#### Neonatal Eating Outcome Assessment Score Sheet: I. Pre-Feeding Behaviors

Version 5.8

Study ID/Infant's Name: Evaluation Date:

DOB: Day of Life: Breast or Bottle Feed:

EGA at Birth: Current PMA: Rater Name:

		Postmenstrual Age (weeks)							Coo				
Item	Choices	30	31	32	33	34	35	36	37	38	39	40+	Score
I-1. Arousal/State Organization*	A. Unable to rouse to state 3, even with stimulation B. Short periods of arousal with stimulation C. Prolonged arousal sustained after stimulation D. Wakes spontaneously	A=3 B, C, D=5 A=1 B,C,D=5 5		B,C,D=	A= B= C, [	=3			A, B=1 C, D=5		A, B, C=1 D=5		
I-2. Physiological Stability*	A. Poor physiological stability B. Intermittent periods of physiological stability with energy depletion C. Intermittent periods of physiological stability without energy depletion D. Physiological stability	A=3 B, C, D=5 A=1 B=3 C, D=5		A, B=1 C, D=5		A, B=1 C=3 D=5		A, B, C=1 D=5					
I-3. Respiratory Support*	A. Ventilated B. Non-invasive respiratory support C. Minimal respiratory support D. Room air	Not Scored						ed					
Respiratory Support*  I-4.  Rooting and Grasp*	A. No response B. Weak or unilateral root and grasp C. Root and grasp with stimulation D. Spontaneous root and grasp E. Brisk response, frantic response, or avoidance		E=1 A=3 B, C, D=5			E=1 A, E A, B=3 B= C, D=5 C, D		3 A ,B, E=1		L			
I-5. Initiation of Sucking*	A. No initiation of sucking  B. Requires moderate stimulation  C. Requires minimal stimulation  D. Spontaneously initiates sucking  E. Active avoidance	E= A= B, C,	=3	A, B=3 C	E=1 , D=5	A,E=1 B=3 C, D			A,E=1		A,B,E= 1 C,D=5	A,B,E= 1 C=3 D=5	
I-6. Tongue	A. Flaccid or non-responsive B. Flat with some tongue cupping C. Elevated and retracted D. Tongue cupping with central groove E. Deviated to side, tongue thrusting, or tongue bunching	Elevated and retracted  e cupping with central groove  E=1  A, B, C=3 B, C=3 C				Ć	, B, E=1 C=3, D=5		A, B, C, E=1 D=5		=1		
I-7. Non-Nutritive Sucking	A. Absent B. Arrhythmic C. Intermittent burst-pause pattern  D. Normal burst-pause pattern E. Prolonged burst-pause pattern	E= A, B, C	_	E=1 A=3 B,C, D=5	E=1 A,B=3 C,D=5	A,E=1 B=3 C,D=5	B,C=3	A,B,E=1 C=3 D=5		A, B, ( D=			
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#### **Abbreviated Form:**

If only Section I was scored, there is a range of scores from 6-30. Use the following criteria to score:

