



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



MBN Referral Form

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

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

****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.

