# Breastfeeding Clinical Education Tracker

**Date**: mm/dd/yr

<table>
<thead>
<tr>
<th>DATE</th>
<th>PATIENT LABEL</th>
<th>TIME</th>
<th>SKILL/CARE</th>
<th>LC SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>10 minutes</td>
<td>Latch</td>
<td></td>
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<td></td>
<td></td>
<td>15 minutes</td>
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<td>30 minutes</td>
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<tr>
<td></td>
<td></td>
<td>Other</td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>Positioning</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Hand Expression</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Teaching feeding cues</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>BF support at birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Latch
- Positioning
- Hand Expression
- Teaching feeding cues
- BF support at birth
- Other

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**Nurse**: ____________________________

**Total Clinical Hours**: ____________

**Hours verified by**: ______________