Visit www.legacyhealth.org/pregnancyandnewborn to register for maternity tours and childbirth and parent education classes.

### Important Legacy Health phone numbers

**Legacy Emanuel Medical Center** ............................ 503-413-2200  
Family Birth Center ............................................ 503-413-4273  
Labor and Delivery ............................................... 503-413-4278  
Lactation Services ............................................... 503-413-2800  
Legacy Midwifery ............................................... 503-413-4500  
Maternity Admitting ............................................ 503-413-4261  
Neonatal Intensive Care Unit ................................. 503-276-9200  
Randall Children’s Hospital ................................ 503-276-6500  
Randall Children’s Hospital Safety Center ............. 503-413-4600  
Baby Boutique ................................................... 503-413-1749

**Legacy Good Samaritan Medical Center** ................. 503-413-7711  
Wilcox Women’s Pavilion (Family Birth Center) ........ 503-413-7333  
Lactation Services ............................................... 503-413-7533  
Maternity Admitting ............................................ 503-413-8035

**Legacy Meridian Park Medical Center** .................... 503-692-1212  
Family Birth Center ............................................ 503-692-7500  
Lactation Services ............................................... 503-692-7509  
Maternity Admitting ............................................ 503-692-2282

**Legacy Mount Hood Medical Center** ....................... 503-674-1122  
Family Birth Center ............................................ 503-674-1500  
Lactation Services ............................................... 503-674-1719  
Maternity Admitting ............................................ 503-674-1147

**Legacy Salmon Creek Medical Center** .................... 360-487-1000  
Family Birth Center ............................................ 360-487-4000  
Lactation Services ............................................... 360-487-4050  
Maternity Admitting ............................................ 360-487-1155  
Neonatal Intensive Care Unit ................................. 360-487-4231  
Baby Boutique ................................................... 360-487-4284
Instructions for maternity preregistration

Thank you for choosing Legacy Health for the birth of your baby. Below are the instructions for the maternity preregistration process at all of the Legacy Family Birth Centers. Please feel free to call a registration specialist if you have any questions or need assistance.

If you have questions about completing the Maternity Preregistration form or Oregon Birth Certificate worksheet, please feel free to call the maternity registration specialist at your hospital to help you.

For more information about delivering your baby at Legacy Health, or for the forms referenced below, visit our online pregnancy guide at www.legacy-health.org/maternityguide.

If you are delivering at:

Legacy Good Samaritan Medical Center
Legacy Meridian Park Medical Center
Legacy Mount Hood Medical Center

Please complete the Maternity Preregistration form and the Oregon Birth Certificate worksheet included in this folder. This information is necessary to update your permanent medical record.

Please complete as much of the information as possible, and mail the forms to the hospital where you will deliver your baby. You may also drop the forms off at the hospital where you will give birth. Please call ahead for available hours. We will help you complete the official birth certificate form while you are in the hospital, after the birth of your baby.

If you are delivering at:

Legacy Salmon Creek Medical Center

Visit www.legacyhealth.org/pregnancyandnewborn to schedule your maternity preregistration class and tour Legacy Salmon Creek Medical Center.

This class is required for families who are delivering at Legacy Salmon Creek. Please schedule when you are between 32–36 weeks (1–2 months before your due date). You will meet with a maternity registration specialist who will assist you in completing your forms. You will be provided with information regarding your hospital stay and take a tour of the Family Birth Center.

If you are delivering at:

Legacy Emanuel Medical Center

Please call 503-413-4117 or register in person at the front desk of Legacy Emanuel, Monday–Friday, 10 a.m.–6 p.m., Saturday and Sunday 10 a.m.–4 p.m.

