

EARLY FEEDING SKILLS (EFS) ASSESSMENT SCORING GUIDELINES

The conceptualization of infant feeding skills in the EFS is based on a dynamic systems theoretical framework. Observable feeding skills are considered a reflection of the dynamic interactions of multiple systems that coalesce to support early oral (breast or bottle) feeding. Interacting systems constrain feeding skills, including internal systems within the child, and properties of the environment and the feeding task itself. For example, impactful systems within the child include the aerodigestive and neurological systems. Environmental factors include the coregulatory skill of the caregiver. The speed of flow and thickness of the milk are examples of important constraining task properties.

The EFS measures observable outcomes of the aforementioned interacting subsystems from the perspective of the child. In early born infants, or infants with impaired health following birth, systems within the child may be maturing or healing at variable rates both across and within individual children. Therefore, assessment of the child's skill set is necessary if we are to provide feeding interventions that are tailored to the individual.

Development is a key concept of EFS scoring. Feeding skills are considered an emergent property of the child, with individual components of feeding skill ranging from not yet evident to fully emerged/consistently observable. In addition, we are also able to observe indications, or symptoms, of deficient skill. For example, if an infant takes an urgent breath at the tail of a swallow, a high-pitched “yelp” sound is created; this symptom is an indication the infant is not yet coordinating swallowing and breathing. As such, we can assess this; symptoms may frequently be observed, occasionally be observed, or never be observed.

EFS CLINICAL VERSION COMPARED TO EFS RESEARCH VERSION

There are 2 versions of the EFS – one to use clinically and one perhaps more for research purposes. Both versions have the exact same feeding assessment section (with 5 subscales). The clinical version includes 2 additional sections: pre-feeding **Readiness** and post-feeding **Recovery**. These additional sections have been found to be useful for clinical practice; however, they have not had their psychometric properties tested.

The EFS Research Version has strong psychometrics properties and has been tested with infants up to age 2 months.

SUBSCALE GUIDELINES

The EFS breaks down feeding skills and symptoms of skills not fully developed into five subscales. The subscales were derived from a factor analysis (Thoyre, Pados, Shaker, Park, & Fuller, 2018). The order of the subscales is purposeful; it reflects those domains that differentiated one child's skills from another the best. The five subscales, in this order, focus on

the infant's ability to regulate the respiratory system, organize the oral-motor system, coordinate swallowing, sustain engagement, and maintain physiologic stability. Therefore, the respiratory subscale is most informative. Each subscale has 2-5 items that further characterize skills within this domain with a total of 19 items.

Five EFS Subscales:

- 1. Respiratory Regulation**
- 2. Oral-motor Function**
- 3. Swallowing Coordination**
- 4. Engagement**
- 5. Physiologic Stability**

SCORING GUIDELINES

Each of the 19 items are scored a 3, 2, or 1. **Higher scores mean higher skill.**

Scoring is based on the observed skill of the infant, regardless of the skill of the caregiver. For example, the caregiver may not give the infant sufficient time to organize for the feeding by rooting.

When scoring, keep in mind the domain that the item falls into to help you in remembering the scoring rules. For example, item 1 is looking at respiratory regulation, not the infant's latch quality.

Scores of 3 = Mature feeding skills or No indications, or symptoms, of deficient skill

A score of 3 represents mature feeding skills, with the best performance for the feeding skill demonstrated in all instances or no symptoms demonstrated that indicate lack of a fully developed skill.

Score of 2 = Emerging feeding skills or Occasional indication, or symptom, of deficient skill

A score of 2 represents a skill that is not fully developed but is beginning to emerge. The infant demonstrates they have the ability to complete the mature pattern on at least one occasion. A single example illustrates the infant's skill is beginning to emerge in an area (e.g., if the infant begins to suck promptly after the nipple is received at least once, the infant is showing the beginning of this skill). For a problematic symptom, the infant need only demonstrate the problematic symptom (e.g., milk loss) on one instance to score a "2." This single occurrence demonstrates lack of fully developed skill.

Score of 1 = Immature feeding skills or Frequent indications, or symptoms, of deficient skill

A score of 1 represents the most immature feeding skills, where the infant demonstrates the immature pattern of interest on more than 1 occasion or in some cases, predominantly, or more severely. Exhibiting a problematic symptom more than once or more severely scores a "1" representing evidence of immature skill. For

example, having a single desaturation or bradycardia event scores a “2” while more than 1 scores a “1”.

