



# MIRACLE BABIES FOUNDATION

Support when it's needed most;  
Backing our frontline services



'To improve, support and enhance all lives impacted  
by a premature or sick birth.'

Preventive support for Australian Capital Territory families  
with a born premature or critically ill

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## Executive Summary

Miracle Babies Foundation welcomes the opportunity to make a pre-budget submission to the Australian Capital Territory Government for consideration in the 2026-27 budget.

**We are committed to our purpose to 'improve, support and enhance all lives impacted by a premature or sick birth.'** Miracle Babies Foundation continues its engagement with the Commonwealth having delivered input to the Early Years Strategy 2024-2034 and have actively engaged with the offices of the Health and Aged Care Minister and Assistant Health Minister, The Minister for Social Services, and The Honourable Mike Freelander, MP, Chair of the Parliamentary Friends Group of Child and Adolescent Health and Mental Health and Chair of the Parliamentary Friends Group of Health and Medical Research. We seek the opportunity to further amplify our impact to support the Australian Capital Territory State Government and Commonwealth in the delivery of vital services that reduce the burden on the nation's health system.

Miracle Babies Foundation is Australia's leading organisation supporting families with a premature or sick baby, from a high-risk pregnancy, the hospital journey and the transition to home and beyond. Established in 2005 by mothers as a result of their own personal experiences with miscarriage, neonatal bereavement, prematurity and critically ill newborns, the Foundation's objective is to support families during the perinatal period going through similar journeys.

There is a critical need to implement greater preventive support within Australian Capital Territory's largest NICU following up with post-discharge support, which **Miracle Babies Foundation can deliver for an investment of \$150,000 over two years**, delivering wrap around support to expand the family support network, alongside Social Work and the Neonatal team.

This activity will benefit governments, collaborators, and communities. To achieve this impact, we require vital resources and funding to deliver our globally recognised **NurtureTime service to Centenary Hospital for Women and Children** and our **follow-on support group NurtureGroup in the Canberra community**.

*NurtureTime* provides in-hospital peer support to families of premature and sick babies, delivered by parents who have been through a similar lived experience. Investment into the *NurtureTime* program will be cost-efficient and provide long-term benefits that avoid duplication and maximise impact for individuals and communities in need. The service is proven to support families through the often traumatic and emotional experience, as they deal with separation from their baby and feelings of fear and isolation. This can only result in more thriving children and families and less economic impact overall.

*NurtureGroup* is a free play and support group, offering a safe and secure environment for children from birth to starting school, who have been impacted by a premature or sick birth with time in a neonatal unit or who have a prenatal anomaly, injury or condition diagnosed in the first 5 years of life resulting in ongoing medical challenges. *NurtureGroups* are designed to allow children to learn and develop through play, whilst offering families ongoing peer support with a strict Wellness Policy in a safe and inclusive environment. Parents and carers can exchange ideas on parenting, tackle medical issues, share stories, build support networks, form friendships and ease the isolation that can often be felt by families.

Miracle Babies Foundation has a significant footprint, and national presence with a network of more than 120 volunteers, staff and members. The Foundation has the capability and preparedness to scale-up our impact in the ACT to deliver services to families in need, reduce the burden on the existing health systems, and bring a return on investment to the State.

Miracle Babies Foundation aims to continue its leadership in supporting families as they experience the isolating and heartbreaking experience of having a baby spending weeks or months in neonatal care and during the transition hospital to home and beyond.

Working in partnership with health professionals, Miracle Babies Foundation’s extensive program is globally recognised in the neonatal field and is **proven to help increase social connection, improve family relationships, parental mental health and lead to better health choices to help these babies thrive.** (Independent study conducted by the Impact Institute, 2021).

## The Gap

Drawing on 20 years of practical support experience, Miracle Babies Foundation has identified critical gaps in the health system for families navigating the isolating and traumatic journey of having a premature or sick baby.

The primary gap lies in a lack of Social Worker support in the NICU/SCN. Hospitals have limited resources or capacity to provide counselling for every parent due to limited staff numbers. Intervention is only offered when the parent has been identified to have mental health concerns and when the child’s safety is brought into question.

There is a critical need to implement more accessible family support programs, as currently around half of impacted families each year are going without.

This is a time of significant vulnerability where vital action is required to ensure a more positive transition, and ongoing experience for parents. If parents are nurtured from the outset, receiving the information and support they need, they will be more aware of mental health cues, and better informed and proactive about the needs of their child – long term.