We also offer a pre-admission appointment to start forms and education so you can focus on your labor and baby while in the hospital. Please call 503-413-4736 or email LEMCPreAdmitNurse@lhs.org. Please schedule when you are 32–36 weeks (1–2 months before your due date).
Hospital contact information and mailing addresses

Legacy Emanuel Medical Center
Maternity Patient Access/Admitting
2801 N. Gantenbein Ave. Portland, OR 97227
Phone: 503-413-4117
Fax: 503-413-2428

Legacy Good Samaritan Medical Center
Maternity Patient Access/Admitting
1015 N.W. 22nd Ave. Portland, OR 97210
Phone: 503-413-8035
Fax: 503-413-6537

Legacy Meridian Park Medical Center
Maternity Patient Access/Admitting
19300 S.W. 65th Ave. Tualatin, OR 97062
Phone: 503-692-2282

Legacy Mount Hood Medical Center
Maternity Patient Access/Admitting
24800 S.E. Stark St. Gresham, OR 97030
Phone: 503-674-1147
Fax: 503-674-1398

Legacy Salmon Creek Medical Center
Family Birth Center
2211 N.E. 139th St. Vancouver, WA 98686
Phone: 360-487-1155
# Maternity Preregistration

## Due Date
- OB doctor or midwife
- Baby’s doctor
- Primary care doctor

### Patient Information
- Patient’s last name
- First
- Middle
- Former or maiden name
- Date of birth
- Patient’s mailing address
- City
- State
- Zip
- Home phone
- Marital status
- Patient’s Social Security no.
- Religious preference
- Hispanic or Latino?
- Yes
- No
- Patient’s Employer
- Phone
- Extension
- Occupation
- Employer’s street address
- City
- State
- Zip

## Insurance Information
- Name of primary insurance company
- Group
- Individual
- Phone
- Preauthorization required
- Yes
- No
- Name of policy holder
- Group
- Individual
- ID number
- Insurance claims address
- City
- State
- Zip
- Name of secondary insurance company
- Group
- Individual
- Phone
- Group number
- ID number
- Name of policy holder
- Insurance claims address
- City
- State
- Zip
- Employer of insured (secondary insurance)

## Medicaid Insurance Information
- Medicaid insurance information
- Program no.
- Branch
- State
- Recipient ID no.
- Agency address or location
- Name shown as head of household

## Self-Pay Information
- If uninsured, mark here to receive a financial assistance package.
- If uninsured in Oregon or Washington, have you applied for the Oregon Health Plan or Washington Medicaid?
- Yes
- No

## If the person responsible for account is a spouse or someone other than the patient, the next section must be completed.
- Last name (parent’s name if minor)
- First
- Middle
- Relationship
- Sex
- Birthdate
- Responsible party’s mailing address
- City
- State
- Zip
- Home phone
- Responsible party’s Soc. Sec. no.
- Employer of person responsible for account
- Occupation
- Employer’s street address
- City
- State
- Zip
- Phone
- Ext

## Whom to Notify in Emergency (spouse or nearest relative)
- Last name (next of kin)
- First
- Middle
- Relationship
- Home phone
- Street Address
- City
- State
- Zip
- Work phone
- Other emergency notification (if desired)
- Relationship
- Home phone
- Street address
- City
- State
- Zip
- Work phone

## Other Information
- Have you ever been a patient at Legacy Health?
- Yes
- No
- If yes, was your previous medical record under another name? Please note...
Your Baby’s Birth Certificate

The information we are requesting has several purposes including:

• Completing the legal portion of your baby’s birth certificate;
• Collecting information required by federal law; and
• Gathering medical information that is used for public health.

Completing the Legal Portion of Your Baby’s Birth Certificate

It is very important that the names, dates of birth, and places of birth are correct. Please use full names and make sure the spelling is exactly as you want it to appear on the birth certificate for your baby, the other parent, and your own name. The first time you order a certified copy of the birth certificate, please confirm that the information, including spelling, is correct.

Collecting Information Required by Federal Law

Federal law requires that parents’ social security numbers be collected at the time of birth. This information would be used only for support enforcement purposes and is not included on the birth certificate.

Gathering Medical Information that is Used for Public Health

There are many questions on the ‘Certificate of Live Birth’ form (filed by the hospital) that will not appear on the birth certificate of your child. Your information is combined with records of other births in Oregon. The combined information tells us which health services were used, what problems women are having during their pregnancies, and what health outcomes occur in Oregon.

