



## Mother-Baby Nurture Group: Description and Referral Process

### Description

- Mother-Baby Nurture group is a 10-week therapeutic support group for 5-7 mothers and their 0-6 month (pre-crawling) infants hosted by two facilitators.
- In a safe and welcoming environment, we invite participants to gently explore their thoughts and feelings towards their new role and relationships.
- We include the infants in the sessions, observing how they engage with their environment and reflecting on what they may be thinking or feeling.
- Our practice is informed by parent-infant psychotherapy and mentalization-based treatment. It's attachment-focused like Circle of Security, however it is delivered in an experiential way, with the infant participating in the process.

### Outcomes

The group aims to promote infant mental health by:

- strengthening maternal sensitivity and attunement,
- decreasing symptoms of maternal distress, anxiety, and depression,
- developing parenting capacity and confidence, and
- lessening the mothers' sense of isolation.

### Please direct mothers to us that may:

- struggle with the transition to parenting (not exclusive to first-time mothers),
- express relational or developmental difficulties with baby,
- report a history of pregnancy/birth trauma, loss, family of origin/relationship difficulties, or
- have elevated symptoms of depression or anxiety,

Mother-Baby Nurture is a targeted support group, which is complementary and not intended to replace psychological, psychiatric, or medical advice or services.

**Locations:** Midland, Ellenbrook, Gosnells, Fremantle, Baldivis, North Perth, Bunbury and Busselton

**Cost** No cost to participants. Funded by WA Health, Swan Alliance, Radiance Network.

**How to refer:** We welcome referrals from all perinatal and infant mental health practitioners. Please complete the form overleaf and return to:

**[motherbabynurture@playgroupwa.com.au](mailto:motherbabynurture@playgroupwa.com.au)**



## MBN Referral Form

- Consent for referral received from mother
- Baby not yet crawling

|   |                               |
|---|-------------------------------|
| <b>Mother's name</b>  | <b>Mother's date of birth</b> |
| <b>Baby's name</b>  | <b>Baby's date of birth</b>   |
| <b>Mother's preferred contact details:</b><br><br><b>Residential address:</b><br><br><b>Mobile number:</b><br><br><b>Email:</b> |                               |
| <b>Relevant maternal mental health history</b> – please inc involvement of other health professionals if known.                 |                               |
| <b>Reason for referral</b> – why do you feel this dyad will be suitable for the group?  |                               |
| <b>Referrer name and preferred contact details</b>  |                               |

**\*\*Please note - this form does not guarantee a place in the program\*\***

Numbers are limited for each group and places are allocated/prioritised according to need. Please let the mother know that the lead facilitator in her area will conduct a phone interview with her 1-2 weeks before the group start date to assess suitability.

**Should you wish to discuss your referral, you are welcome to contact Louise Miles, program co-ordinator, on 0416 277 512.**