Miracle Babies Foundation’s peer support programs and resources address a critical gap within the ACT’s perinatal and neonatal care continuum. We provide structured peer support, education, and empowerment to families while their baby is admitted to a neonatal unit, following discharge home, and in cases of neonatal loss and bereavement.

The Gap	The observation
<p>The primary gap lies in a lack of Social Worker support in the neonatal unit. Hospitals have limited resources or capacity to provide counselling for every parent due to limited staff numbers. Intervention is only offered when the parent has been identified to have mental health concerns and/or child protection concerns.</p>	<p>Miracle Babies recommends an approach that prevents any escalation to mental illness. Peer support can fill that gap, providing necessary emotional support and vital information pivotal to building resilience and managing mental health.</p>

Another gap lies once babies are discharged from hospital – there is no follow-up with parents regarding their mental health and follow on clinics are limited to gestations and weight requirements, inhibiting all neonatal babies for a review pathway after discharge to identify and provide early intervention.

Miracle Babies Foundation recognises the need for ongoing peer support outside of the hospital environment is essential during this time, and over the coming months/years to truly nurture their mental health, offer support and refer appropriately if issues escalate. Many children missing follow on clinics lose the opportunity for early interventions, putting more strain on educational institutions once the child is school age.

In a poll via the Gidget Foundation, results reinforced the fact that awareness of Miracle Babies (or any services specific for families with a premature or sick newborn) were low. The poll was conducted with parents of premature or sick newborns and showed that when seeking support:



A further study conducted by UNSW (University of New South Wales) to understand the awareness of Miracle Babies (specifically) and its support services showed:



## The solution

There is a clear community expectation for the services provided by Miracle Babies Foundation, however most families do not know where to turn. By strengthening the presence of Miracle Babies Foundation within the ACT's major hospital, amongst healthcare professionals and the general population, the burden on GPs and hospitals can be reduced and redirected to a service tailored to the trauma-informed needs of these vulnerable families.

Miracle Babies Foundation's peer support programs and resources fill the gap. We provide the support, education and empowerment for families whilst in the hospital; once they have taken their baby home; or upon the death of their baby.

Investment in early, preventative peer support as a component of integrated perinatal mental health care reduces the risk of escalation to moderate and severe perinatal mental illness, supporting ACT Health focus on prevention, early intervention, and continuity of care.

Miracle Babies Foundation recognises as a priority, meeting families where they are turning for help and amplifying the presence of Miracle Babies Foundation as a capable and necessary gear within the healthcare engine.

*"Megan from Miracle Babies Foundation became my lifeline during our NICU stay across two different hospitals. She provided support, stability and reassurance through one of the hardest experiences of my life. Megan gave advice and wisdom to questions I had. Seeing her face each week gave comfort, knowing she would consistently show up each week to check how things were going. Without Miracle Babies supporting the NICU my stay could have been very different. I will be forever grateful to Megan for all that she provided." – Amanda Miracle mum, (mum of Riley born at 28 weeks)*

## The Investment

### Increasing access to vital, face to face peer support in the Neonatal Unit - free for families

Miracle Babies Foundation will strengthen its sophisticated network of Support Workers to deliver face to face peer support services to ACT families when they need it, in a major ACT hospital.

We are proposing key deliverables and cost items will be:

- Part-Time *Nurture* Program Support Workers
- Governance and Program Management
- Materials and Education Flyers for families and Neonatal Staff
- Uniforms
- Training

This will lead to greater access to preventive, peer support for better long-term outcomes for vulnerable babies born premature or critically ill and their families.

Hospitals for this support to be implemented within include:

- Centenary Hospital for Women and Children – 15 hours per week



*“Our chats have helped my mental health and it’s just really nice seeing a familiar face amongst the ever-rotating nurses. Megan has also been a NICU mum to two preemie boys, so there is never any judgment and so much understanding of what we are going through. We have been on our journey now for 16 weeks and I am ever thankful for Megan and Miracle Babies Foundation” – Mum to Eva, 25 weeks.*

## Increasing access to vital, face to face peer support post-discharge - free for families

Miracle Babies Foundation will strengthen its sophisticated network of Support Workers to deliver a face to face post-discharge peer support service to ACT families when they need it within the community.

