

# Manual Oral Motor Breastfeeding Evaluation Screening Tool (MOMBEST)

Date of Screening: \_\_\_\_\_

Infant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Chronological Age: \_\_\_\_\_ Gestational Age at Birth: \_\_\_\_\_

Corrected Age: \_\_\_\_\_

Parent/Caregiver Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Referring Lactation Consultant

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility: \_\_\_\_\_

## Reason for Screening

- Poor latch
- Poor milk transfer
- Maternal nipple pain
- Fatigue during feeding
- Poor weight gain
- Prolonged feeding times
- Difficulty maintaining seal
- Suspected oral motor impairment
- Other: \_\_\_\_\_

## MOMBEST Screening Results

### 1. Durational Jaw Movement

Assessment completed with gloved fingertip placed between upper and lower gum at the level of the molar while maintaining stable pressure.

#### Left Side

PASS (10 jaw movements in 10 seconds)  FAIL (Less than 10)

#### Right Side

PASS (10 jaw movement in 10 seconds)  FAIL (Less than 10)

### 2. Midblade Tongue Elevation

Middle of tongue elevates toward palate within approximately one second of stimulation.

#### Trial Results

Trial 1:  Present  Absent

Trial 2:  Present  Absent

Trial 3:  Present  Absent

Total Successful Elevations: \_\_\_\_\_/3

PASS (3/3)  FAIL (Less than 3/3)

## Additional Information

