

ID number:  Date:

1. feed	2. feed	3. feed	4. feed
Aspiration before feed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Aspiration before feed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Aspiration before feed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Aspiration before feed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Aspirate volume _____ ml	Aspirate volume _____ ml	Aspirate volume _____ ml	Aspirate volume _____ ml
Aspirate Color (put a X) <div style="display: flex; justify-content: space-around;"><span style="background-color: yellow; width: 15px; height: 15px;"></span><span style="background-color: orange; width: 15px; height: 15px;"></span><span style="background-color: red; width: 15px; height: 15px;"></span><span style="background-color: green; width: 15px; height: 15px;"></span><span style="background-color: blue; width: 15px; height: 15px;"></span><span style="background-color: purple; width: 15px; height: 15px;"></span></div>	Aspirate Color (put a X) <div style="display: flex; justify-content: space-around;"><span style="background-color: yellow; width: 15px; height: 15px;"></span><span style="background-color: orange; width: 15px; height: 15px;"></span><span style="background-color: red; width: 15px; height: 15px;"></span><span style="background-color: green; width: 15px; height: 15px;"></span><span style="background-color: blue; width: 15px; height: 15px;"></span><span style="background-color: purple; width: 15px; height: 15px;"></span></div>	Aspirate Color (put a X) <div style="display: flex; justify-content: space-around;"><span style="background-color: yellow; width: 15px; height: 15px;"></span><span style="background-color: orange; width: 15px; height: 15px;"></span><span style="background-color: red; width: 15px; height: 15px;"></span><span style="background-color: green; width: 15px; height: 15px;"></span><span style="background-color: blue; width: 15px; height: 15px;"></span><span style="background-color: purple; width: 15px; height: 15px;"></span></div>	Aspirate Color (put a X) <div style="display: flex; justify-content: space-around;"><span style="background-color: yellow; width: 15px; height: 15px;"></span><span style="background-color: orange; width: 15px; height: 15px;"></span><span style="background-color: red; width: 15px; height: 15px;"></span><span style="background-color: green; width: 15px; height: 15px;"></span><span style="background-color: blue; width: 15px; height: 15px;"></span><span style="background-color: purple; width: 15px; height: 15px;"></span></div>
Was there blood in the aspirate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was there blood in the aspirate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was there blood in the aspirate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was there blood in the aspirate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you <b>discard</b> the aspirate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you <b>discard</b> the aspirate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you <b>discard</b> the aspirate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you <b>discard</b> the aspirate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Expected meal in ml: _____ ml	Expected meal in ml: _____ ml	Expected meal in ml: _____ ml	Expected meal in ml: _____ ml
Actual meal in ml: _____ ml	Actual meal in ml: _____ ml	Actual meal in ml: _____ ml	Actual meal in ml: _____ ml
Milk given * (put a X) <input type="checkbox"/> MOM <input type="checkbox"/> DHM	Milk given * (put a X) <input type="checkbox"/> MOM <input type="checkbox"/> DHM	Milk given * (put a X) <input type="checkbox"/> MOM <input type="checkbox"/> DHM	Milk given * (put a X) <input type="checkbox"/> MOM <input type="checkbox"/> DHM
Fortified with (put a X) <input type="checkbox"/> BC <input type="checkbox"/> FM85 Gram: pr. 100 ml _____ g	Fortified with (put a X) <input type="checkbox"/> BC <input type="checkbox"/> FM85 Gram: pr. 100 ml _____ g	Fortified with (put a X) <input type="checkbox"/> BC <input type="checkbox"/> FM85 Gram: pr. 100 ml _____ g	Fortified with (put a X) <input type="checkbox"/> BC <input type="checkbox"/> FM85 Gram: pr. 100 ml _____ g
Stomach appearance (put a X) <input type="checkbox"/> Inconspicuous <input type="checkbox"/> Abdominal bloating <input type="checkbox"/> Visible blood vessel <input type="checkbox"/> Visible bowel loops <input type="checkbox"/> Shiny <input type="checkbox"/> Discoloured	Stomach appearance (put a X) <input type="checkbox"/> Inconspicuous <input type="checkbox"/> Abdominal bloating <input type="checkbox"/> Visible blood vessel <input type="checkbox"/> Visible bowel loops <input type="checkbox"/> Shiny <input type="checkbox"/> Discoloured	Stomach appearance (put a X) <input type="checkbox"/> Inconspicuous <input type="checkbox"/> Abdominal bloating <input type="checkbox"/> Visible blood vessel <input type="checkbox"/> Visible bowel loops <input type="checkbox"/> Shiny <input type="checkbox"/> Discoloured	Stomach appearance (put a X) <input type="checkbox"/> Inconspicuous <input type="checkbox"/> Abdominal bloating <input type="checkbox"/> Visible blood vessel <input type="checkbox"/> Visible bowel loops <input type="checkbox"/> Shiny <input type="checkbox"/> Discoloured