We are proposing key deliverables and cost items will be:

- Part-Time *Nurture* Program Support Workers
- Governance and Program Management
- Materials and Education Flyers for families
- Uniforms
- Training

This will lead to greater access to preventive, peer support for better long-term outcomes for vulnerable babies born premature or critically ill and their families.

Support within the community will be delivered at:

- Denman Prospect Community Centre – 2 hours per fortnight



*MBF & NurtureGroup in particular has supported us a great deal since the premature birth of my son. Meeting Megan during Nurture Time in NICU was a godsend as she helped me unpack the emotions I was feeling, whilst validating them & sharing her own experience. I am now a MBF volunteer & attend NG weekly across 2 groups. Thank you MBF for being there for us when we needed you the most. I can only hope I can pay it forward – Miracle Mum, Anna*

## About Miracle Babies Foundation

Miracle Babies Foundation is Australia's leading organisation supporting families with a premature or sick baby, from a high-risk pregnancy, the hospital journey and the transition to home and beyond.

Established in 2005 by mothers as a result of their own personal experiences with miscarriage, neonatal bereavement, prematurity and critically ill newborns, the Foundation's objective is to support families during the perinatal period going through similar journeys.

Initially, Miracle Babies worked closely with Liverpool hospital to run parent support groups in-hospital. The 24-hour *NurtureLine*, was established to connect with families needing peer support. As demand for services increased, it became clear there was a need for this style of support service for families going through this journey. In 2009, the Foundation rolled out programs nationally and our work now covers every state and territory adapting and modernising along the way to better support modern families with tailored services and resources for families with different needs and challenges.

In 2025 our purpose has expanded to 'improve, support and enhance all lives impacted by a premature or sick birth.'

**Peer support, education and vital resources for a family's entire journey**  
*NurtureProgram™* - globally recognised in the Neonatal Field

Peer-to-peer support, information and resources for families through a high-risk pregnancy, throughout their hospital journey and for years beyond.

**CONNECTION (peer support)**

- NurtureTime (In-hospital peer support)
- NurtureGroups (Play and support groups (0-6 years))

**CONFIDENCE (navigating NICU & beyond through information and resources)**

- NEW Nurture Information Hub (birth to adult years)
- Resource packs provided in the hospital for every stage of a family's journey

NurtureLine - 24-Hour Family Support Line  
1300 622 243  
(1300 NURTURE)

Family stories

## Miracle Babies Foundation's role within the health system

Miracles Babies Foundation is integral to the Government delivering its mandate to support families with a premature or sick newborn. Miracle Babies Foundation supports key Health, importantly women's health, policies and practices of Governments. It supports Australian Governments in relation to providing advice to families going through one of the most traumatic

experiences they may have and fills an active and essential role in Australia’s healthcare support, education and empowerment in cyclical capacity. Miracle Babies Foundation is currently embedded in more than 65 neonatal units around the nation, where support from Miracle Babies Foundation is a standard practice of care during and after NICU.



Australian families recognise this impact, independent studies by the Impact Institute show that:

*“Parent on parent rapport is very powerful – the dialogue between Miracle Babies Foundation parent representatives (staff/volunteers), with new parents in the NICU/SCN is moving and profoundly important. It is more real if health professionals are not in the room. They are able to discuss things like management strategies, support networks etc.” (Impact Institute, 2021)*

Our role in neonatal healthcare is focused across three cyclical areas:

1. Neonatal healthcare support, education and empowerment in collaboration with partners.
2. Provision of 24-hour peer support helpline meeting families in their times of need.
3. A digital hub of information for those families in need which Commonwealth services already direct them to with inclusion and accessibility tools to support families in over 140 languages and with different needs to access and absorb information.

Through this role – which is solidified through multiple partnerships with hospitals, community organisations and national and state organisations across the nation – Miracle Babies Foundation provides significant social and economic value-add to the Australian community and Governments, by reducing the burden on emergency services, hospitals and other clinical services. We further reduce the impact and severity of physical and psycho-social illness and injury experienced by the Australian public.

## Collaborations

Miracle Babies Foundation provide a unique and vital consumer representation and community engagement in being involved in numerous projects that ‘improve, support and enhance all lives impacted by a premature or sick birth’. This is validated through positions and inclusion in major national and international research projects, national and international committees and boards, inclusion in the Every Week Counts Collaborative, Perinatal Mental Health Week, World Prematurity Day, World Breastfeeding Week, Pregnancy and Infant Loss Remembrance Day, NICU Awareness Month and many more. Miracle Babies Foundation representatives have presented nationally and

internationally at numerous neonatal and maternal conferences, highlighting the parent experience and identifying pathways for better care and treatment for neonatal babies and their families.

