Forms, information and resources

Important Legacy Health phone numbers ............... 1
Maternity preregistration instructions and forms......... 2
Financial arrangements ...................................... 8
Baby’s Social Security number .............................. 9
Birth certificate information ................................. 9
Paternity .......................................................... 10
Resources ........................................................ 12
Directions to Legacy Health medical centers .......... 14

Click here to visit the Web page with access to the rest of the Legacy guide to pregnancy, childbirth and the newborn
Important Legacy Health phone numbers

**Legacy Pregnancy and Parenting Education registration**
- Oregon ................................................................. 503-335-3500
- Washington ......................................................... 360-487-3500

**Legacy Emanuel Medical Center**
- Family Birth Center ............................................. 503-413-2200
- Labor and Delivery .............................................. 503-413-4273
- Lactation Services .............................................. 503-413-2800
- Legacy Midwifery .............................................. 503-413-4500
- Maternity Admitting ........................................... 503-413-4261
- Newborn Nursery .............................................. 503-413-4275
- Neonatal Intensive Care Unit.............................. 503-276-9200
- Randall Children’s Hospital................................. 503-276-6500
- Baby Boutique ..................................................... 503-413-1749
- The Safety Store .................................................. 503-413-4600

**Legacy Good Samaritan Medical Center**
- 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**
- Family Birth Center ............................................. 503-692-1212
- Lactation Services .............................................. 503-692-7509
- Maternity Admitting ........................................... 503-692-2282

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

**Legacy Salmon Creek Medical Center**
- Family Birth Center ............................................. 360-487-1000
- 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 preadmission 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.

Legacy Emanuel Medical Center
Maternity Patient Access/Admitting
2801 N. Gantenbein
Portland, OR 97227-
Phone: 503-413-4261
Fax: 503-413-2428

Legacy Good Samaritan Medical Center
Maternity Patient Access/Admitting
1015 N.W. 22nd Ave.
Portland, OR 97210-9967
Phone: 503-413-8035
Fax: 503-413-6537

Legacy Meridian Park Medical Center
Maternity Patient Access/Admitting
19300 S.W. 65th Ave.
Tualatin, OR 97062-9986
Phone: 503-692-2282

Legacy Mount Hood Medical Center
Maternity Patient Access/Admitting
24800 S.E. Stark St.
Gresham, OR 97030-9983
Phone: 503-674-1147
Fax: 503-674-1398

Legacy Salmon Creek Medical Center
Family Birth Center
2211 N.E. 139th St.
Vancouver, WA 98686-9922
Phone: 360-487-1155

If you are delivering at:

Legacy Emanuel Medical Center
Call 503-413-4261 to schedule your preregistration appointment. Appointments are approximately 20 minutes and are available:
• Monday–Friday, 10 a.m.–5 p.m.
• Saturday–Sunday, 2 p.m.–5 p.m.
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 (page 4) and the Birth Certificate worksheet (pages 5–7). 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. 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
Call Legacy Pregnancy and Parenting Education to schedule your maternity preregistration class:
• Washington 360-487-3500
• Oregon 503-335-3500
This class is essential for families who are delivering at Legacy Salmon Creek. 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. (See section Classes and Tours, available at www.legacyhealth.org/maternityguide.)
# Maternity Preregistration

<table>
<thead>
<tr>
<th>Due date</th>
<th>OB doctor or midwife</th>
<th>Baby’s doctor</th>
<th>Primary Care doctor</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient’s last name</th>
<th>First</th>
<th>Middle</th>
<th>Former or maiden name</th>
<th>Date of birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient’s mailing address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Home phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Marital status</th>
<th>S</th>
<th>SEP</th>
<th>M</th>
<th>W</th>
<th>D</th>
<th>Patient’s Social Security no.</th>
<th>Religious preference</th>
<th>Hispanic or Latino?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient’s Employer</th>
<th>Phone</th>
<th>Extension</th>
<th>Occupation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer’s street address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

## Insurance Information

<table>
<thead>
<tr>
<th>Name of primary insurance company</th>
<th>Group</th>
<th>Individual</th>
<th>Phone</th>
<th>Preauthorization required</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of policy holder</th>
<th>Group</th>
<th>Individual</th>
<th>ID number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Insurance/claims address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of secondary insurance company</th>
<th>Group</th>
<th>Individual</th>
<th>Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Group number</th>
<th>ID number</th>
<th>Name of policyholder</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Insurance/claims address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer of insured (secondary insurance)</th>
<th>Phone</th>
<th>Ext</th>
</tr>
</thead>
</table>

