

NEONATAL EATING ASSESSMENT TOOL – BREASTFEEDING



(NeoEAT - Breastfeeding)

10-ITEM SCREENER

Intended Use: The NeoEAT - Breastfeeding Screening Instrument is intended to assess observable symptoms of problematic feeding in infants less than 7 months old who are breastfeeding. The NeoEAT-Breastfeeding Screening Instrument is intended to be completed by a caregiver who is familiar with the child's typical eating. This is most often a parent, but may be another primary care provider.

Disclosure: The NeoEAT - Breastfeeding Screening Instrument does not replace a healthcare provider's clinical assessment. The NeoEAT - Breastfeeding full version is also not intended to provide a diagnosis, but instead may provide the healthcare provider with an objective assessment of the child's eating in order to facilitate diagnosis and treatment decisions. The Screening Instrument is intended to identify infants in need of more thorough feeding evaluation.

Reference Information: Please give appropriate credit to the authors when presenting, publishing, or otherwise referencing the Neonatal Eating Assessment Tool - Breastfeeding (NeoEAT - Breastfeeding).

Pados, B., Estrem, H., Thoyre, S., Park, J., & McComish, C. (2017). The Neonatal Eating Assessment Tool (NeoEAT): Development and content validation. *Neonatal Network: The Journal of Neonatal Nursing*, 36(6), 359-367. doi: 10.1891/0730-0832.36.6.359

Pados, B. F., Thoyre, S. M., Estrem, H. H., Park, J., & McComish, C. (2018). Factor structure and psychometric properties of the Neonatal Eating Assessment Tool–Breastfeeding. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 47(3), 396-414. doi: 10.1016/j.jogn.2018.02.014

Pados, B. F., Park, J., & Thoyre, S. M. (2020). Neonatal Eating Assessment Tool—Breastfeeding: Reference values for infants less than 7 months old. *Journal of Human Lactation*, 36(2), 236-244. doi: 10.1177/0890334419869598

PLEASE CHECK THE FEEDING FLOCK TEAM WEBSITE FOR UPDATES:

www.feedingflockteam.org

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Directions: We are interested in learning about your baby's eating and behavior. When filling this out, think about what is typical for your baby at this time (in the past week).

This version of the NeoEAT Screening Instrument is intended for infants who have fed by breast in the past week.

My child...	Never	Almost Never	Some times	Often	Almost Always	Always
1. seems uncomfortable after feeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. throws up during feeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. sounds gurgly or like they need to cough or clear their throat during or after eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. gets exhausted during eating and is not able to finish.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. breathes faster or harder when eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. needs to rest during eating to catch his/her breath.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. can only suck a few times before needing to take a break.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. holds breath when eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. gets a bloated (big or hard) tummy after eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. gags in between feedings when there is nothing in his/her mouth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORING INSTRUCTIONS

If any response falls in the shaded zone, the child requires further evaluation and the parent or caregiver should be asked to complete the full version of the Neonatal Eating Assessment Tool - Breastfeeding.