Miracle Babies Foundation is a trusted organisation in Australia and globally, having significant representation and collaboration with the European Foundation for the Care of Newborn Infants (EFCNI) where our information hub was globally awarded in 2023. We are the leading Australian organisation in global representation, being involved in numerous boards and committees, collaborating with organisations locally and globally in advancing perinatal, neonatal and maternal clinical outcomes and mental health.

## Rationale for government support

Miracle Babies Foundation has a significant footprint and national presence with a network of more than 120 volunteers and staff. Miracle Babies Foundation is Australia's leading not for profit organisation supporting premature and sick newborns, their families and the hospitals that care for them. **The NurtureProgram delivers services to families in need, reducing the burden on existing health systems and bring a return on investment to the State Government.** We have identified a tangible activity that will benefit governments, collaborators, and communities. **As Australia's leading global parent representative organisation, Miracle Babies Foundation is proven to be a trusted and reliable partner** to health care professionals and health services working in the neonatal field.

The *National Women's Health Strategy 2020-2030* identifies gender-specific mental health as a key priority with a specific goal being,

*"Emphasise prevention and early intervention in mental health and wellbeing, focusing on perinatal mental health, including mental health care for those who have experienced miscarriage or stillbirth,"* (National Women's Health Strategy 2020-2030).

Further embedding Miracle Babies Foundation in the health system would support the strategic objectives of the Department of Health and Aged Care and the Department of Social Services, as they endeavour to deliver the *National Women's Health Strategy 2020–2030*, *Early Years Strategy 2024-2034*, and *United Nations 2030 Agenda for Sustainable Development and its seventeen Sustainable Development Goals (SDGs)*.<sup>1</sup> Within the health context, there is a particular focus on SDG3, SDG5 and SDG10, relating to good health and well-being, achieving gender equality and reducing inequalities, respectively – which Australia has endorsed. The work and advocacy of Miracle Babies Foundation aligns with the WHO recommendation for care of preterm or low birth weight infants in recommendation C.2 Family Support; 'Families of preterm or low-birth-weight infants should be given extra support to care for their infants, starting in health-care facilities from birth, and continued during follow-up post-discharge'. [9789240058262-eng.pdf](#)

Miracle Babies Foundation has 20 years' experience in supporting, educating, and empowering families in Australia. In 2024 we delivered over 25,000 parent support engagements across Australia through our services and resources at pivotal points. 120 Miracle Babies staff and volunteers have provided wrap-around or back-of-house support. These recent experiences and lessons learned have provided insights into both gaps and opportunities for improvement.

Miracle Babies Foundation fills this gap and is a best practice leader in this space, investment into the proven and trusted *NurtureProgram* will be cost-efficient and provide long-term benefits that avoid duplication and maximise impact for individuals and communities in need.

## Alignment with election commitments

During 2025-2026 election commitment, the ACT Government prioritised supporting children to thrive in the early years, recognising that pregnancy, birth and early childhood are critical periods for influencing lifelong health, development and wellbeing. This approach aligns with strong evidence that early intervention delivers significant social and economic returns by reducing demand on health, education and social services over the life course.

These priorities closely align with the purpose of the Miracle Babies Foundation “to improve, support and enhance all lives impacted by a premature or sick birth”. Babies born premature or with greater medical needs are at increased risk of developmental delay, chronic health conditions and psychosocial vulnerability, particularly in the absence of timely and coordinated early support.

ACT Government investment in maternity, neonatal and paediatric services, primary care access and perinatal mental health supports during the 2026–27 period will contribute to improved early-life outcomes for children. These investments support preventative, family-centred models of care that reduce avoidable hospital re-admissions, improve developmental outcomes and strengthen parental capacity.

Targeted early-years supports delivered in partnership with specialist community organisations such as Miracle Babies provide a strong return on investment by:

- Reducing preventable presentations to emergency departments and acute services through improved parental knowledge and confidence
- Supporting early identification and response to developmental, feeding and mental health concerns
- Improving parental mental health and family functioning, which is strongly associated with improved child outcomes
- Enhancing continuity of care from neonatal units to community-based services, reducing system fragmentation

Further targeted investment in 2026–27 to strengthen partnerships with organisations such as Miracle Babies would maximise the impact of existing ACT Government commitments by ensuring children born prematurely or unwell receive the right support at the right time. This approach represents a cost-effective, preventative investment that supports the ACT Government’s objectives to improve outcomes for children, strengthen families and deliver sustainable pressure relief across the health and community service systems.