INDIVIDUAL ITEM GUIDELINES

The EFS has 2 types of items about skill development: (1) skill items directly evaluate the skill and (2) indicators of skill deficit/problematic symptoms evaluate the level of skill indirectly. Both types of items are providing evidence of the infant’s stage of feeding skill development.

Skill Items ask about evidence of a skill, whether it is fully emerged, in an emergent stage of development or whether there is no evidence of the emergence of this skill yet.

Items 1, 2, 3, 4, 6, 7, 14, 15, 18, 19

- Item 1. Each time the nipple is received, transitions to sucking without behavioral or cardio-respiratory instability
- Item 2. Times the length of the suck burst to remain stable
- Item 3. Integrates breathing within the sucking burst
- Item 4. Organizes long sucking bursts (7+ sucks) without signs of behavioral or cardio-respiratory instability
- Item 6. Actively opens mouth and drops tongue to receive the nipple when lips are stroked
- Item 7. Promptly starts sucking once nipple is received
- Item 14. Sustains an awake state
- Item 15. Sustains motor tone/energy
- Item 18. Maintains stable oxygen saturation
- Item 19. Maintains stable heart rate

Score of 3 - Infant demonstrates this skill; the skill is **consistently observed**; the skill has **emerged, it is mature, with the best performance for the feeding skill demonstrated in all instances**. This higher score denotes higher skill level.

Score of 2 - Infant demonstrates they can perform the mature pattern on at least one occasion. They are moving in the direction of a mature pattern, but they exhibit immaturity on at least one occasion as well. The skill is **emerging**. The infant demonstrates they have the ability to complete the mature pattern on at least one occasion (items 6, 7), but predominantly shows the immature pattern of interest (item 3), or unable to sustain the mature pattern (items 14, 15). For items 6, and 7, the mature pattern need only be exhibited once for a score of 2.

Score of 1 - Infant does not ever demonstrate the skill (items 6, 7) or the predominant pattern is an immature pattern (item 3) or the infant reverts to an immature pattern early in the feeding (items 14, 15). The skill is **immature, not yet beginning to emerge**.

Symptom Items ask if there is evidence of skill deficit.

Items 5, 8, 9, 10, 11, 12, 13, 16, 17

Item 5. Work of breathing

Item 8. Sucks with strong suction

Item 9. Loss of milk at Lips

Item 10. Gurgling/rattle sounds created by fluid in the nose or pharynx

Item 11. Gulping or effortful swallows

Item 12. High-pitched “yelping” sound when transitioning from swallowing to breathing

Item 13. Coughing or choking sounds

Item 16. Stress

Item 17. Color change

Score of 3 – Infant demonstrates **no evidence of skill deficit**. This higher score denotes higher skill level.

Score of 2 - Infant demonstrates **lack of skill on at least one occasion**. The infant is not demonstrating fully developed skill in this domain as evidenced by this symptom. The skill may be emerging, but there is lack of fully developed skill as evidenced by low frequency of problematic symptoms or only mild symptoms (item 16).

Score of 1 - Infant demonstrates **lack of skill on more than one occasion or more severe problems** (e.g., item 16, compelling stress cue). The infant is demonstrating more significant skill deficit as evidenced by the frequency or severity of this symptom. The skill may be emerging but the infant is less stable than a score of 2; there is evidence of repeated and more frequent or more severe problematic symptoms in this domain.

INSTABILITY IS A COMMON TERM USED THROUGHOUT THE EFS

Instability is evidenced by behavior change as well as change in physiologic parameters:

- Behavioral expression of instability/stress:
 - Raised brow
 - Eyelid flutter
 - Eye scanning
 - Furrowed brow
 - Worried look
 - Moving away from nipple
 - Extending fingers or arms
 - Pushing nipple away
- Physiologic expression of instability/stress:
 - Apnea
 - Desaturation

