

Supplement 1 Predefined guideline

Recording procedures

Different daily neonatal procedures were frequently recorded and used for the sessions consisting of; i) neonatal resuscitations at birth, ii) intubations and Minimally Invasive Surfactant Therapy (MIST) procedures and, iii) sterile line insertions (Figure 1). Recordings consisted of i) imaging of neonatal resuscitation after birth where only the neonate and the hands of providers were visible, ii) identifiable audio-visual recordings of neonatal resuscitation after birth with room-view and iii) identifiable audio-visual recordings of neonatal procedures (e.g. intubations, line insertions). The videos in the delivery room were recorded with two cameras. One was placed above the bed which recorded the neonate and hands of the providers. These recordings were made with the *Microsoft LifeCam Cinema* (Microsoft Ireland Operations Ltd., Dublin, Ireland) and physiological recording with *Polybench* software (Applied Biosignals GmbH, Weener, Germany). Another camera, a *GoPro HERO9* (GoPro, Inc., San Mateo CA, USA) was placed in a fixed position above the door of the resuscitation room to give an overview of the room. Recordings of procedures on the NICU were made with the *Tobii Pro Glasses 3*, eye-tracking glasses (Tobii, Stockholm, Sweden). In addition, when intubation was performed, the eye tracking recording was combined with recordings from videolaryngoscopy (Acutronic, Hirzel, Suisse).

Consent

The unidentifiable videos of resuscitations in the delivery room (in which the neonate and hands of the providers were visible) were part of the medical record of the patient and were stored on protected servers. All neonatal resuscitations were recorded as part of standard care on our NICU. Postnatally, parents may request to view the video with a staff member and request a copy. The non-anonymous audio-visual videos of neonatal resuscitations and procedures on the NICU were used for quality improvement only. No patient consent was asked before recording. However, if parents were visible in a recording, they were asked for consent for use of the video in the video review session. Consent from providers was obtained before any identifiable recording. When someone was accidentally captured on film without permission, their permission was sought afterwards. The recordings were stored on protected servers and only designated team members of the study group had access to the recordings. All providers of the NICU-team were informed about implementation of video review beforehand and were given the opportunity to opt out of (identifiable) recordings of procedures. It was emphasized that recording an intervention should remain voluntary. If team members wanted to opt-out, before or after a recording had been made, a dedicated member of the study group could always be approached. Identifiable recordings were deleted after the study period.

Video review

Before multidisciplinary review of the recordings, all individuals involved in the procedure were approached to preview the recording and asked for consent to use the video in the review session. In addition, they were invited to help with the preparation of the session and to engage in the session themselves. Sessions were called *Netflix* sessions for a positive connotation. Video review sessions were only conducted with providers of the department of Neonatology and the video was not distributed elsewhere. Review sessions were prepared and chaired by a dedicated provider. All neonatal care providers present at the NICU were invited to attend the review session.