6-20 Feeding Challenge

21-26 Questionable

27-30 Normal

### Neonatal Eating Outcome Assessment Score Sheet: II. Oral Feeding & III. Observations at the End of Feed

					Po	stmens	trual A	Age (wee	eks)				Sco
Item	Choices	30	31	32	33	34	35	36	37	38	<b>3</b> 9	40+	50
II-1. Suck-Swallow-Breathe Coordination	A. Unable to coordinate sucking swallowing and breathing; Immediate sequelae     B. No independent suck/swallow/breath sequencing; able to coordinate only when provided interventions  C. Able to feed with intermittent interventions; independent swallow/breath sequence  D. Independently demonstrates appropriate suck/swallow/breathe sequence	A, B, C, D=5  A=3 B,C,D=5  A, B=3 C, D=5			A=1 B=3 C, D=5	A=1 B,C=3 D=5		A, B=1 C=3 D=5					
II-2. Sucking Burst Length	A. No sucking burst B. Minimal sucks per burst  C. Appropriate sucks per burst D. Long pattern of sucks per burst	A, B, C=5  D=1  D=1		A, B=3 C, D=5		A, B= 1 C, D=5							
II-3. Suction	A. No suction B. Minimal suction <b>C. Normal suction.</b> D. Excessive suction			Α,	D=1 C=5	B=3	A, B=1 D=3 C=5						
II-4. Oral Tone	A. Flaccid B. Decreased tone <b>C. Adequate tone for feeding</b> D. Increased oral tone, clenched jaw, and/or pursed lips	· · · · · · · · · · · · · · · · · · ·			A, D=1 B, C=5	R-			=3 A, B, D=1			•	
II-5. Quality of Sucking Movements	A. Abnormal sucking pattern B. Moderate discoordination C. Mild or intermittent discoordination <b>D. Mature, organized sucking pattern</b>			=1 . D=5			A=1 B=3 C, D=5			A,B C= D=	:3		
II-6. Behavioral Response to Feeding	A. Active avoidance or significant feeding stress responses that interfere with feeding B. Limited positive engagement/comfort during feeding with moderate disengagement C. Mostly positive engagement/ comfort during feeding with minimal disengagement D. No discomfort and positive engagement	fort during feeding with moderate disengagement A=1 fort during feeding with minimal disengagement B, C, D=5			A	A=1 B=3 C, D=5		A, B=1 C=3 D=5					
II-7. Fluid Loss	A. Significant fluid loss B. Moderate fluid loss C. Minimal fluid loss D. No fluid loss	A B C D=5				B=3 D=5			A, B=1 C, D=5				
II-8. Swallow**	A. High risk (clear, clinical indications of aspiration) B. Moderate aspiration risk C. Mild aspiration risk D. Normal swallow	A=3 B, C, D=5						A, B=1 C=3 D=5		A, B, C=1 D=5			
II-9. Respiratory Control During Feeding**	A. Respiratory compromise with markedly increased work of breathing B. Moderately increased work of breathing C. Mildly increased work of breathing D. Appropriate respiratory control during feeding	A=3 A, B=1 B, C, D=5 C, D=5			A, B=1 C=3 D=5	C=3 A, B, C=1		•					
III-1. Feeding Completion	A. Stops due to physiologic instability B. Stops due to fatigue (unable to continue) or feeder stopped the feeding  C. Discomfort D. Completed feeding  E. Completed feeding, but demonstrates discomfort after feeding		Α	C=1 ., B, D, E	=5		C, E=1 A, B, D=5		A, B=3 C, E=1 D=5		A, B, C, E=1 D=5		
III-2. State Maintenance	A. Reaches state 3 or 4 only briefly  B. Maintains state 3 or 4 for 4-7 minutes  C. Maintains state 3 or 4 for 8-10 minutes  D. Maintains state 3 or 4 > 10 minutes  E. Maintains high level of arousal (state 5 or 6) that interferes with feeding		E: A, B, (	=1 C, D=5		E= A= B, C,	3	A, E=1 B=3 C, D=5		3, E=1 C=3 O=5		. C, E=1 D=5	
III-3. Volume Consumed***	A. No milk consumption B. Minimal milk consumption C. 1/4 milk consumption D. Half of feeding consumed E. 75% of feeding consumed F. Full feeding		A,B,C,I	),E,F=5		A=3 B,C,D,E, F=5	A,B=3 C,D,E, F=5	A=1 B=3 C,D, E,F=5		A, B=1 C, D=3 E, F=5		C, D=1 ==3 ==5	
	TOTAL: (From Section 1)					TOT Section		3)					
Full Form: If Sections I, II, and III were scored, there is a range of scores from 18-90. Use the following criteria to score:					10	TOTAL :							

Baseline feeding performance without interventions will best inform whether the infant has feeding challenges as outlined above. If adaptive equipment or external supports are used during the assessment, feeding performance may be improved in the context of those interventions.