- Bradycardia
- Change in Color

MEANING AND SCORING OF EACH OF THE 19 ITEMS

RESPIRATORY REGULATION	
1	<p>Each time the nipple is received, transitions to sucking without behavioral or cardio-respiratory instability</p> <p>This item asks, each time the nipple is received by the infant, can the infant transition their breathing pattern to accommodate sucking and swallowing?</p> <p>A transition is a time when the infant receives the nipple. We observe whether they are able to remain stable, free of distress cues and physiologically stable, <u>during the 30 seconds</u> that follow receiving the nipple.</p> <p>The nipple is judged to be received once the infant establishes a latch. If a latch is not established <u>ever</u> you cannot score the infant's feeding skills.</p> <p>Score even if the feeder places nipple in oral cavity prior to rooting/mouth opening.</p> <p>Scoring for this item captures the idea of skill: always (skill fully emerged), at least once (an emerging skill) or never (skill not yet beginning to emerge).</p> <p>If the milk flow is reduced by tipping the bottle down, to the side, or by complete removal during this first ~30 seconds, consider this a response to the infant not managing the transition and needing the caregiver to help.</p>
	<p>(3) Smooth transitions always</p> <p>(2) Smooth transition at least once but not always</p> <p>(1) No smooth transitions</p> <p><u>Note:</u> If only one transition occurs and instability occurs, score a 1 (never). Likewise, if there is only one and the infant is stable, score a 3 (all the time).</p>

<p>2</p>	<p>Times the length of the suck burst to remain stable</p> <p>This item is examining all sucking bursts and is asking if the infant can self-regulate an appropriate length of the sucking burst. If they do not, they will have distress cues near the end of the sucking burst or the feeder may limit the length of the sucking burst to encourage the infant to breath.</p> <p>Some infants will self-regulate by only taking short sucking bursts. If this is the case, you are asking, even though the sucking bursts are short, are they short enough? For some infants, even 2-3 consecutive sucks in a burst is still too long to go without a breath.</p> <p>If instability is seen only after breathing has resumed after the end of the sucking burst (during a sucking burst break) do not deduct from this component as it is not likely a reflection of the sucking burst duration.</p> <p>Scoring for this item captures the idea of skill: always (skill fully emerged), at least once (an emerging skill) or never (skill not yet beginning to emerge).</p>	<p>(3) Never sucks too long before stopping to breathe – no instability with any sucking burst</p> <p>(2) On one occasion, sucks too long before stopping to breathe</p> <p><u>Note:</u> if only takes short sucking bursts, at least one leads to instability/distress cues</p> <p>(1) On more than one occasion, sucks too long before stopping to breathe – instability for >1 sucking burst</p> <p><u>Note:</u> if the infant only takes short sucking bursts, score 1 if more than one short burst leads to instability/distress cues</p>
<p>3</p>	<p>Integrates breathing within the sucking burst</p> <p>Throughout any feeding, most infants will have some variability in their integration of breathing and sucking. This item asks, what is the infant’s level of development in relationship to integrating breathing within the sucking burst. Since the first ~30 seconds of the feeding each time the nipple is received is a transition period, consider the infant’s developmental level for this item after this transition period occurs.</p>	<p>(3) Consistently adds breaths throughout the sucking bursts once fluid is received</p> <p>(2) On at least 1 occasion, adds breath(s) within the sucking burst once fluid is received</p> <p>(1) Consistently holds their breath during the sucking burst once fluid is received</p> <p><u>Note:</u> the infant may only start to hold their breath after a bolus is formed (after 1-2 sucks) but then does not take another breath until they stop sucking (score 1)</p>

	<p>Scoring for this item focuses on the infant’s ability to intersperse a breath into the sucking burst once fluid comes into the mouth. If the infant is able to do this at least once (following the transition period after the nipple is received) score a “2” -- meaning the infant is showing an indication that they are beginning to develop this skill. If they use an alternating pattern of sucking then breathing once fluid is received then score a “1” for skill not yet observed. A score of “3” indicates the infant has consistent evidence of integrating breaths into the sucking burst</p>	
<p>4</p>	<p>Organizes long sucking bursts (7+ sucks) without signs of behavioral or cardio-respiratory instability</p> <p>This item asks, is the infant’s respiratory system able to accommodate long sucking bursts without signs of instability? Note the difference (OR) within the score of 1.</p> <p>Scoring for this item captures the idea of skill: always (skill fully emerged), at least once (an emerging skill) or never (skill not yet beginning to emerge).</p>	<p>(3) Stable for all long sucking bursts</p> <p>(2) Stable for at least 1 long sucking burst</p> <p>(1) Unstable with long sucking bursts OR does not have long sucking bursts</p> <p><u>Note:</u> if the infant does not demonstrate the ability to engage in long sucking bursts, score 1</p>
<p>5</p>	<p>Work of breathing</p> <p>This item asks, does the infant have increased work of breathing during the feeding (regardless of whether this is the infant’s standard).</p> <p>To evaluate work of breathing, a series of breaths is assessed, rather than a single breath.</p> <p>Increased work of breathing is evidenced by:</p> <ul style="list-style-type: none"> ▪ Nasal flaring/blanching ▪ Chin tugging/pulling head back 	<p>(3) No work of breathing. The infant breathes quietly without use of accessory muscles; non-labored breathing</p> <p>(2) On at least 1 occasion, a series of breaths is labored, showing work of breathing</p> <p>(1) On >1 occasion, a series of breaths is observed to be labored, showing work of breathing</p>

