EARLY FEEDING SKILLS ASSESSMENT TOOL (EFS)

Intended Use: The EFS is intended to assess observable breast- or bottle-feeding skills. It is for infants up to the age of 6 months. The EFS is intended to be completed by a clinician who understands the development of early feeding skills and is familiar with indicators that skills are not yet developed.

Disclosure: The EFS is not intended to provide a diagnosis, but instead may provide the healthcare provider with an objective assessment of the child's current skills in order to facilitate diagnosis and treatment decisions.

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Thoyre, S. M., Shaker, C., Pridham, K. F. (2005). The Early Feeding Skills assessment for preterm infants. *Neonatal Network, 24*(3), 7-16. doi: 10.1891/0730-0832.24.3.7

Thoyre, S. M., Pados, B. F., Shaker, C. S., Fuller, K., & Park, J. (2018). Psychometric Properties of the Early Feeding Skills Assessment Tool. *Advances in Neonatal Care*, *18*(5), E13-E23. doi: 10.1097/ANC.0000000000000537

PLEASE CHECK THE FEEDING FLOCK TEAM WEBSITE FOR UPDATES:
www.feedingflockteam.org

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Early Feeding Skills Assessment Tool (EFS)

READINESS (Immediately Prior)	**3**	**2**	**1**
Motor	Flexed body position with arms toward midline (with or without support) through assessment period	Loss of flexed position with handling	Non-flexed body position with arms to sides throughout assessment period
State	Awake	Drowsy	Sleep
Oral-motor behavior when offered finger or pacifier	Actively opens mouth and drops tongue to receive the nipple when lips are stroked	Opens mouth but does not actively seek the nipple	Does not open mouth when lips are stroked

RESPIRATORY REGULATION	**3**	**2**	**1**
1. Each time the nipple is received, transitions to sucking without behavioral or cardio-respiratory instability [a]	Smooth transition always	Smooth transition at least once but not always	No smooth transitions
2. Times the length of the sucking burst to remain stable	Never sucks too long before stopping to breathe	On one occasion, sucks too long before stopping to breathe	On more than one occasion, sucks too long before stopping to breathe
3. Integrates breathing within the sucking burst	Consistently adds breaths throughout the sucking burst once fluid is received	On at least 1 occasion, adds breath(s) within the sucking burst once fluid is received	Consistently holds breath during the sucking burst once fluid is received
4. Organizes long sucking bursts (7+ sucks) without signs of behavioral or cardio-respiratory instability	Stable for all long sucking bursts	Stable for at least 1 long sucking burst	Unstable with long sucking bursts **OR** does not have long sucking bursts
5. Work of breathing [b]	No work of breathing	On at least 1 occasion, a series of breaths is labored with work of breathing	On >1 occasion, a series of breaths is labored with work of breathing
ORAL-MOTOR FUNCTION	**3**	**2**	**1**
6. Actively opens mouth and drops tongue to receive the nipple when lips are stroked	Always	At least once, but not always	Never
7. Promptly starts sucking once nipple is received	Always	At least once, but not always	Never
8. Sucks with strong suction	Strong suction throughout	1 compression-only sucking burst	>1 compression-only sucking burst
9. Loss of milk at lips	Never	Loss of milk once	Loss of milk >1 time
SWALLOWING COORDINATION	**3**	**2**	**1**
10. Gurgling/rattle sounds created by fluid in the nose or pharynx	Never	Once	>1 event
11. Gulping or effortful hard swallows	Never	Once	>1 event
12. High-pitched “yelping” sound when transitioning from swallowing to breathing	Never	Once	>1 event
13. Coughing or choking sounds	Never	Once	>1 event
ENGAGEMENT	**3**	**2**	**1**
14. Sustains an awake state	All the time	Becomes drowsy after 5 minutes, but within the feeding	Become drowsy within 5 minutes
15. Sustains motor tone, energy [c]	All the time	Loss of muscle tone/energy after 5 minutes, but within the feeding	Loses muscle tone/energy within 5 minutes

PHYSIOLOGIC STABILITY	**3**	**2**	**1**
16. Stress [d]	0 or 1 mild distress cue	2 or more mild distress cues	At least 1 compelling distress cue
17. Color change	Never	1 episode	>1 episode
18. Maintains stable oxygen saturation (≥ 85)	All the time	1 desaturation event	>1 desaturation event
19. Maintains stable heart rate (≥ 100 bpm)	All the time	1 bradycardia event	>1 bradycardia event

RECOVERY (Post-Feeding)	**3**	**2**	**1**
State	Quiet alert	Sleep or drowsy	Restless
Energy level	Flexed body position with arms toward midline (with or without support)	Period of decreased muscle tone; recovers after short rest	Energy depleted after feeding, loss of tone/energy, flaccid

[a] Instability is evidenced by behavioral (eyebrow raise, eyelid flutter, furrowed brow, worried look, moving away from nipple, extending fingers or arms, pushing nipple away) or physiologic cues (apnea, desaturations, heart rate drops).

[b] Increased work of breathing is evidenced by nasal flaring and/or blanching, chin tugging/pulling head back/head bobbing, suprasternal retractions, grunting/prolonging the exhale, or use of accessory breathing muscles.

[c] Energy is expressed through motor tone, postural control, midline feeding position, and flexion.

[d] Mild = Eyelid flutter, raised brow, eye scanning, finger splay, furrowed brow; compelling = directing energy away from the feeding; actively moving away with head or swiping arms, pushing, pulling away, turning away