While current ACT Government priorities create a strong enabling environment, there remains an opportunity in the 2026–27 Budget to invest more directly in:

- Specialist family support for parents of premature and sick babies
- Hospital-to-home transition support and education
- Partnerships with community organisations delivering peer-led neonatal and perinatal support

Targeted funding in these areas would build on existing commitments and further improve outcomes for some of the ACT’s most vulnerable babies and families.

## Cost effectiveness of Miracle Babies Foundation

Australians face rising costs of mental health-related services in Australia: \$11.0 billion or \$431 per person during 2019-20, increasing from \$409 per person in 2015-16 (Australian Institute of Health and Welfare, 2021).

Appendix A shows a variety of sources demonstrating the prevalence of mental health challenges – such as depression, anxiety and PTSD due to having a child in the NICU/SCN – from birth up until their child is three years of age. This can extend well beyond if support is not accessed in a sufficient time frame, with great health, social and economic consequences. Sadly, there are significant impacts on children of parents with mental health challenges. They face increased risk of experiencing depression and anxiety across their own lifetime, leading to reduced productivity and heavy reliance on the healthcare system.

There is also a flow-on effect to the wider economy and wellbeing of wider Australia (The Cost of Perinatal Depression and Anxiety (PNDA) in Australia, 2019) with parental mental health having an impact on the whole family unit, bringing increased risk of suicide, depression, divorce and bankruptcy. Parental mental health is vital for social, emotional and behavioural development in children as they reach preschool and beyond. Children impacted and identified as failing to thrive will require more focussed support through their early childhood development and schooling years, with the help of teachers aids etc., adding even more pressure to the education system and economy overall.

In a report developed in association with Mental Health Australia, *Investing to Save – The Economic Benefits for Australia of Investment in Mental Health Reform* (2018), Gary Belfield (KPMG Executive Director: Health, Aging and Human Services) and Brendan Rynne (KPMG Partner and Chief Economist), state that by intervening early, we can achieve positive health and social outcomes for people experiencing mental illness, while also delivering economic returns to the government and economy at the same time – avoiding significantly higher costs in the future. They conclude that:

*“...(not only) will originations save governments and their partners money in the long run...there is clear evidence to say that they will improve the lives of people with mental health issues, their families, their friends and their communities”.*

This is what Miracle Babies Foundation deliver for parents and families facing trauma due to the birth of a premature or sick baby – improved outcomes and the opportunity to thrive.

**Not only can we assist these families, but Miracle Babies Foundation can also assist the economy by providing a preventive solution for this community.**

*Investing to Save* also suggests that for every dollar invested by government in organisations like Miracle Babies, there could be *“...longer term savings of up to \$10 for every dollar invested. This highlights that there are significant gains to be made, particularly when targeted interventions are applied early...”*

The report identifies and endorses three specific interventions, which strongly align with the activities of Miracle Babies Foundation and our proposed project:

1. **Promotion** - increasing awareness and understanding of community-based collaborative care,
2. **Prevention** - reducing the likelihood of mental illness by building up protective factors, such as resilience,
3. **Early Intervention** - targeting individuals who are exhibiting early symptoms of mental illness, aiming to mitigate the impact by building up protective factors and reducing psychological risks.

Evidence consistently shows that investment in early intervention for vulnerable infants delivers higher returns than later remedial interventions, particularly for children with complex health needs. Supporting families at the earliest possible stage mitigates long-term costs associated with poor health, educational disadvantage and social exclusion.

By investing funding into *NurtureTime*, in-hospital peer support service and *NurtureGroup* after-discharge support, we will be able to deliver on these recommendations – supporting, educating, and empowering more families during their traumatic experience, helping them to build resilience and become part of our supportive community.

