# HEART RESERVE

**MISSISSIPPI | CONGRESSIONAL DISCUSSION BRIEF**

# Pregnancy history is heart history.

**THE REQUEST**

**Connect HEART RESERVE with maternal-health, primary-care and community leaders in Mississippi. Explore whether an existing program could review and adapt the campaign materials, beginning with one willing clinical or community host.**

## A practical first conversation

Identify a health-policy contact, one local introduction and a next action. Use Mississippi public-health resources and community input to decide where an education and follow-up approach could add value.

## The same message, connected to local care

Bring pregnancy history into the visit. After clinical review, share the one-page guide and NICU care sheet. Record the next step, responsible clinician and date. Measure documented history and completed indicated follow-up, alongside patient understanding and access barriers.

## A Mississippi starting point

Mississippi maternal mortality reports. Review current findings with local leaders; this resource is not a committed campaign partner.

## A proposal with a defined first phase

The existing New Jersey planning scenario is a 12-month education and follow-up demonstration for up to 100 women, with an illustrative $150,000 budget. Other states would define their own scope with willing partners. Funding, clinical oversight, referral capacity and required approvals must be in place before launch.

## Why Lisa is leading this work

Lisa Zahakos, RPA-C, is a physician assistant, mother of four and founder of HEART RESERVE. Her sons' fetal surgery, premature birth and NICU stays shaped a simple goal: pregnancy history recorded and appropriate follow-up completed.

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**campaign.heartreserve.blog/states/mississippi**

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