Stool since last meal? <input type="checkbox"/> yes <input type="checkbox"/> No	Stool since last meal? <input type="checkbox"/> yes <input type="checkbox"/> No	Stool since last meal? <input type="checkbox"/> yes <input type="checkbox"/> No	Stool since last meal? <input type="checkbox"/> yes <input type="checkbox"/> No
Stool amount (put a X) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Stool amount (put a X) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Stool amount (put a X) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Stool amount (put a X) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Blood in stool? <input type="checkbox"/> yes <input type="checkbox"/> No	Blood in stool? <input type="checkbox"/> yes <input type="checkbox"/> No	Blood in stool? <input type="checkbox"/> yes <input type="checkbox"/> No	Blood in stool? <input type="checkbox"/> yes <input type="checkbox"/> No
Stool consistency (put a X) <input type="checkbox"/> A: watery <input type="checkbox"/> B: Soft <input type="checkbox"/> C: Formed <input type="checkbox"/> D: Hard	Stool consistency (put a X) <input type="checkbox"/> A: watery <input type="checkbox"/> B: Soft <input type="checkbox"/> C: Formed <input type="checkbox"/> D: Hard	Stool consistency (put a X) <input type="checkbox"/> A: watery <input type="checkbox"/> B: Soft <input type="checkbox"/> C: Formed <input type="checkbox"/> D: Hard	Stool consistency (put a X) <input type="checkbox"/> A: watery <input type="checkbox"/> B: Soft <input type="checkbox"/> C: Formed <input type="checkbox"/> D: Hard
Stool colour (put a X) <div style="display: flex; justify-content: space-around;"><span style="background-color: yellow; width: 15px; height: 15px;"></span><span style="background-color: orange; width: 15px; height: 15px;"></span><span style="background-color: red; width: 15px; height: 15px;"></span><span style="background-color: green; width: 15px; height: 15px;"></span><span style="background-color: blue; width: 15px; height: 15px;"></span><span style="background-color: purple; width: 15px; height: 15px;"></span></div>	Stool colour (put a X) <div style="display: flex; justify-content: space-around;"><span style="background-color: yellow; width: 15px; height: 15px;"></span><span style="background-color: orange; width: 15px; height: 15px;"></span><span style="background-color: red; width: 15px; height: 15px;"></span><span style="background-color: green; width: 15px; height: 15px;"></span><span style="background-color: blue; width: 15px; height: 15px;"></span><span style="background-color: purple; width: 15px; height: 15px;"></span></div>	Stool colour (put a X) <div style="display: flex; justify-content: space-around;"><span style="background-color: yellow; width: 15px; height: 15px;"></span><span style="background-color: orange; width: 15px; height: 15px;"></span><span style="background-color: red; width: 15px; height: 15px;"></span><span style="background-color: green; width: 15px; height: 15px;"></span><span style="background-color: blue; width: 15px; height: 15px;"></span><span style="background-color: purple; width: 15px; height: 15px;"></span></div>	Stool colour (put a X) <div style="display: flex; justify-content: space-around;"><span style="background-color: yellow; width: 15px; height: 15px;"></span><span style="background-color: orange; width: 15px; height: 15px;"></span><span style="background-color: red; width: 15px; height: 15px;"></span><span style="background-color: green; width: 15px; height: 15px;"></span><span style="background-color: blue; width: 15px; height: 15px;"></span><span style="background-color: purple; width: 15px; height: 15px;"></span></div>
Medicine/vitamins <u>pr OS</u> ? <input type="checkbox"/> yes <input type="checkbox"/> No if yes, which?	Medicine/vitamins <u>pr OS</u> ? <input type="checkbox"/> yes <input type="checkbox"/> No if yes, which?	Medicine/vitamins <u>pr OS</u> ? <input type="checkbox"/> yes <input type="checkbox"/> No if yes, which?	Medicine/vitamins <u>pr OS</u> ? <input type="checkbox"/> yes <input type="checkbox"/> No if yes, which?
COMFORTneo Total score _____ Vurdering af distress _____ Gas restlessness <input type="checkbox"/> yes <input type="checkbox"/> No	COMFORTneo Total score _____ Vurdering af distress _____ Gas restlessness <input type="checkbox"/> yes <input type="checkbox"/> No	COMFORTneo Total score _____ Vurdering af distress _____ Gas restlessness <input type="checkbox"/> yes <input type="checkbox"/> No	COMFORTneo Total score _____ Vurdering af distress _____ Gas restlessness <input type="checkbox"/> yes <input type="checkbox"/> No

\*MOM: Mother's own milk DHM: Donor human milk

Figure S1. Clips from the observation form.