

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 mentalisation-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.

Mother-Baby Nurture is delivered by perinatal and early parenting services, free to families thanks to grant-funding from the WA Mental Health Commission and Commonwealth Communities for Children.

Locations: Albany, Baldivis, Bunbury, Busselton/Dunsborough, Coolbellup, Ellenbrook, Geraldton, Gosnells, Kwinana, Mandurah, Midland, Wellard, Yokine.

Cost: No cost to participants.

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

MBN Referral Form

☐ **Consent for referral received from mother**

☐ **Baby not yet crawling**

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|---|--|-------------------------------|--|
| 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.

Please email your referral and enquiries for the Midland and Ellenbrook area to:
ERICA Women's Centre (previously Midland Women's Health Care Place)
info@ericawsc.org.au 9250 2221

For all other groups please refer to the Mother Baby Nurture website

motherbabynurture.com