# BUDGET

TOTAL INVESTMENT FROM ACT GOVERNMENT	
OVER ONE YEAR:	\$74,765.00
OVER TWO YEARS:	\$149,530.00

NurtureTime - Centenary Hospital for Women and Children		
Budget Item	One Year	Two Years
<b>NurtureProgram Support Worker</b> (Critical family cotside peer support, Incident/debriefing support) 15 hours service delivery x Weekly 46 weeks per year @\$55/hour	\$37,950.00	\$75,900.00
<b>People management</b> Recruit, screen, induct, train, mentor, support	\$2,000.00	\$4,000.00
<b>Promotions &amp; Marketing</b> Promote service: Website, social media, collateral: 15hrs @ \$70/hr + \$350 printing Promotion: \$1000	\$2,400.00	\$4,800.00
<b>Information resources</b> for families (incl flyers in multiple languages, printing relevant information etc)	\$1,000.00	\$2,000.00
<b>Travel - Petrol/hospital parking</b> W: (\$50 x 46 wks)	\$2,300.00	\$4,600.00
<b>Celebrating special days in the NICU/SCN</b> Gifts for families on Mother's Day, Father's Day, Christmas Day - Annual admin fee \$600 p.h. per year (Hospital liaison, ordering gifts, packaging gifts, postage, storage) plus \$15 per gift x 44 NICU cots x 3 times/year	\$2,580.00	\$5,160.00
<b>Program management</b> Governance, meetings, rostering, compliance, hospital liaison, reporting, insurances: W: (avg 2hrs x 46wks @ \$90/hr*)	\$8,280.00	\$16,560.00
<b>TOTAL</b>	<b>\$56,510.00</b>	<b>\$113,020.00</b>
<b>In kind volunteer contribution:</b> 8hrs x 2 volunteer @ \$70/hr Packing campaign gifts, supporting admin, printing, deliveries	\$1,120.00	\$2,240.00
<b>MBF contribution: Staff/Volunteer Recognition</b> (acknowledgement during National Volunteers Month and events, 8hrs each x 1 volunteer @ \$70/hr*)	\$560.00	\$1,120.00
<b>GRAND TOTAL</b>	<b>\$58,190.00</b>	<b>\$116,380.00</b>

NurtureGroup - Canberra		
Budget Item	One Year	Two Years
<b>NurtureProgram Support Worker</b> (Critical family cotside peer support, Incident/debriefing support) 3 hours service delivery x Weekly 23 weeks per year @\$55/hour	\$ 3,795.00	\$ 7,590.00
<b>Christmas/end of year party -</b> Party and Christmas presents for children	\$ 700.00	\$ 1,400.00
<b>Education sessions</b> - briefing, educating, supporting NPSW to deliver health awareness campaign education sessions	\$500.00	\$ 1,000.00
<b>Venue Hire</b> \$50/session x 23 weeks	\$ 1,150.00	\$ 2,300.00
<b>People management</b> Recruit, screen, induct, train, mentor, support	\$ 2,000.00	\$ 4,000.00
<b>Promotions &amp; Marketing</b> Promote service: Website, social media, collateral: 15hrs @ \$70/hr + \$250 printing Promotion: \$1000	\$ 2,400.00	\$ 4,800.00
<b>Playgroup activities &amp; information</b> - art supplies, toys, cleaning, storage	\$ 500.00	\$ 1,000.00
<b>Travel - Petrol/community centre parking</b> W: (\$50 x 23 weeks)	\$ 1,150.00	\$ 2,300.00
<b>Catering</b> \$60/week x 23 weeks incl catering resources	\$1,380	\$ 2,760.00
<b>Program management</b> Governance, meetings, rostering, compliance, hospital liaison, reporting, insurances: W: (avg 2hrs x 46wks @ \$90/hr*)	\$ 4,680.00	\$ 9,360.00
<b>TOTAL</b>	<b>\$18,255.00</b>	<b>\$ 36,510.00</b>
<b>In kind volunteer contribution:</b> 23 sessions x 3hrs x 1 volunteer @ \$40/hr	\$ 2,760.00	\$ 5,520.00
<b>MBF in-kind contribution:</b> Volunteer Recognition (acknowledgement during National Volunteers Month and events, 1 volunteers @ 8hrs @ \$70/hr)	\$ 560.00	\$ 1,120.00
<b>GRAND TOTAL</b>	<b>\$21,575.00</b>	<b>\$43,150.00</b>

## Contact

We thank you for this opportunity to outline our proposed activities in 2026/2027 with Australian Capital Territory Government funding. Without this funding, the needed outcomes outlined herein are unable to be achieved to the level required and to meet the demand by hospitals and families. We look forward to progressing our shared interest of supporting, educating and empowering Australian families in all jurisdictions and will continue to collaborate with the government to fulfil this mandate.

