

## Annex M.2: Post Mortem Care, Bereavement Support and Counselling Services Checklist

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**Republic of the Philippines**  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

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**UNIVERSAL HEALTH CARE**  
KALUSUGAN AT KALINGA PARA SA LAHAT

Registry No. \_\_\_\_\_

### POST MORTEM CARE, BEREAVEMENT SUPPORT AND COUNSELLING SERVICES CHECKLIST

For Premature or Small Newborns Who Die

HEALTH FACILITY (HF)		
ADDRESS OF HF		
<b>A. PATIENT</b>	1. Last Name, First Name, Middle Name, Suffix	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>	
<b>B. MEMBER</b>	<b>(Answer only if the patient is a dependent; otherwise, write, "same as above")</b>	
	1. Last Name, First Name, Middle Name, Suffix	
	2. PhilHealth ID Number <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>	

Place a (✓) in the status column if DONE or NA if not applicable.

ACTIVITIES (items may be done simultaneously and not necessarily done in chronological order)	Status
<b>A. Care of the infant after death</b>	
1. Removed all lines, tubes and equipment from the body (except if with secured consent for autopsy in which all lines and equipment probes should be left in site)	
i. Applied small piece of tape adhesive/transparent film dressing to IV sites	
2. Treated the infant's body with care, cleaned and dressed properly and with respect	
i. Wiped down / sponged the infant's body carefully (asked the parents if they wish to be involved in holding the baby)	

<b>ACTIVITIES</b> (items may be done simultaneously and not necessarily done in chronological order)	<b>Status</b>
ii. Dressed the infant's body in a diaper and baby's own clothes, or if not available, use hospital garments (asked the parents if they wish to be involved in dressing the baby)	
iii. Ensured that the baby's face is identifiable in its wrapping	
iv. Ensured that the baby's remains is labelled correctly	
3. Performed a full physical examination of the infant's body including head circumference, weight and length	
4. Gave parents adequate time to make decisions for their newborn, gather family and grieve in the presence of the newborn's body	
i. Discussed where the family wants the body sent (morgue / funeral parlor or home)	
ii. Discussed religious / cultural practices	
iii. Parents were informed about options with regards to autopsy as necessary (in case autopsy is opted, obtained full and informed consent)	
<b>B. Care of the parents/family</b>	
1. Parents and family were provided by healthcare worker with information about the baby and circumstances surrounding his/her demise and probable cause of death	
2. Offered opportunities to see and hold their baby and offered support for parenting activities such as but not limited to cleaning, dressing the baby, and naming the baby	
3. Offered parents or family members opportunities to spend time with their baby, cuddle the baby and make mementoes of the baby (e.g. hand and/or footprints and curl of hair) or take photographs, consistent with NICU confidentiality policies (i.e. provided that there is consent and that the photo will not show any hospital or patient identifiers in accordance with the data privacy act)	
4. Asked and discussed religious rituals or practices and preferred spiritual care provider with parents or family	
5. Offered to contact appropriate spiritual adviser and/or counsellor	
6. Addressed the mother's postnatal physical care needs	

<b>ACTIVITIES</b> (items may be done simultaneously and not necessarily done in chronological order)	<b>Status</b>
i. Provided information about lactation, vaginal bleeding, and wound care to bereaved mother	
ii. Advised the mother on breast care and provided initial lactation support (helped the mother with her options in lactation during bereavement)	
iii. Mother was advised on the importance of postnatal check-ups	
iv. Encouraged the mother to rest, sleep, and make sure she eats well to regain strength	
7. Offered anticipatory guidance to parents and/or family regarding the grieving process (may be in the form of handout or other multimedia materials)	
8. Contacted social services to provide social support (e.g. emotional and psychosocial counselling, financial assistance, etc.) as needed	
9. (Optional) Provided a list of parent support organizations or list of referral bereavement support groups/agencies to the family together with their range of services and offer to make a referral if needed	
10. (Optional) Advised to schedule a bereavement follow-up appointment within 6-12 months of the baby's death to parents/families (for example to address clinical, emotional aspects of care to help the parents and family understand what happened to their baby, to resolve any uncertainty, and to assist the grieving process, address implications for future pregnancies, including recommendations for pre-conception and maternity care, also may assess for psychosocial red flags and risk factors for complicated grief like marital discord, rape, family discord, other unusual circumstances etc., if present, can be used as basis for advising follow-up/referral)	
C. Documentation	
1. Completed the infant's chart	
2. Completed the needed documentation for PhilHealth benefit reimbursement and as applicable, for the third party insurance provider	
3. Provided a prepared and accomplished birth certificate to the family	
4. Provided a prepared and accomplished death certificate to the family	
5. Provided medical certification indicating <b>any notifiable diseases of public health concern</b> during admission and at the time of death	

<b>ACTIVITIES</b> (items may be done simultaneously and not necessarily done in chronological order)	<b>Status</b>
6. All documents necessary were completed and given to the parents/family prior discharge	
D. Autopsy (if applicable, when consent has been given)	
1. Explained the reason for the recommended autopsy	
2. Explained the process of autopsy	
3. Consent secured by the attending physician for the autopsy	
4. Contacted Department of Pathology	
5. Coordinated and facilitated transfer of the body to the morgue	
E. Assistance for funeral services arrangements, as needed	
1. Provided parents with information about burial, cremation, and funeral home options available for babies and support them in making an unhurried decision	
2. Offered a listing of mortuary service providers and contact persons	

Certified correct by:										Conforme by:									
(Printed name and signature) Attending Physician										(Printed name and signature) Parent/Guardian									
PhilHealth Accreditation No.										Date signed (mm/dd/yyyy)									
Date signed (mm/dd/yyyy)																			