77-90 = Normal

58-76 = Questionable

18-57 = Feeding Challenge

# Neonatal Eating Outcome Assessment Score Sheet: IV. Non-Scored Items

	IV-1. Feeder	□ Nurse □ Mother □ Father □ Therapist □ Other:	IV-8. External Supports	□ None       □ Tipping milk out of nipple       □ Pulling nipple out of mouth intermittently         □ Swaddling or other containment       □ Unswaddling         □ Decreased auditory stimuli       □ Auditory support       □ Decreased visual stimuli         □ Tactile stimulation (state where):       □ Turning bottle       □ Tapping bottle         □ Jaw support       □ Chin support       □ Cheek support         □ Squeezing breast       □ Holding/supporting breast       □ Massage breast       □ Form nipple         □ Other:
	IV-2. Feeder Experience:	☐ First Time ☐ 2-4 Feeds ☐ 5-10 Feeds ☐ 10+Feeds/expert ☐ Unknown ☐ Previous breastfeeding experience for:weeks Previous challenges with breastfeeding (if any):	IV-9. Position During Feed	☐ Side-lying ☐ Semi-side-lying ☐ Upright ☐ Enface ☐ Football hold ☐ Cradled ☐ Cross-Cradled ☐ Laid back nursing ☐ Mother nursing infant while she is side-lying Indicate supports used (nursing pillow, pillow under arm/under baby): Comments:
Section IV-Items Not Scored	IV-3. Infant Feeding Experience	□ None □ Some due to feeding problems or immaturity □ Some due to recent initiation of oral feeding □ Minimal recent experience □ Moderate □ Significant □ Unknown □ Infant is full term and has been feeding since birth: DOL	IV-10. Heart Rate	□ No significant alterations in HR  Number of times with HR >200: #Longest time to recover:  □ During active sucking and swallowing □ During a pause in sucking and swallowing □ After feeding is completed  Number of times with HR <100: #Longest time to recover:  □ During active sucking and swallowing □ During a pause in sucking and swallowing □ After the feeding is completed
	IV-4. Infant's Current Feeding Regimen (check all that apply)	□ Nuzzles at breast only □ Only therapy feeding infant □ Oral feeding attempts <4 times per week □ Oral feeding attempts □ Oral feeding attempts 2-3 times per day □ I time per day □ Breastfeeding attempts □ Attempts at full oral feeding with less than 50% of volume consumed and remainder of volume tube fed □ Takes full oral feeds on □ Attempts at full oral feeding with a feeding schedule 50-90% of volume consumed and remainder of volume tube fed □ Cue based feeding with feedings engaged in within the previous 24 hour period □ Ad Lib with a maximum time elapsed between feedings	IV-11. Respiratory Rate	□ No significant alterations in RR RR at start of feed: RR at end of feed: Number of minutes with RR >60: Longest time to recover: □ During active sucking and swallowing □ During a pause in sucking and swallowing □ After the feeding is completed □ Breath holding for 1-5 seconds: # □ Breath holding for 6-10 seconds: # □ Breath holding >20 seconds: # □ Breath holding >20 seconds: # □
	IV-5. Nipple Type	☐ Slow Flow ☐ Regular Flow ☐ Fast Flow ☐ Breast ☐ Breast with nipple shield ☐ Special Nipple used:	IV-12. Oxygen	□ No significant alterations in O2 sats  Number of times with O2 sats <90%: #Longest time to recover: □ During active sucking and swallowing □ During a pause in sucking and swallowing □ After the feeding is completed □ Check here if additional oxygen support was given during or immediately after the
	IV-6. Milk Type	☐ Formula ☐ Breast Milk ☐ Mix of formula and breast milk ☐ Thickened Type of formula, if applicable:	Saturation	feeding  ☐ Check here if infant with stable O2 sats but demonstrates respiratory alterations 2-3 minutes after the feeding ends
	IV-7. Interruptions	# Cause (change in position, change nipple, suspected aspiration):	IV-13. Time	Time infant engaged in non-nutritive sucking: Time it took for infant to grasp nipple and initiate sucking afterfirst presentation: Time infant engaged in oral feeding: Number of burps: #Approximate time spent burping: Difficulty burping
	IV-14. Infant Anatomic and Functional Variations	□ None □ Cleft lip □ Tongue tied-no surgical intervention □ Tongue tied with surgical intervention □ Micrognathia □ Down's Syndrome □ Pierre Robin Sequence Describe:	intervention	☐ Cleft palate ☐ Cleft lip and palate ☐ Lip tie with surgical intervention ☐ Lip tie without surgical intervention ☐ Macroglossia ☐ Neonatal Abstinence Syndrome ☐ Cardiac anomaly