This information helps agencies decide what services to offer and the levels of need among groups of women. This is why we ask for information about race, ethnicity, education, number of prenatal visits, and many other detailed questions. Although not used on the birth certificate of your baby, this information is used to improve the health of women and babies in the future. The information is used to improve programs and to continue funding successful programs. Oregon law requires collection of this information.

This information might also be used to identify infants who need services due to a medical condition. If so, state or county public health staff might contact you to refer your child to the needed service. Infrequently, contact information (name, address, and telephone number) might be released for public health research. Public health researchers have the goal of understanding medical or services needs, and to help communities plan to meet those needs. Any research of this type has strict requirements for contacting people and for telling people of their rights under the project, including the right to refuse to participate.

Please answer every question to the best of your knowledge. Each question has a purpose.

Congratulations on your baby and thank you for your help.
CHILD

Child’s legal name as you want it to appear on his or her birth certificate (PLEASE PRINT CLEARLY)

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Other middle</th>
<th>Last</th>
<th>Suffix</th>
</tr>
</thead>
</table>

Date of birth  Month Day Year Time of birth Gender  Male  Female

BIRTH MOTHER

Your current legal name

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Other middle</th>
<th>Last</th>
<th>Suffix</th>
</tr>
</thead>
</table>

Your legal name on your birth certificate. Do not report the name from a legal name change (i.e., court-ordered name change, adoption, marriage, etc.) unless your birth certificate was amended.  

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Other middle</th>
<th>Last</th>
<th>Suffix</th>
</tr>
</thead>
</table>

Your date of birth  Month Day Year Social Security #  -  -  -  -

Your place of birth  State or Canadian province Country

BIRTH MOTHER’S ADDRESS AND TELEPHONE NUMBER

Residence address

<table>
<thead>
<tr>
<th>Street address including apartment or unit number</th>
<th>City</th>
</tr>
</thead>
</table>

County State/Country Zip Inside city limits?  Yes  No  Unknown

Mailing address  Same as residence address

If different

<table>
<thead>
<tr>
<th>Street address or PO Box, including apartment or unit number</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Primary telephone number  Secondary telephone number 

BIRTH MOTHER’S ATTRIBUTES

Education: What is the highest level of education you have completed?

<table>
<thead>
<tr>
<th>8th grade or less</th>
<th>Associate’s degree (e.g. AA, AS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9th – 12th grade; no diploma</td>
<td>Bachelor’s degree (e.g. BA, BS, AB)</td>
</tr>
<tr>
<td>High school diploma or GED</td>
<td>Master’s degree (e.g. MA, MS, MEng, MEd, MSW, MBA)</td>
</tr>
<tr>
<td>Some college credit but no degree</td>
<td>Doctorate (e.g. PhD, EdD) or Professional degree (MD, DDS, DVM, JD)</td>
</tr>
</tbody>
</table>

Ethnicity: Are you of Hispanic origin? (e.g. Cuban, Mexican, Puerto Rican, etc.) Check one or more; do not leave blank.

<table>
<thead>
<tr>
<th>No, not Spanish/Hispanic/Latina</th>
<th>Yes, Cuban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, Mexican, Mexican-American, Chicana</td>
<td>Yes, other Spanish/Hispanic/Latina (specify)</td>
</tr>
<tr>
<td>Yes, Puerto Rican</td>
<td></td>
</tr>
</tbody>
</table>

Race: What is your race(s)? Please check one or more races to indicate what you consider yourself to be.

