

### REGISTRE D'EXPRESSION DE LAIT MATERNEL

Veuillez cocher (✓) chaque expression et indiquer l'heure, le nombre de minutes et la quantité de lait maternel exprimé

	EXPRESSION	MINUTES	QUANTITÉ (ML)		EXPRESSION	MINUTES	QUANTITÉ (ML)
DATE: _____	<input type="checkbox"/> ____:____	_____	_____ ML	DATE: _____	<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
Total 24 hrs				Total 24 hrs			
DATE: _____	<input type="checkbox"/> ____:____	_____	_____ ML	DATE: _____	<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
Total 24 hrs				Total 24 hrs			
DATE: _____	<input type="checkbox"/> ____:____	_____	_____ ML	DATE: _____	<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
Total 24 hrs				Total 24 hrs			
DATE: _____	<input type="checkbox"/> ____:____	_____	_____ ML	DATE: _____	<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
	<input type="checkbox"/> ____:____	_____	_____ ML		<input type="checkbox"/> ____:____	_____	_____ ML
Total 24 hrs				Total 24 hrs			

### BREASTMILK EXPRESSION RECORD

Check (✓) for every pumping/expression session and indicate the time, number of minutes & amount expressed

	PUMPINGS	TIME (MINUTES)	AMOUNT (ML)		PUMPINGS	TIME (MINUTES)	AMOUNT (ML)
DATE: _____	<input type="checkbox"/> ____ : ____	_____	_____ ML	DATE: _____	<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
Total 24 hrs				Total 24 hrs			
DATE: _____	<input type="checkbox"/> ____ : ____	_____	_____ ML	DATE: _____	<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
Total 24 hrs				Total 24 hrs			
DATE: _____	<input type="checkbox"/> ____ : ____	_____	_____ ML	DATE: _____	<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
Total 24 hrs				Total 24 hrs			
DATE: _____	<input type="checkbox"/> ____ : ____	_____	_____ ML	DATE: _____	<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
	<input type="checkbox"/> ____ : ____	_____	_____ ML		<input type="checkbox"/> ____ : ____	_____	_____ ML
Total 24 hrs				Total 24 hrs			