	<ul style="list-style-type: none"> ▪ Compensatory use of accessory muscles to enhance breathing: <ul style="list-style-type: none"> ○ Head bobbing/chin tugging ○ Shoulder bobbing/hiking ○ Suprasternal retractions ▪ Grunting/prolonged exhale and/or ▪ Tachypnea <p>If the infant has high work of breathing as their baseline and during feeding it remains the same as before (high) you count this as increased work of breathing during the feeding.</p> <p>Scoring for this item focuses on whether there are symptoms of problematic respiratory regulation and how frequently the symptoms are expressed.</p>	
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ORAL-MOTOR FUNCTION

6	<p>Actively opens mouth and drops tongue to receive the nipple when lips are stroked</p> <p>This item asks, when the infant receives oral stimulation to the lips, can they organize to initiate sucking? Organizing is demonstrated when the infant signals readiness by actively opening their mouth and dropping their tongue to draw in the nipple.</p> <p>Scoring for this item captures the idea of skill: always (skill fully emerged), at least once (an emerging skill) or never (skill not yet beginning to emerge).</p>	<p>(3) Always – consistently opens mouth and drops tongue when lips are stroked</p> <p>(2) At least once, but not always – when lips are stroked, actively opens mouth and drops tongue at least once but not always</p> <p>(1) Never – never opens mouth and drops tongue when lips are stroked</p> <p><u>Note.</u> If there is only one time the lips are stroked and the infant did not actively open their mouth and drop their tongue, score 1. Likewise, if there is only one time the lips are stroked and the infant actively opens their mouth and drops their tongue, score 3.</p>
7	<p>Promptly starts sucking once nipple is received</p> <p>This item asks, once the infant signals readiness and draws in the nipple, are they</p>	<p>(3) Always – promptly starts sucking at all transitions</p> <p>(2) At least once, but not always – promptly starts sucking at least once but not always</p>

	<p>able to promptly organize a sucking burst.</p> <p><u>Note:</u> The nipple is judged to be received once the infant opens their mouth, drops their tongue and draws in the nipple.</p> <p>Scoring for this item captures the idea of skill: always (skill fully emerged), at least once (an emerging skill) or never (skill not yet beginning to emerge).</p>	<p>(1) Never – does not promptly start sucking ever</p> <p><u>Note.</u> If there is only one time the infant receives the nipple and the infant did not start sucking promptly, score 1. Likewise, if there is only one time the nipple is received, and the infant promptly starts sucking, score 3.</p>
8	<p>Sucks with strong suction</p> <p>This item asks, can the infant maintain suction during the sucking <u>burst</u> once sucking is established? Absence of suction is compression-only sucking and is an indication the infant is either too tired and is trying to conserve energy or they are trying to reduce the amount of milk they need to manage (i.e., a compensatory strategy). Therefore, once sucking is established in the feeding is there compression only sucking?</p> <p><u>Note.</u> Compression-only sucking is observed when the nipple slides around in the infant’s mouth, instead of appearing tightly sealed by the tongue; you may notice the sound of the infant’s tongue slipping off the nipple or clicking when they suck, or you may notice sucking that occurs without swallows; there may be clear gaps in the latch (lip closure or tongue seal) on the nipple that would inhibit effective suction or pressure generation.</p> <p>Scoring for this item focuses on whether there are symptoms of problematic oral-motor function and how frequently the symptoms are expressed.</p>	<p>(3) Strong suction throughout</p> <p>(2) 1 compression only sucking burst</p> <p>(1) >1 compression-only sucking bursts</p>
9	<p>Loss of milk at lips</p>	<p>(3) Never</p>