<table>
<thead>
<tr>
<th>White</th>
<th>Black or African American</th>
<th>Asian Indian</th>
<th>Japanese</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samoan</td>
<td>Chinese</td>
<td>Filipino</td>
<td>Korean</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>Guamanian or Chamorro</td>
<td>Native Hawaiian</td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaskan Native (specify tribe(s))</td>
<td>Other Asian (specify)</td>
<td>Other Pacific Islander (specify)</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td>Hispanic is not a race. Please choose from above list.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cht Rev</th>
<th>FP</th>
<th>Cert Date/By</th>
<th>ID #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Korean</th>
<th>Other (specify)</th>
</tr>
</thead>
</table>

Legacy guide to pregnancy, childbirth and the newborn  •  Forms, information and resources 6
**BIRTH MOTHER’S HEALTH**

**Did you get WIC food for yourself during this pregnancy?**  □ Yes  □ No

Your height _____ feet _____ inches  Pre-pregnancy Weight _____  Current weight _____

**Tobacco use per day**  □ Didn’t smoke

<table>
<thead>
<tr>
<th>3 months before pregnancy</th>
<th>#</th>
<th>Cigarettes</th>
<th>Packs</th>
<th>1st 3 months of pregnancy</th>
<th>#</th>
<th>Cigarettes</th>
<th>Packs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd 3 months of pregnancy</td>
<td>#</td>
<td>Cigarettes</td>
<td>Packs</td>
<td>3rd 3 months of pregnancy</td>
<td>#</td>
<td>Cigarettes</td>
<td>Packs</td>
</tr>
</tbody>
</table>

**Did you drink alcohol during this pregnancy?**  □ Yes  □ No  If yes, average number of drinks per week? _____

**Did you go into labor planning to deliver at home or an out of hospital birthing center?**  □ Yes  □ No  □ Unknown

If yes, what was the planned primary attendant type at onset of labor?  □ Certified Nurse Midwife  □ Medical Doctor  □ Midwife (not licensed)  □ Licensed Direct Entry Midwife  □ Naturopathic Doctor

**LEGAL RELATIONSHIP OF PARENTS**

Were you married (did you have a legal husband) at conception, at birth, any time between or within 300 days prior to this birth?  □ Yes  □ No  If yes, please complete the following Father/Second Parent section with information about your husband.

If not married, are you in an Oregon Registered Domestic Partnership?  □ Yes  □ No  If yes, please complete the Father/Second Parent section with your partner's information.

If you were married or in an Oregon Registered Domestic Partnership at any of the times above, only your husband or partner can be listed as the legal parent of your child without a court or administrative order.

If not married or not in an Oregon Registered Domestic Partnership, will you and the father sign a paternity acknowledgment to establish legal paternity while in the hospital?  □ Yes  □ No  If a paternity acknowledgment will be signed, please complete the Father/Second Parent section.

**FATHER/SECOND PARENT LEGAL INFORMATION**

Current legal name

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Other middle</th>
<th>Last</th>
<th>Suffix</th>
</tr>
</thead>
</table>

Date of birth  Month ______ Day _____ Year ______  Social Security # ______ - ______ - ______

Place of birth  State or Canadian province  Country

**FATHER/SECOND PARENT ATTRIBUTES**

Please provide the following information about the Father/Second Parent.

**Education:** What is the highest level of education the father/second parent has completed?

- □ 8th grade or less
- □ 9th – 12th grade; no diploma
- □ High school diploma or GED
- □ Some college credit but no degree
- □ Associate's degree (e.g. AA, AS)
- □ Bachelor’s degree (e.g. BA, BS, AB)
- □ Master’s degree (e.g. MA, MS, MEng, Med, MSW, MBA)
- □ Doctorate (e.g. PhD, EdD) or Professional degree (MD, DDS, DVM, JD)

**Ethnicity:** Is father/second parent of Hispanic origin? (e.g. Cuban, Mexican, Puerto Rican, etc.)

Check one or more; do not leave blank.

- □ No, not Spanish/Hispanic/Latina
- □ Yes, Cuban
- □ Yes, Mexican, Mexican-American, Chicana
- □ Yes, Puerto Rican
- □ Yes, other Spanish/Hispanic/Latina (specify) ________________________________

**Race:** What is the father/second parent’s race(s)?

Please check one or more races to indicate what the father/second parent considers themselves to be.

