Appendix S1 ADDITIONAL INFORMATION: Reflexivity process

The reflexivity process will be described according to Schwandt’s definition: ‘a) acknowledgement that the researcher is part of the setting, context and social phenomenon which the researcher seeks to understand, b) a critical self-reflection on researchers’ biases and predispositions and c) critically inspecting the entire research process and addressing the steps taken throughout the whole manuscript to improve understanding and the trustworthiness of the study’.¹

a) The research team consisted of female researchers: one novice nursing researcher, two postdoctoral nursing researchers, and a medical professor in neonatology. Furthermore, the peer reviewer was a postdoctoral licenced psychologist.

- K. Ruhe (KR) has worked for 19 years as a neonatal nurse at one of the study sites and is a novice nursing researcher. In the role of neonatal nurse, she had intensive contact with parents of preterm infants.

- A. van der Hoogen (AH) has 35 years of experience as a (neonatal) nurse and over 25 years as a postdoctoral researcher in the NICU. Moreover, she is a senior academic lecturer at a university. As a researcher, she has broad experience with studies of parents of preterm infants and current topics in neonatology.

- J. Wielenga (JW) has worked for 39 years as a neonatal nurse and 25 years as a postdoctoral nursing researcher at one of the study sites. Moreover, she is a parent of a preterm-born son. Therefore, she has ample experience with NICU research and NICU parents’ perceptions.

- Professor M. van Weissenbruch (MW) is the principal investigator and has worked for 25 years as a paediatrician-neonatologist at one of the study sites. She has extensive experience with research and parents during prenatal counselling, NICU admission, and follow-up.
The peer reviewer, T. Bröring-Starre (TB), is a licenced psychologist who has worked for the last ten years at the follow-up programme for NICU infants and their parents. Moreover, she has counselled parents during NICU admission over the past four years.

b) Before this study started, the research team expressed various predispositions about the study's findings. First, the main reason for conducting this study was to enhance the prenatal information for expectant parents during high-risk pregnancies. Furthermore, we perceived that this prenatal information mainly concerned medical complications and survival rates. We anticipated that expectant parents also needed to be informed about a parental role in the NICU. Finally, we expected to give information about a parental role in conjunction with prenatal medical counselling.

c) Various steps were taken to enhance the trustworthiness of the study. First, we created a multidisciplinary team of authors and researchers, including nurses, a lecturer, a neonatologist, and a psychologist. Furthermore, we used an interview guide with open-ended questions based on the literature and described the setting and participants in the manuscript. We also differentiated between the role of a primary researcher and a neonatal nurse through a carefully followed study protocol. Finally, we used researchers' triangulation (independently assigned codes, discussions and agreeing on findings among the research team), member-checking, and peer debriefing to analyse the study.

1. Schwandt TA. Dictionary of Qualitative Inquiry. 2nd ed. Thousand Oaks, CA: SAGE Publishing; 2001. 320 p.
2. Dodgson JE. Reflexivity in Qualitative Research. J Hum Lact. 2019;35(2):220–2.