

Breastfeeding Clinical Education Tracker

Nurse: _____

DATE mm/dd/yr	PATIENT LABEL	TIME	SKILL/CARE	LC SIGNATURE
		10 minutes __ 15 minutes __ 20 minutes __ 30 minutes __ Other _____	Latch <input type="checkbox"/> Positioning <input type="checkbox"/> Hand Expression <input type="checkbox"/> Teaching feeding cues <input type="checkbox"/> BF support at birth <input type="checkbox"/> Other _____ _____	
		10 minutes __ 15 minutes __ 20 minutes __ 30 minutes __ Other _____	Latch <input type="checkbox"/> Positioning <input type="checkbox"/> Hand Expression <input type="checkbox"/> Teaching feeding cues <input type="checkbox"/> BF support at birth <input type="checkbox"/> Other _____ _____	
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