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Miracle Babies Foundation

## Appendices

### Appendix a: prevalence of mental illness in NICU parents

PND	PTSD	Source
Mothers of extreme preterm babies (< 32 weeks gestation) are at an increased risk of Post Natal Depression at 40%, much higher than mothers of full-term babies at 16%. (ie. 2.5 greater risk)		“Prevalence and risk factors for postpartum depression among women with preterm and low-birth-weight infants: a systematic review” S N Vigod , L Villegas, C-L Dennis, L E Ross 2010 <a href="https://pubmed.ncbi.nlm.nih.gov/20121831/">https://pubmed.ncbi.nlm.nih.gov/20121831/</a>
3.6% of fathers may experience Post Natal Depression (in general population)		“The cost of perinatal depression in Australia FINAL REPORT Post and Antenatal Depression Association” 2012 Deloitte Access Economics
General population – Prenatal and postpartum depression was evident in about 10% of fathers and was relatively higher in the 3- to 6-month postpartum period (approx. 25%). Paternal depression also showed a moderate positive correlation with maternal depression.		“Prenatal and postpartum depression in fathers and its association with maternal depression: a meta-analysis” Paulson JF & Bazemore SD 2010 <a href="https://pubmed.ncbi.nlm.nih.gov/20483973/">https://pubmed.ncbi.nlm.nih.gov/20483973/</a> “Screening parents of high-risk infants for emotional distress: rationale and recommendations” Hyman et al 2013 Journal of Perinatology (2013) 33, 748–753
	3–5 days after the infant’s NICU admission 35% of mothers and 24% of fathers met diagnostic criteria for Acute Stress Disorder. 30 days later, 15% of mothers and 8% of fathers met PTSD diagnostic criteria.	“Prevalence and Correlates of Posttraumatic Stress and Postpartum Depression in Parents of Infants in the Neonatal Intensive Care Unit (NICU)” Debra S. Lefkowitz • Chiara Baxt, Jacquelyn R. Evans 2010 <a href="https://link.springer.com/content/pdf/10.1007/s10880-010-9202-7.pdf">https://link.springer.com/content/pdf/10.1007/s10880-010-9202-7.pdf</a>
Elevated symptoms of depression in 39-63% of NICU mothers during the first postpartum year	9-53% of NICU mothers score above threshold on post-traumatic stress disorder questionnaires or interviews	“Psychosocial program standards for NICU parents” Hyman MT and Hall SL 2015 Journal of Perinatology (2015) 35, S1–S4; doi:10.1038/jp.2015.141

<p>Rates of depression as high as 40% in parents of very preterm infants.</p>	<p>PTSD symptoms affect 23% of mothers with an infant hospitalized in the NICU based on self-report prior to discharge, and potentially increasing to 40% by 14 months post delivery.</p>	<p>“Maternal Mental Health During the Neonatal Period: Relationships to the Occupation of Parenting” Harris R et al 2018  <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5951762/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5951762/</a></p>
<p>Mothers who do not receive psychological help after giving birth prematurely are 5x more likely to suffer depression than those who do, even 8 years after their children are born. By contrast, only 5% of the mothers who were helped had depression and 22% had anxiety.</p>		<p>Associate Professor Alicia Spittle from the Royal Women's Hospital and University of Melbourne. (ABC News article about her research <a href="https://www.abc.net.au/news/2016-12-01/mothers-of-premature-babies-more-likely-to-suffer-depression/8084628">https://www.abc.net.au/news/2016-12-01/mothers-of-premature-babies-more-likely-to-suffer-depression/8084628</a>)</p>
<p>Parents of very preterm babies are seven times more likely to battle depression.  40% percent of mothers and 36% of fathers suffered from depression in the early weeks after the birth of a premature baby.  Compared with 5-6% of parents with depression after the birth of a full-term baby (born after 37 weeks' gestation).  1 in 5 parents (20%) were still suffering from anxiety and depression 6 months after the premature birth.</p>		<p>Murdoch Children's Research Institute 2016 Lead author Dr Carmen Pace  Found in ABC news article <a href="https://www.abc.net.au/news/2016-07-19/parents-of-premature-babies-more-likely-to-suffer-depression/7639964">https://www.abc.net.au/news/2016-07-19/parents-of-premature-babies-more-likely-to-suffer-depression/7639964</a></p>
<p>It has been estimated from research in the NICU that 20 to 30% or higher of NICU parents experience a diagnosable mental disorder during the first postpartum year.  NICU fathers - 60% of fathers scored above cutoff at 7 days postpartum. This rate declined to 36% on day 27.  PPD - 39% of NICU mothers scored above cutoff within the first week postpartum and 40% at 1 month postpartum.</p>	<p>NICU mothers - 23% shortly after birth, 24% at 6 months Postpartum, and 26% at 18 months postpartum  9% of NICU mothers (and 33% of NICU fathers) attained scores reflecting a likely diagnosis of PTSD at 4 months postpartum.</p>	<p>“Screening parents of high-risk infants for emotional distress: rationale and recommendations” Hyman et al 2013 Journal of Perinatology (2013) 33, 748–753  <a href="https://doi.org/10.1097/01.ppt.0000430000.00000.00">9789240058262-eng.pdf</a></p>

