



Mother-Baby Nurture Group: Description and Referral Process BUSSELTON/DUNSBOROUGH & BUNBURY

- 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 government grant funded and provided by PlaygroupWA, Radiance South West, ISHAR Mirrabooka and WA Country Health.

Locations: Albany, Baldivis, Bunbury, Busselton/Dunsborough, Ellenbrook, Fremantle, Gosnells, Kwinana, Medina, Midland, Mirrabooka (Ishar Multicultural), 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.

RNSW MOTHER-BABY NURTURE REFERRAL FORM

Consent received for referral from mother				
Baby not yet crawling				
MOTHER AND BABY DETAILS				
Mother's name:		Mother's date of birth:		
Baby's name:			Baby's date of birth:	
Mother's preferre	ed contact details:			
Mobile Number:				
Email Address:				
Residential Addre	ess:			
□ Aboriginal □		Torres Strait Islander Other		
□ Interpreter Required Language:				
DETAILS				
Relevant maternal mental health history – please include involvement of other health professionals, if known.				
Reason for referral – why do you feel this dyad will be suitable for the group?				
REFERRER				
Referrer name:				
Preferred contact details:				
NOTES				
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 to:				
Busselton/Dunsborough		South West Counselling 08 9754 2052 admin@swcounselling.org.au		
Bunbury		South West Women's Health and Information Centre 08 9791 3350 nurse@swwhic.com.au		