HEART RESERVE

NORTH DAKOTA | CONGRESSIONAL DISCUSSION BRIEF

Pregnancy history is heart history.

THE REQUEST

Connect HEART RESERVE with maternal-health, primary-care and community leaders in North Dakota. 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 North Dakota 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 North Dakota starting point

North Dakota Maternal Child Health Priorities. 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/north-dakota

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