</table>

My goal for this week: ____________________________________________

Notes: ___________________________
The first time that I saw you open your eyes
The first time you looked at me
The first time you smiled
The first time you smiled at me
The first time you responded to my voice
The first time you sucked on a pacifier
The first time you sucked on your hand
The first time you held my finger or hand
The first time you turned towards a sound
The first time you lifted and turned your head
The first time you brought your hands to your face
<table>
<thead>
<tr>
<th>Date</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The first time you looked alert</td>
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<td></td>
<td>The first time you stayed awake for over 10 minutes</td>
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<td></td>
<td>The first time you followed moving things with your eyes</td>
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<td></td>
<td>The first time you looked hungry and wanted to eat</td>
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<td></td>
<td>The first time you breast fed</td>
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<td></td>
<td>The first time you had a good burp</td>
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<td>The first time you took a bottle</td>
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<td>The first time you finished a full bottle</td>
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<td>The day you went home!</td>
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*Please add more if you would like:*
### Important Achievements for the Parent

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<td></td>
<td>The first time I held you Skin-to-skin</td>
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<tr>
<td></td>
<td>The first time I sang or read to you</td>
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<td>The first time I changed your position on my own</td>
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<td>The first time I lifted you up on my own</td>
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<td>The first time I took your temperature</td>
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<td>The first time I changed your diaper</td>
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<td></td>
<td>The first time I helped to wash or bathe you</td>
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<td></td>
<td>The first time I changed your bedding</td>
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<td>The first time I weighed you</td>
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The first time I was able to watch your cues instead of relying on the monitor to tell me how you were doing

The first time that I breastfed you

The first time I gave you a bottle

The first time I could tell you were ready to eat based on your “hunger cues”

The first time that I dressed you

The first time I did movement exercises with you

The first time I held you up in a face-to-face position for “social time”

The first time I held you up in a supported-sit position

The first time I put you on your tummy while awake for “tummy time”

Please add more if you would like:
Baby Observations

Special things that I notice about you (i.e., how you look unique; what are your special features; who you remind me of / family resemblances; little things about your body or your movements; what your personality is like now)

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Some things that you seem to like are ______________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
I know you are calm and comfortable when ____________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

Things I can do to help you feel calm and comfortable are ______________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

Things that seem to stress you are ______________________________________

________________________________________________________________

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________________________________________________________________

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Some ways that you show that you are stressed are

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Some things you do to soothe or calm yourself are

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Things I can do to help you when you are stressed are

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
You show me that you are interested in something around you by ___________

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

You give me cues or signals to tell me that you are ready to interact with me. Those cues and signals are

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

You have already changed a lot since you were born. Some of the ways you have grown or changed are

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
You are a lot stronger than when you were first born. Some things that I can do with you now that I couldn’t do when you were first born

Memories of times I really enjoyed interacting with you
Some moments when I felt so good being with you that I didn’t notice all the medical equipment, and instead was just focused on my connection with you

Some things I look forward to doing for and with you are

Some of the ways I imagine you will be when you get older are
My Caregiving Goals

Things I would like to do with my baby