- □ White
- □ Samoan
- □ Vietnamese
- □ American Indian or Alaskan Native (specify tribe(s)) ________________________________
- □ Black or African American
- □ Chinese
- □ Guamanian or Chamorro
- □ Other Asian (specify) ________________________________
- □ Other Pacific Islander (specify) ________________________________
- □ Other (specify) ________________________________

**Hispanic is not a race. Please choose from above list.**
### BIRTH MOTHER’S PRENATAL HISTORY

**Principal payment for delivery**

- [ ] Medicaid/OHP
- [ ] Indian Health Services
- [ ] Other government
- [ ] Private insurance
- [ ] Champus/Tricare
- [ ] Self-pay

**Date of your last period:** Month _________ Day _________ Year _________

**Prenatal Care**

- [ ] No prenatal care

**First prenatal visit** Month _________ Day _________ Year _________

**Last prenatal visit** Month _________ Day _________ Year _________

**Total prenatal visits** _________

#### Previous live births:

- **Currently living:** **DO NOT INCLUDE THIS BIRTH** None

- **Previous live births now dead** None

**Date last live birth** Month _________ Year _________

**Other pregnancy outcomes**

- [ ] None

**Date of last other outcome** Month _________ Year _________

(e.g., terminations, ectopic/tubal, miscarriages)

#### INFORMANT

- [ ] Birth Mother
- [ ] Father
- [ ] Second Parent
- [ ] Other (specify relationship) _______________________

If other than parent, First name _______________________

Middle name _______________________

Last name _______________________

Suffix _______________________

I certify that the information provided on this form for the purpose of registering the birth is correct to the best of my knowledge.

______________________________ Date signed: _______________________

Informant’s signature
Financial arrangements

If you have insurance

- We will bill your insurance company for your hospital stay, provided we have the necessary information. Please complete the maternity preregistration form on page 4 so we can contact your insurer prior to your hospital admission.

- Payment of your copay, deductible or deposit is expected at the time of your admission. Please call your insurance company to obtain copay and deductible amount and benefit coverage.

- If you would like to pay by credit card, please call our financial counselor prior to your admission. It is helpful to call at least two weeks in advance of your anticipated birth.

Self-pay

- Please call our financial counselor to set up payment arrangements at least one month prior to your admission.

Financial counselor phone numbers at Legacy

Legacy Emanuel .................................................. 503-413-4075
Legacy Good Samaritan .......................... 503-413-7086 or 503-413-8417
Legacy Meridian Park .......................... 503-692-2683
Legacy Mount Hood .......................... 503-674-1195
Legacy Salmon Creek .......................... 360-487-1080
Each family delivering at a Legacy medical center will receive a complimentary Legacy Keepsake Birth Record. This is a hospital record of birth with your baby’s footprints on it. We are only able to issue one Keepsake Birth Record for each baby. This is not a certified or legal birth certificate.

**Baby’s Social Security number**

Parents may request a Social Security card for their newborn baby while they are in the hospital. The birth certificate clerk or a nurse will assist you in completing a *Social Security Number Request Form* before you leave the hospital. This is usually done at the same time that you are reviewing your child’s birth certificate information. You should receive your baby’s Social Security card within seven weeks following the birth of your baby.

Social Security cards are free and can also be obtained through the Social Security Office nearest you.

**Birth certificate information**

It is the responsibility of the hospital to submit a completed birth certificate to the county vital records office to register your birth with the state. The county then records and checks the birth certificate for accuracy before delivering it to the state vital records office where it is stored permanently.

**How to obtain a legal birth certificate**

You will be given a *Birth Certificate Request Form* before you leave the hospital. To order a certified or legal copy of your baby’s birth certificate, complete the order form, enclose the appropriate fee and mail to the address of the county in which your baby was born.