## Medicaid Insurance Information

<table>
<thead>
<tr>
<th>Medicaid Insurance information</th>
<th>Program no.</th>
<th>Branch</th>
<th>State</th>
<th>Recipient ID no.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agency address or location</th>
<th>Name shown as head of household</th>
</tr>
</thead>
</table>

## 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.

<table>
<thead>
<tr>
<th>Last name (parent’s name if minor)</th>
<th>First</th>
<th>Middle</th>
<th>Relationship</th>
<th>Sex</th>
<th>Birthdate</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Responsible party’s mailing address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Home phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Responsible party’s Soc. Sec. no.</th>
<th>Employer of person responsible for account</th>
<th>Occupation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer’s street address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone</th>
<th>Ext</th>
</tr>
</thead>
</table>

## Whom to Notify in Emergency (spouse or nearest relative)

<table>
<thead>
<tr>
<th>Last name (next of kin)</th>
<th>First</th>
<th>Middle</th>
<th>Relationship</th>
<th>Home phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Work phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other emergency notification (if desired)</th>
<th>Relationship</th>
<th>Home phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Work phone</th>
</tr>
</thead>
</table>

## 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: _
Birth certificate worksheet — Oregon hospitals only

### Gray areas are for hospital use only

<table>
<thead>
<tr>
<th>Please circle one: LE GS MH MP</th>
<th>Room #________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICU Admit YES NO</td>
<td></td>
</tr>
<tr>
<td>C/S □ Reason____</td>
<td></td>
</tr>
<tr>
<td>Vag □ Epidural/Spinal YES NO</td>
<td></td>
</tr>
<tr>
<td>Vacuum YES NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother sticker</th>
<th>Baby sticker</th>
</tr>
</thead>
<tbody>
<tr>
<td>C/S</td>
<td></td>
</tr>
<tr>
<td>Epidural/Spinal</td>
<td></td>
</tr>
<tr>
<td>Vacuum</td>
<td></td>
</tr>
</tbody>
</table>

Child’s legal name as you want it to appear on his/her birth certificate

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

Date of birth / / Time   Sex   Apgar   Weight   Gestation

<table>
<thead>
<tr>
<th>Gravida</th>
<th>Delivering MD/CNM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mother’s Information**

Your current legal name

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your legal name prior to first marriage

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your date of birth Month _____ Day _____ Year ______

Your place of birth State or Canadian province Country S.S. # _____ - _____ - ______

**Mother’s Address – Residence Address**

Street address including apartment or unit number City State/Country Zip

<table>
<thead>
<tr>
<th></th>
<th>Inside city limits?</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

Mailing address if different Phone: __________________________

<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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Legal Relationship of Parents**

Were you married (did you have a legal husband) at conception, at birth, any time between or within 300 days of this birth? □ Yes □ No  If not married, are you in an Oregon Registered Domestic Partnership? □ Yes □ No

If yes, please complete the Father/Second Parent Attributes section. If you were married at any of the times above, only your husband can be listed as the legal father of your child without a court or administrative order.

If no, will you and the second parent sign a paternity acknowledgment to establish legal paternity at this time? □ Yes □ No

If a paternity acknowledgment will be signed, please complete the following information about the second parent.

**Father/Second Parent Information**

Current legal name

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Place of birth State or Canadian Province Country S.S.# _____ - _____ - ______

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Mother’s Education:
What is the highest level of education you have 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: Are you of Hispanic origin? (e.g. Cuban, Mexican, Puerto Rican, etc.) Check one or more; do not leave blank.
- [ ] No, not Spanish/Hispanic/Latina
- [ ] Yes, Mexican, Mexican-American, Chicana
- [ ] Yes, Puerto Rican
- [ ] Yes, Cuban
- [ ] Yes, other Spanish/Hispanic/Latina (specify)