	<p>This item asks, can the infant manage the bolus of milk or do they loosen the seal on the nipple, allowing the bolus to fall from the mouth?</p> <p>This is intended to evaluate the infant’s loss of milk during a sucking burst. As such, if you see milk loss but it occurs when the caregiver removes the nipple without first emptying it and therefore the filled nipple drips), do not deduct the score.</p> <p>Scoring for this item focuses on whether there are symptoms of problematic oral-motor function and how frequently the symptoms are expressed.</p>	<p>(2) Loss of milk 1 time</p> <p>(1) Loss of milk >1 time</p>
SWALLOWING COORDINATION		
10	<p>Gurgling/rattle sounds created by fluid in the nose or pharynx</p> <p>This item asks if there is audible evidence of residual fluid in the upper airway that has not been cleared or has been mis-directed. This is heard during breathing and/or during swallowing.</p> <p>Scoring for this item focuses on whether there are symptoms of swallowing incoordination and how frequently the symptoms are expressed.</p>	<p>(3) Never</p> <p>(2) 1 event</p> <p><u>Note:</u> one event may be a series of breaths that sound gurgly, congested or rattle due to the presence of fluid in the upper airway</p> <p>(1) >1 event</p>
11	<p>Gulping or effortful swallows</p> <p>This item asks if the infant’s swallow is quiet, without evidence of a “hard” or effortful swallow of air with the fluid.</p> <p>Gulping noises are typically low pitched, provoked by swallowing air during rapid sucking bursts. High pitched noises after the swallow are rated in component 12 ‘yelping’.</p>	<p>(3) Never</p> <p>(2) 1 event</p> <p>(1) >1 event</p> <p><u>Note:</u> one event may be a series of swallows with gulping</p>

	Scoring for this item focuses on whether there are symptoms of swallowing incoordination and how frequently the symptoms are expressed.	
12	<p>High-pitched “yelping” sound when transitioning from swallowing to breathing</p> <p>This item asks, can the infant complete the swallow without an urgent breath? If unable, you will note a high-pitched yelp/squeak as the infant urgently inhales after the swallow.</p> <p>Scoring for this item focuses on whether there are symptoms of swallowing incoordination and how frequently the symptoms are expressed.</p>	<p>(3) Never</p> <p>(2) 1 event</p> <p>Note: one event may be a series of swallows with a yelp</p> <p>(1) >1 event</p>
13	<p>Coughing or choking sounds</p> <p>This item asks, are there audible indications that fluid may have approached or entered the airway?</p> <p>Scoring for this item focuses on whether there are symptoms of swallowing incoordination and how frequently the symptoms are expressed.</p>	<p>(3) Never</p> <p>(2) 1 event</p> <p>(1) >1 event</p>
ENGAGEMENT		
14	<p>Sustains an awake state</p> <p>This item asks, can the infant maintain an awake state for the duration of the feeding?</p> <p>Score 2 if did not finish in 15-30 minutes based on loss of appropriate state</p> <p>Scoring for this item captures the idea of the ability to sustain an awake state (skill fully emerged), late loss of state (an emerging skill) or early loss of state (skill not yet observed).</p>	<p>(3) All the time – sustains an awake state all the time</p> <p>(2) Becomes drowsy after 5 minutes, but within the feeding</p> <p>(1) Become drowsy within 5 minutes</p>

15	<p>Sustains motor tone/energy</p> <p>This item asks, can the infant maintain muscle tone/energy for the duration of the feeding?</p> <p>Energy is expressed through motor tone, postural control, midline feeding position, and flexion.</p> <p>Score 2 if did not finish in 15-30 minutes based on loss of energy/loss of interest</p> <p>Scoring for this item captures the idea of ability to sustain energy (skill fully emerged), late loss of energy (an emerging skill) or early loss of energy (skill not yet observable).</p>	<p>(3) All of the time – sustains motor tone all the time</p> <p>(2) Loses muscle tone/energy after 5 minutes, but within the feeding</p> <p>(1) Loses muscle tone/energy within 5 minutes</p>
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PHYSIOLOGIC STABILITY