If you have any questions or need an additional order form, please feel free to call the county or state vital records office. **Remember to call the county office in which your baby was born.**

**Oregon**

**Birthplace:**

**Legacy Meridian Park Medical Center**

Clackamas County Vital Records
710 Center St.
Oregon City, OR 97045
503-655-8406

**Birthplace:**

**Legacy Emanuel Medical Center**

**Legacy Good Samaritan Medical Center**

**Legacy Mount Hood Medical Center**

Multnomah County Vital Records
727 N.E. 24th Ave., Third Floor
Portland, OR 97232; 503-248-3745

Oregon State Vital Records
P.O. Box 14050
Portland, OR 97214-0050
971-673-1190

[www.healthoregon.org/chs](http://www.healthoregon.org/chs)

**Washington**

**Birthplace:**

**Legacy Salmon Creek Medical Center**

Clark County Health Department
Vital Records Section
P.O. Box 9825
Vancouver, WA 98668-8825
360-397-8000

Washington State Vital Records
King Co. Administration Bldg., Rm 214
500 Fourth Ave.
Seattle, WA 98104
206-296-4768

[www.kingcounty.gov/health](http://www.kingcounty.gov/health)
What is paternity?

Paternity means legal fatherhood. Establishing paternity creates a legal relationship between a father and a child.

Why is paternity important?

Every child deserves and needs the help and support of both parents. Both parents have legal rights and responsibilities to their child. Establishing a legal father for a child provides that child many potential benefits. Some of those benefits:

• Every person deserves and needs to know who their parents are.
• Your child may need to trace special health problems or identify relatives with compatible blood or tissue types if a medical condition develops.
• Your child may be eligible for benefits from both parents — Social Security, health and life insurance benefit rights, veteran’s and other benefits.
• Your child will become eligible for financial support from both parents.

Note: Paternity paperwork can only be done after the birth of the baby.

Note: We are unable to provide paternity testing at the Family Birth Center. Please ask your nurse or birth certificate clerk about resources available for paternity testing.

In Oregon — Establishing paternity

Voluntary Acknowledgment of Paternity

This form is used while you are in the hospital, within the first five days of birth but before mother is discharged from the hospital. It must be witnessed by a hospital employee, usually your nurse or the birth certificate clerk. There is no charge, but the father must be available to sign this form after the baby is born and before you go home from the hospital. If you know that the father will not be available for your entire stay, then you must request the forms in advance.

Voluntary Acknowledgment of Paternity Affidavit

If a paternity form was not signed at the hospital when the baby was born, parents can still sign a similar form later. This form is called a Voluntary Acknowledgment of Paternity Affidavit. You can get this form at the county health department vital statistics office or from the birth certificate clerk at the hospital. Your signature must be notarized when completing the form. There is a fee charged to add the father’s name to the birth certificate once the original birth certificate is filed with the state vital records office in Portland.
In Washington — Establishing paternity

If you are unmarried, the father’s name will not be on the birth certificate unless both mother and father complete a Paternity Affidavit. The Paternity Affidavit is provided by the hospital if needed. It must be completed in the presence of a notary, a person licensed to take affidavits. Both parents must have photo identification for the notary. Contact the vital statistics office for any questions regarding paternity forms or testing. Paternity Affidavits must be completed in the hospital or returned to the hospital within seven days of birth to prevent a filing fee.

If the father is not available to sign the affidavit within the first seven days, the affidavit can be mailed at a later date to the Health Department in Olympia. There is no time limit on submitting this form, however a filing fee (to be paid by the parents) payable to the Health Department is required. When the form is received from you, the father’s name will be added to the baby’s birth certificate.


**Resources**

**Emergency phone numbers**

Ambulance, Fire Department, Police — 911  
Poison Control — 800-222-1222

**Legacy Health resources**

Child Passenger Safety Program, Randall Children’s Hospital — 503-413-4005  
Legacy Lactation Services (breastfeeding)  
  Lactation scheduling — Oregon 503-413-4840, Washington 360-487-5840  
  Breastfeeding supplies, Baby Boutique at Legacy Emanuel — 503-413-1749  
Pregnancy and Parenting Education —  
  [www.legacyhealth.org/pregnancyandnewborn](http://www.legacyhealth.org/pregnancyandnewborn)  
Randall Children’s Hospital Safety Center — 503-413-4600 or  
  [www.legacyhealth.org/safetystore](http://www.legacyhealth.org/safetystore)