# Neonatal Eating Outcome Assessment Score Sheet: IV. Non-Scored Items (FOR BREASTFEEDING ONLY)

	IV-15. Mother's Milk Supply***	Volume:       Type:         □ Minimal to none       □ Small amounts of colostrum or within first         □ Some       few days after birth and milk has not come in         □ Diminished       □ Mix         □ Adequate       □ Mostly milk with some colostrum         □ Overabundance       □ Mature milk         □ Unknown       # ml supply each day:# of days since birth of infant:         □ Indicate if the Supplemental Nursing System is Used	IV-20. Breast(s)	☐ Infant fed on only one breast: ☐ Right ☐ Left ☐ Infant fed on both breasts: ☐ Right first ☐ Left first If fed on both breasts: ☐ Time on first:Time on second: ☐ Switched breasts a second time
۲	IV-16. Pumping Schedule	<ul> <li>N/A - mother not expressing milk</li> <li>Mother pumps intermittently in order to offer a bottle, stimulate milk production or save milk</li> <li>Mother with a need for milk expression due to infant not yet orally feeding</li> <li>Mother not pumping routinely</li> </ul>	IV-21. Maternal Anatomy	□ None       □ Breast piercings         □ Breast implant       □ Only one breast         □ Breast reduction       □ Other breast surgery         □ Large breasts       □ Small breasts         □ Breast engorgement       □ Breast infection         □ Flat nipples       □ Inverted nipples       □ Nipple pointing down
Section IV-Items Not Scored-BREASTFEEDING ONLY		☐ Mother expressing her milk 1-3 times per day ☐ Mother expressing her milk 4-6 times per day ☐ Mother expressing her milk 7+ times per day Average length of time pumping: Approximate time from start of pump until let-down: Amount expressed at each session: Type of pump used:	IV-22. Maternal Complications	□ None       □ Iron deficiency anemia         □ Postpartum hemorrhage       □ Overweight/Obesity         □ Hypothyroidism       □ Hyperthyroidism         □ Polycystic Ovarian Syndrome       □ C-section delivery         □ Reynaud's Syndrome       □ Illicit drug use         □ Retained placenta
ion IV-Items Not Scored	IV-17. Maternal Comfort Level	Pain/Discomfort:  ☐ No discomfort or pain in breasts. ☐ Pain of 7-10 with breastfeeding ☐ Pain of 4-6 with breastfeeding ☐ Pain of 3 or less OR report of discomfort without pain	IV-23. Managing Breastfeeding	☐ Mother manages tasks of breastfeeding well without incidence  Difficulty motorically managing task of breastfeeding: ☐ Yes ☐ No  Physical impairment: ☐ Yes ☐ No ☐ Yes ☐ No ☐ Need for multiple attempts to aid success  Maternal adaption ☐ Yes ☐ No
Sect		When: ☐ Only at beginning of feeding ☐ Between feedings ☐ Hetween feedings	IV-24. Maternal Motor Factors	☐ Infant not lined up to breast
	IV-18. Breastfeeding Contraindications**	☐ HIV ☐ Chemotherapy ☐ Infant galactosemia ☐ Radiation therapies ☐ Untreated brucellosis ☐ Taking antiretrovirals ☐ Untreated active tuberculosis ☐ Ebola virus ☐ Human T-cell lymphotropic virus ☐ Has herpes simplex lesions on breast	IV-25. Maternal Environmental Factors	□ Nipple pointing down □ Nipple soft and needing shaping □ Nostril occluded  □ Nostril occluded  □ Notril occluded
		☐ Alcohol use within the last 2 hours		☐ Mom answers phone or texts       ☐ Other children demanding attention         ☐ Television       ☐ Having conversation         ☐ Infant with low activity       Maternal adaption       ☐ Yes ☐ No
	IV-19. Mother's Flow Rate	☐ Unknown ☐ Within first few days of birth and milk not yet in ☐ Slow ☐ Average ☐ Excessive	IV-26. Mother-Infant Dynamics	☐ Infant with high activity Maternal adaption ☐ Yes ☐ No

## Recommendations for Subsequent Feedings:

Apparatus	☐ Slow Flow ☐ Regular Flow ☐ Fast Flow ☐ Breast ☐ Breast with breast shield ☐ Breast Specific nipple type (specify):	ast with Supplemental Nursing System    Special
Methods	☐ Swaddling ☐ Decreased auditory stimuli ☐ Jaw support ☐ Chin/cheek support ☐ Rocking ☐ Other:	□ Decreased visual stimuli □ Auditory support
Positioning	☐ Side-lying ☐ Upright ☐ Enface (face-to-face) ☐ Football hold ☐ Cradled	☐ Cross Cradled ☐ Mother in sidelying
Breastfeeding interventions	☐ Increase milk supply ☐ Breast shield ☐ Express milk prior to feeding and have infant feed afterward	
Additional Comments		