16	<p>Stress</p> <p>This item asks, does the infant demonstrate stress cues during the feeding? One event of stress may elicit several cues of distress; consider each single event as separated by ≥ 10 seconds. Two events separated by 10 seconds or less are considered one continuous event.</p> <p>A distress cue must be an observable, behavior change; audible indicators are captured in the above items. If you hear dyscoordination but the infant remains free of behavioral stress cues, do not count as stress.</p> <p>Mild distress cues include behaviors such as subtle eyelid flutter, raised brow, eye scanning, finger splay, furrowed brow.</p> <p>Compelling distress cues involve more of the infant's body actively signaling distress;</p>	<p>(3) 0 or 1 mild distress cue</p> <p>(2) 2 or more mild distress cues</p> <p>(1) At least 1 compelling distress cue</p>
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	<p>the infant may be directing energy away from the feeding; actively moving away with head or swiping arms to avoid feeding, pushing, pulling away, turning away; or flexing with their neck and trunk moving forward; could include subtle cues like eyelid flutter, raised brow, eye scanning but must also include compelling cues to be counted as compelling.</p> <p>Scoring for this item focuses on whether there are symptoms of physiologic instability and how strongly the symptoms are expressed.</p>	
17	<p>Color change</p> <p>This item asks, does the infant demonstrate physiologic stress through color change? Often color change is noted around the mouth or eyes.</p> <p>Scoring for this item focuses on whether there are symptoms of physiologic instability and how frequently the symptoms are expressed.</p>	<p>(3) Never</p> <p>(2) 1 episode</p> <p>(1) >1 episode</p>
18	<p>Maintains stable oxygen saturation</p> <p>This item asks, does the infant maintain a normal range of peripheral oxygenation while feeding?</p> <p>We recommend omitting this item if the infant is not on a monitor that measures his/her oxygen saturation.</p> <p>A desaturation event is defined as O₂ saturation <85% for ≥ 10 seconds. Two events separated by 10 seconds or less are considered one continuous event.</p> <p>Scoring for this item captures the idea of skill: always (skill fully emerged), at least</p>	<p>(3) All the time – no desaturation events</p> <p>(2) 1 desaturation event</p> <p>(1) >1 desaturation event</p>

	once (an emerging skill) or never (skill not yet beginning to emerge).	
19	<p>Maintains stable heart rate</p> <p>This item asks, does the infant maintain a normal range of heart beats per minute while feeding?</p> <p>We recommend omitting this item if the infant is not on a monitor that measures his/her heart rate.</p> <p>A bradycardia event is defined as HR <100 beats per minute for ≥4 seconds. Two events separated by 10 seconds or less are considered one continuous event.</p> <p>Scoring for this item captures the idea of skill: always (skill fully emerged), at least once (an emerging skill) or never (skill not yet beginning to emerge).</p>	<p>(3) All the time – no bradycardia events</p> <p>(2) 1 bradycardia event</p> <p>(1) >1 bradycardia event</p>

EFS SCORING OF BREASTFEEDING UNDER CONSTRUCTION

Stay tuned, visit the Feeding Flock Team website for updates:

<https://feedingflockteam.org/>

EFS SCORING

We recommend that each subscale is scored individually. Each item can score 1, 2, or 3 with 1 representing the least skill or high frequency of problem (right hand column) and 3 representing mature skill or absence of problem (left hand column). Scores of 2 indicate skills that are emerging/occasionally observed or problems that are occasionally observed. Provide total scores and an "X" in the appropriate box to the right of the total score for each subscale. Consider individualized interventions for skills that are still emerging or those that are not yet observed.

	Total Score	Every item scores "3" Skill has emerged	At least one item scores "2" Skill still emerging	At least one item scores "1" Skill not yet evident
Respiratory Regulation (Range 5 – 15)	<input type="text"/>			

Oral-Motor Function (Range 4 – 12)				
Swallowing Coordination (Range 4 – 12)				
Engagement (Range 2 – 6)				
Physiologic Stability* (Range 4 – 12)				
TOTAL EFS SCORE* (Range 19 – 57)				

*Note, the total physiologic stability maximum score and the total EFS score will be reduced if items 18 and/or 19 are omitted.

References

Thoyre, S., Shaker, C., & Pridham, K. (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., Pados, B., Shaker, C., Park, J., & Fuller, K. (2018). Psychometric properties of the Early Feeding Skills assessment tool. *Advances in Neonatal Care*, 18(5), p E13–E23. doi: 10.1097/ANC.000000000000053