Heart Reserve

PREGNANCY HISTORY IS HEART HISTORY

A national message.
A specific place to start.

7.6×

NJ's Black–white disparity in pregnancy-related mortality.
2019–2023; pregnancy through one year afterward.
A statewide comparison, not a personal risk multiplier.

Where death rates were higher

NJMMRC's detailed 2019–2021 regional comparison:

Region	Deaths	Per 100,000 live births
North	35	**24.4**
South	11	**18.9**
Central	15	**15.6**

North: Bergen, Essex, Hudson, Morris, Passaic, Sussex, Union and Warren. These pandemic-period data do not rank individual counties or towns.

Build through existing community networks

North Newark, Paterson, Elizabeth and Plainfield

Central Trenton and New Brunswick

South Camden and Atlantic City

These cities are named in NJ's 2023 Healthy Women, Healthy Families award. Start with its regional grantees and paid community advisers. Organizations and locations are proposed; partnerships are not confirmed.

1. NJ Department of Health, January 2026 mortality update

2. NJMMRC 2019–2021 report, Table 2 (page 12)

3. Healthy Women, Healthy Families, July 2023 award / local network

Lisa Zahakos, RPA-C · HEART RESERVE · October 26, 2026
Independent campaign proposal. Education must connect to accessible clinical care.

From awareness to completed care.

Propose a 12-month pilot with six hosts across three NJ regions.
Pair clinical care and community outreach; confirm funding and sites first.

Design with communities

Pay Black parent advisers. Review language and imagery locally. Offer trained interpretation, paper and phone routes. Ask about travel, work, childcare and coverage instead of assuming the barrier.

Connect the care

Document pregnancy history, name the receiving clinician and set the date. Indicated BP monitoring needs a device, a staffed review process and a response plan. Include NICU families and women in midlife.

Measure the next step

Proposed targets: 90% with relevant history recorded; 90% with a named clinician and due date for an indicated next step; 80% completion within the treating team's recommended time. Establish baseline and denominators first.

Include history alongside a validated score.

Heart Story prepares the visit. An eligible patient's clinician can use PREVENT unchanged and consider pregnancy and menopause history alongside it. A new pregnancy-adjusted risk number needs separate validation.

Targets are proposals, not results. Track follow-up gaps by race, language, insurance, age and geography with privacy protection. A small pilot cannot prove a reduction in maternal deaths.

4. AHA 2026 women's health guidance: pregnancy outcomes, early menopause and PCOS

5. Current public Heart Story organizer

Pregnancy history recorded. Appropriate follow-up completed.