**Oregon resources**

**Bereavement, counseling, support groups**

Compassionate Friends, greater Portland chapter — 503-248-0102  
The Dougy Center — support for grieving children and families —  
  503-775-5683 or [www.dougy.org](http://www.dougy.org)

**Perinatal loss**

Brief Encounters — 503-699-8006 or [www.briefencounters.org](http://www.briefencounters.org)  
Grief Watch — 503-284-7426 or [www.griefwatch.com](http://www.griefwatch.com)  
Share Pregnancy and Infant Loss Support — 800-821-6819 or  
  [www.nationalshare.org](http://www.nationalshare.org)

**Car seat safety**

Child Passenger Safety Program at Randall Children’s Hospital — 503-413-4005  
Child Safety Seat Resource Center — 503-643-5620 or 877-793-2608  
Children’s Hospital of Philadelphia — [www.chop.edu/carseat](http://www.chop.edu/carseat)

**Lead poisoning**


**Postpartum depression**

Baby Blues Connection — 503-797-2843 or [www.babybluesconnection.org](http://www.babybluesconnection.org)  
Pacific Postpartum Support Society — 604-255-7999 or [www.postpartum.org](http://www.postpartum.org)  
Postpartum Support International — 800-944-4773 or [www.postpartum.net](http://www.postpartum.net)

**Public health information and referral**

Oregon SAFENET — 800-723-3638 or [211info.org/human-services/partner-highlights/oregon-safenet](http://211info.org/human-services/partner-highlights/oregon-safenet)
WIC (Women, Infant and Children’s Program)
Multnomah County — 503-988-3503
Washington County — 503-846-3555
Clackamas County — 503-655-8476
Columbia County — 503-397-4651
Marion County — 503-588-5057
Yamhill County
  McMinnville — 503-434-6740
  Newberg — 503-538-8779

Washington resources

Car seat safety
Vancouver Police Department — www.vanpolice.org
Washougal — 360-835-2211
Children’s Hospital of Philadelphia — www.chop.edu/carseat

Maternity support services
Clark County Public Health Department — 360-397-8440
Skamania County — 503-427-3881

Parenting classes
Legacy Pregnancy and Parenting Education — www.legacyhealth.org/pregnancyandnewborn
Children’s Home Society of Washington — 360-695-1325
Clark County Public Health, Parent/Child Health Unit — 360-397-8255

Postpartum depression
Postpartum Support International — 800-944-4773 or www.postpartum.net
Baby Blues Connection — 866-616-3752 or www.babybluesconnection.org

Public health information and referral
Washington SAFENET — 360-694-8899 or www.211info.org

WIC (Women, Infants and Children’s Program)
Clark County
  Sea Mar Community Health Center
  Battle Ground — 360-687-7126
  Vancouver — 360-397-8459
  Washougal — 360-835-7802

Cowlitz County
  Longview — 360-423-7740
  Woodland — 360-225-3953

Skamania County — 509-427-3881
Randall Children’s Hospital and Legacy Emanuel Medical Center

• From the north, using I-5 southbound — Alberta St. exit. Left on Alberta to Vancouver Ave. Right on Vancouver to Stanton St. Right on Stanton to hospital.

• From the south, using I-5 northbound — Coliseum/Broadway-Weidler exit straight to Broadway. Left on Broadway to Williams Ave. Right on Williams to Stanton St. Left on Stanton to hospital.

• From the west, using Highways 26 or 30 — Highway 26 or 30 to I-405 North over Fremont Bridge. Kerby St. exit to hospital.

• From the east, using I-84 — I-84 to I-5 northbound. Coliseum/Broadway-Weidler exit straight to Broadway. Left on Broadway to Williams Ave. Right on Williams to Stanton St. Left on Stanton to hospital.

