HEART RESERVE / NEW JERSEY PILOT

Pregnancy history is heart history.

Founded by Lisa Zahakos, RPA-C

OUR GOAL

Make pregnancy history a lasting part of every woman’s heart care, from postpartum through midlife and menopause, so she understands her history, knows her next step and can reach the care she needs.

Our long-term aim is fewer missed opportunities for prevention and better heart health for women.

My sons' fetal surgery and months in the NICU showed me why a mother's care needs its own plan. - Lisa Zahakos, RPA-C

12 months	Up to 100 women	$150,000
Prepare, deliver, evaluate	Start with willing NJ hosts	Illustrative planning budget

What changes for a woman

A portable Heart Story makes her history and questions easier to share. Her care team agrees the next action, receiving clinician and due date. Navigation helps address barriers; the receiving team confirms completion or a revised plan.

Begin with women affected by hypertension in pregnancy, including NICU mothers. Clinical partners would confirm eligibility, referral capacity and how care will be paid for.

WHAT FUNDING SUPPORTS

Clinical review, education, navigation, paid family input, language access and independent evaluation. Lisa would lead education and engagement; designated clinical, fiscal and evaluation leads would own their respective responsibilities.

WHAT WOULD COUNT AS PROGRESS

90% with history documented. **90%** of those needing follow-up with a clinician and due date. **80%** of indicated follow-ups due during observation completed within the treating team's timeframe.

Proposed targets, not results. Compare with an agreed baseline; report missing outcomes, access barriers, patient understanding, staff time and cost. This first year cannot establish reduced mortality.

The decision we are asking for

Help identify a willing New Jersey clinical host and an eligible fiscal lead. Arrange a feasibility discussion and agree one next action, an accountable contact and a date.

Separate research goal: Test whether pregnancy and reproductive history improve cardiovascular prediction and can support a validated risk-equivalent heart-age tool. This remains separate research; no HEART RESERVE pregnancy-adjusted score is clinically validated.

Proposed only: partners, funding and approvals remain unconfirmed. Clinical care, devices and new prediction software require separate resources.

Full proposal and budget | Supporting evidence | lisazahakos@gmail.com

October 27, 2026 | For congressional, clinical and community partner discussions