Heart Reserve

PREGNANCY HISTORY IS HEART HISTORY

PROPOSED NEW JERSEY DEMONSTRATION | OCTOBER 26, 2026

A plan for the mother, too.

12 months. Up to 100 women. Up to six clinical and community hosts.
Start with women affected by hypertension in pregnancy, including NICU mothers, across North, Central and South Jersey. Clinical partners would confirm eligibility and care pathways before enrollment.

Months 1-3 | Prepare

Seek written host interest and an eligible fiscal lead. Confirm clinical review, paid community design, referral capacity, language access, baseline measures, costs and quality-improvement or research approvals.

Months 4-9 | Introduce the workflow

Offer teaching, a pregnancy-history record and a visit card naming the maternal clinician and due date. A navigator checks scheduling and barriers. Clinical teams determine urgency and timing; an infant's NICU stay must never delay maternal care.

Months 10-12 | Evaluate and report

Complete the defined observation window and compare care-process measures with baseline. Publish aggregate costs, reach, completion, patient feedback and lessons. Recruitment dates must leave enough time for follow-up.

Proposed responsibilities

Lisa Zahakos, RPA-C - Education, parent engagement, partner coordination and campaign delivery.

Clinical lead and care teams - Medical review, eligibility, treatment, referrals and response to clinical concerns.

Community hosts and navigator - Paid family input, trusted outreach, language access and scheduling support.

Evaluation and fiscal leads - Approved data handling, analysis, contracts and financial reporting.

Lisa is the proposed project lead. All other roles, hosts, resources and institutional responsibilities remain to be confirmed in writing before launch.

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Read the full proposal, evidence and current CV online

PLANNING ALLOCATIONS | SUBJECT TO PARTNER AND FUNDER REVIEW

Proposed budget and measures

Illustrative allocations for the education and follow-up scenario. These are proposed estimates, not vendor quotes, approved rates or a committed award.

Coordination and education, including proposed founder time	**$27,000**
Clinical review and workflow development	**$30,000**
Care navigation and follow-up coordination	**$30,000**
Evaluation and data management	**$24,000**
Paid community advisers and language access	**$18,000**
Materials, training and accessibility review	**$12,000**
Fiscal administration and contingency, subject to funder rules	**$9,000**
Total proposed planning scenario	**$150,000**

Excludes clinical visits, tests, treatment, devices, new software and national media. Confirm care access and payment before recruitment. Final costs depend on staffing, rates, host capacity and funder rules.

Measure the care completed

Planning targets: 90% with history documented; 90% of those needing follow-up with a clinician and due date; 80% completing indicated follow-up on time. Agree denominators and baseline first; report missing data, losses to follow-up and access differences with privacy protection. These are not results or clinical standards; the pilot cannot establish lower mortality.

Keep separate proposals separate

The $150,000 education scenario differs from the earlier $195,000 technology concept for approximately 50 women with up to 90 days of support. Do not combine or interchange estimates. Technology research needs a separate protocol, oversight, approvals and budget.

Next step: a staff discussion and working session to confirm the clinical lead, willing hosts, evaluation and revised budget. Written partner interest is still needed. No institutional commitment or funding is claimed.

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