From Portland International Airport

• Upon leaving airport terminal, follow signs to I-205.
• Exit right onto I-205 South–Salem/Portland.
• Drive approximately three miles and exit right onto I-84 West–Portland.
• Follow directions (see below) “From the east.”

From the east

• Travel west on I-84.
• Approaching downtown, the highway splits.
• Follow signs to I-5 North (right lanes).
• Take the Rose Quarter/Broadway-Weidler exit, straight to Broadway Street.
• Left on Broadway to Williams Avenue.
• Turn right on Williams.
• Turn left on Stanton Street to hospital main entrance, or left on Graham to Medical Office Building 2 and valet parking.
Legacy Good Samaritan Medical Center

**From the north —**
- Travel south on I-5.
- Take Exit 302B, “I-405 South Beaverton/St. Helens”
- Cross the Willamette River on Fremont Bridge, stay to the right and take Exit 3.
- Take Vaughn St. exit.
- Turn Left onto N.W. 23rd Ave. (first light after Vaughn St. exit).
- Turn L onto N.W. Northrup St.
- Turn R onto N.W. 22nd Ave.
- Turn L onto N.W. Marshall to parking structures 2 and 3.

**From the east using I-84 —**
- Travel west on I-84.
- Follow signs to I-5 North (right lanes).
- Follow I-5 North to Exit 302B.
- Take Exit 302B across the Fremont Bridge.
- Cross Willamette River on Fremont Bridge, stay to the right and take Exit 3.
- Take Vaughn St. exit.
- Turn left onto N.W. 23rd Ave. (first light after Vaughn St. exit.)
- Turn L onto N.W. Northrup St.
- Turn R onto N.W. 22nd Ave.
- Turn L onto N.W. Marshall to parking structures 2 and 3.

**From the south —**
- Travel north on I-5.
- I-5 splits south of downtown, stay left.
- Follow signs to “I-405/City Center/Beaverton” (Exit 299B).
- Take Exit 2B, “Everett Street” onto 14th St.
- Continue on 14th St. Turn left on N.W. Marshall St. to parking structures 2 and 3.

**From the west —**
- Travel east on US 26/Sunset Highway.
- Exit onto I-405 — Seattle/St. Helens.
- Take Exit 2B, “Everett Street” onto 14th St.
- Continue on 14th St. Turn left on N.W. Marshall to parking structures 2 and 3.

1015 N.W. 22nd Ave.
Portland, OR 97210 • 503-413-7711
Legacy Meridian Park Medical Center

- **From Interstate 5 (I-5)**
  Take exit 289, turn east on Nyberg Road. Follow the curve (right) onto S.W. 65 Ave. Follow the hospital signs.

- **From Interstate 205 (I-205)**
  Take exit 3, turn north on Stafford Road, then left on Borland Road. Follow Borland Road until it dead-ends at S.W. 65th Ave. Turn right and follow the hospital signs.

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Legacy Mount Hood Medical Center

- **From Interstate 84 (I-84)**
  Take the Wood Village exit and turn south at N.E. 238th Dr., which becomes N.E. 242nd Dr. (Hogan Road). Turn left at Stark St. and proceed about 2/10 mile to hospital entrance on the right side of Stark St.

- **From Highway 26 (Hwy. 26)**
  Turn north at Hogan Road. Follow Hogan Road to S.E. Stark St. and turn right. Proceed about 2/10 mile to hospital entrance on right side of Stark.

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Legacy Salmon Creek Medical Center

*From the south*
Merge onto I-5 N via the exit on the left toward Seattle.
- Take the N.E. 134th St. exit — Exit 7.
- Turn right onto N.E. 134th St.
- Turn left onto N.E. 20th Ave.
- Turn right onto N.E. 139th St.

*From the north*
- Take the I-205 S exit — Exit 7 — toward WA-14/Salem/I-84.
- Take the N.E. 134th St. exit — Exit 36 — toward WSU Vancouver.
- Turn left onto N.E. 134th St.
- Turn left onto N.E. 20th Ave.
- Turn right onto N.E. 139th St.