Race: What is your race(s)? Please check one or more races to indicate what you consider yourself to be.
- [ ] White
- [ ] Black or African American
- [ ] American Indian or Alaskan Native (specify tribe(s))
- [ ] Chinese
- [ ] Filipino
- [ ] Guamanian or Chamorro
- [ ] Native Hawaiian
- [ ] Japanese
- [ ] Korean
- [ ] Asian Indian
- [ ] Samoan
- [ ] Vietnamese
- [ ] Other Asian (specify)
- [ ] Other Pacific Islander (specify)
- [ ] Other (specify)

Mother’s Health:
Did you get WIC food for yourself during this pregnancy?  [ ] Yes  [ ] No
Your height _____ feet _____ inches  Your weight before you became pregnant _____  Current weight _____

Tobacco use  [ ] Did not smoke
3 months before pregnancy # ______
1st 3 months of pregnancy # ______
2nd 3 months of pregnancy # ______
3rd 3 months of pregnancy # ______

Regardless of marital status or paternity acknowledgment, please provide the following information about the father/second parent of your child.

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: Of Hispanic origin? (e.g. Cuban, Mexican, Puerto Rican, etc.) Check one or more; do not leave blank.
- [ ] No, not Spanish/Hispanic/Latina
- [ ] Yes, Mexican, Mexican-American, Chicana
- [ ] Yes, Puerto Rican
- [ ] Yes, Cuban
- [ ] Yes, other Spanish/Hispanic/Latina (specify)

Race: What is his/her race(s)? Please check everything that is appropriate.
- [ ] White
- [ ] Black or African American
- [ ] American Indian or Alaskan Native (specify tribe(s))
- [ ] Chinese
- [ ] Filipino
- [ ] Guamanian or Chamorro
- [ ] Native Hawaiian
- [ ] Japanese
- [ ] Korean
- [ ] Asian Indian
- [ ] Samoan
- [ ] Vietnamese
- [ ] Other Asian (specify)
- [ ] Other Pacific Islander (specify)
- [ ] Other (specify)
**Insurance Information:**

Principal payment for delivery
- [ ] Medicaid/OHP
- [ ] Private insurance
- [ ] Self-pay
- [ ] Other ___________________________

- [ ] Indian Health Services
- [ ] Champus/Tricare
- [ ] Other ___________________________

No prenatal care

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

**Prenatal Information**

Date of your last menses
- Month ______  Day ______  Year ______

No prenatal care

Date of first prenatal visit
- Month ______  Day ______  Year ______

Date of last prenatal visit
- Month ______  Day ______  Year ______

Total prenatal visits ___________

**Previous live births**

Currently living (not including this child)
- Number _________  None [ ]

Previous live births now dead
- Number _________  None [ ]

Date last live birth
- Month ______  Year ______

Other pregnancy outcomes
- None [ ]

Date of last other outcome
- Month ______  Year ______

(i.e., terminations, ectopic, spontaneous)

**Informant**

- [ ] Mother
- [ ] Father/Second Parent
- [ ] Other (specify relationship_____________________

If other than parent, _____________________  _____________________  _____________________

First name  Middle name  Last name

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

**Do you want a Social Security number issued to your child?**

[ ] Yes  [ ] No

This form and only this form may be made a part of the permanent medical record to document the request that a Social Security number be issued.
Insuring your newborn

Be sure to call your health insurance plan to enroll your newborn within 30 days of birth. Otherwise, the baby’s medical expenses may not be covered.

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

### 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
Paternity

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.
**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 — 503-335-3500
The Safety Store and Resource Center, Randall Children’s Hospital — 503-413-4600 or [www.legacyhealth.org/safetystore](http://www.legacyhealth.org/safetystore)

**Oregon resources**

**Bereavement, counseling, support groups**

Compassionate Friends, great 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

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

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 — 360-487-3500
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)
Directions to Legacy Health medical centers

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.

2801 N. Gantenbein Ave.
Portland, OR 97227 • 503-413-2200
Legacy Good Samaritan Medical Center

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

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

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

From the west —
1. Travel east on US 26/Sunset Highway.
2. Exit onto I-405 — Seattle/St. Helens.
3. Take Exit 2B, “Everett Street” onto 14th St.
4. 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.

19300 S.W. 65th Ave. • Tualatin, OR 97062
503-692-1212

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.

24800 S.E. Stark St. • Gresham, OR 97030
503-674-1122

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.

2211 N.E. 139th St. • Vancouver, WA 98686
360-487-1000