## Appendix b: Miracle Babies Foundation's programs

Our **NurtureProgram** consist of a number of peer support services developed and delivered by Miracle Babies staff and volunteers, aiming to reduce the isolation felt by families by creating a support network and sense of community for parents and families, with many relationships developing into life-long friendships and support connections. These support services now include:

Program	Description	Testimony
<b>NurtureTime</b>	In-hospital cot side peer-support currently established in 20 NICU/SCNs Australia-wide (pre-Covid-19), with many more in the pipeline. Our <b>NurtureProgram</b> Team works closely with medical professionals and are available for one-on-one or group support on-site.	"I realised I was allowed to have a bad day now and then. I felt silly sometimes about the things I felt guilty about, but when I listened to other people who have been through it I realised I am actually pretty normal. It can be almost funny sometimes." Miracle Mum, Jessica.
<b>NurtureGroup</b>	Specialised play and support groups after hospital discharge until the child starts school. Currently in 18 locations Australia-wide with more in the pipeline. A safe and secure social environment encouraging learning and development through tailored play, whilst offering families ongoing parent support after leaving the safety of a NICU/SCN.	"My family and I have been attending the Miracle Babies <b>NurtureGroups</b> and have absolutely loved it. Being able to connect with other families who have been through a similar journey has really helped overcome many mental health struggles I have had. We feel very blessed to be a part of an amazing organisation". Miracle Mum, Chelsea.
<b>NurtureOnline</b>	Taking peer-support online, building cyber connections and creating digital communities, particularly for rural/regional families and those impacted by Covid	"This information is amazing for parents to have access to. There was nothing at all like this when my daughters were born. I love that there is so much support now as well as permission for the parents to ask questions and not be dismissed" Mircle Mum, Kim
<b>NurtureLine</b>	24/7 peer and family support helpline, available free across Australia, providing a listening ear, general advice and comfort, and, when required, families can access a peer support team member with a shared experience and can also be referred on to appropriate support services as needed.	"When I rang the helpline I spoke with a wonderful lady and I just wanted to mention what a comfort and support she was to me. No other support line was as helpful as her in terms of validating my experience and feelings. " - Miracle Mum, Laura
<b>NurtureResources</b>	Miracle Babies' supplies a range of resources for families with a premature or sick baby, to	"One of the lovely nurses gave

	<p>positively change the experience for families during what can be an emotional and traumatic time. Our resources are developed by parents themselves who have had a premature or sick baby and work toward supporting, educating and empowering families from admission, discharge, bereavement and the transition to home.</p>	<p>us a Miracle Babies bag with the 'Nurture' book and other information on Miracle Babies. It was very helpful at a time when we were trying to get up to speed with what having two babies in special care was all about. Thank you for providing this resource and I hope other parents have been able to benefit from similar packs" – Miracle Mum, Babara</p>
<p><b>NutureE Online Information Hub</b></p>	<p>A comprehensive online hub, designed to assist families through different life stages of their growing and developing child beyond the baby, infant and toddler years. Nurture <b>E</b> - The EEE Impact has been created in collaboration with parents and health professionals to provide families with <b>E</b>vidence, <b>E</b>ducation and <b>E</b>mpowerment.</p>	<p>"This is a very valuable resource for parents of a preterm baby to help them understand the challenges which may be faced in childhood and adolescence, and how best to advocate for their child in a variety of settings." - Professor Lex Doyle</p>