Health Promotion and Maintenance

National Council Licensure Examination for Practical Nurses (NCLEX-PN)

6 to 12% of the exam · 17 activity statements · 2026 NCLEX-PN Test Plan

Health Promotion and Maintenance covers growth and development across the lifespan, pregnancy, labor, the postpartum period and the newborn, screening, immunizations, prevention of risky behaviors and the barriers that get in the way of communication and learning. The practical nurse collects data, compares findings with expected norms, reinforces teaching and reports what is outside the expected range. Items test what is normal for an age or stage, what needs reporting and which teaching to reinforce.

You should be able to: You can compare a client with the norms for age and stage, collect history and baseline data, recognize what to report in pregnancy, labor, the postpartum period and the newborn, identify needed immunizations and screenings, and remove barriers before reinforcing teaching.

Every activity statement: the key point and the trap

1. Help look after clients during pregnancy

Collect data at prenatal visits: weight, blood pressure, urine for protein and glucose, fundal height (in centimeters, about equal to the weeks of pregnancy from about 20 to 36 weeks) and fetal heart rate.

Trap: Treating a headache, visual change or sudden swelling in later pregnancy as a normal discomfort instead of reporting it.

2. Point clients to resources in their community

Common resources include home health, hospice, meals delivered to the home, food assistance programs, transportation services, adult day programs, respite care, support groups, crisis lines and public health clinics.

Trap: Giving general advice instead of linking the client to the specific resource that meets the need.

3. Help monitor a client who is in labor

Assist the RN in monitoring the laboring client: contractions (frequency is from the start of one to the start of the next; duration from start to end of one), fetal heart rate, vital signs, bladder and comfort.

Trap: Leaving the client to find help after a cord prolapse, or interpreting fetal monitoring and acting alone when the RN must be involved.

4. Watch over the recovery of a stable client after birth

Check the fundus: right after birth it is firm, midline and near the umbilicus, then it descends about 1 cm (one fingerbreadth) a day.

Trap: Ignoring a displaced fundus or heavy bleeding as normal lochia, or forgetting the bladder as the cause.

5. Measure the client's development against expected milestones

Compare each child with expected milestones in gross motor, fine motor, language and social skills, using standardized tools as policy directs.

Trap: Reassuring parents that a child will "catch up" when a milestone is clearly missed or a skill has been lost.

6. Help clients through normal life changes, such as bonding with a baby, becoming a parent or retiring

Bonding signs include holding the newborn face to face (en face), touching, talking in a high voice, calling the baby by name and noting family features.

Trap: Labelling persistent sadness or thoughts of harm as baby blues, or overreacting to expected tearfulness in the first days.

7. Take part in health screening and health promotion programs

Screening finds disease early; health promotion helps people stay well (activity, nutrition, sleep, stress management).

Trap: Recording an abnormal screening result without making sure the client knows and has follow-up.

8. Give information that helps prevent risky behaviors, such as substance use, unsafe sex or smoking

Ask about tobacco, vaping, alcohol, drug use and sexual practices privately and without judgment.

Trap: Lecturing or using scare tactics, or asking about risky behaviors in front of a parent.

9. Gather the client's health history, including personal and family medical history

Collect the health history: current concerns, past illnesses, surgeries, hospitalizations, medications (including herbal and over-the-counter), allergies, immunizations and lifestyle.

Trap: Leaving out over-the-counter or herbal products, or using a family member to interpret health history.

10. Gather baseline physical data such as skin condition, height and weight

Measure height and weight accurately: same scale, same time of day, similar clothing; infants are weighed without a diaper and measured lying down.

Trap: Weighing at different times or on different scales, which makes a trend unreliable.

11. Find clients who need required or optional immunizations

Check the client's immunization record against the current CDC schedule for age, health conditions, pregnancy, occupation and travel.

Trap: Delaying a vaccine for a mild cold, or giving a live vaccine to a pregnant or immunocompromised client.

12. Meet the care needs of newborns, infants and toddlers from birth through age 2

Newborn care: keep warm, skin-to-skin contact, identification bands, vitamin K and eye prophylaxis as ordered; jaundice in the first 24 hours is reported.

Trap: Approving soft bedding, side sleeping or honey for an infant, or missing jaundice in the first day of life.

13. Meet the care needs of children and teens aged 3 to 17

Preschoolers think magically and may see illness as punishment; use simple words, play and dolls to prepare them for procedures.

Trap: Using adult explanations with a young child, or interviewing a teen only with the parent present.

14. Meet the care needs of adults aged 18 to 64

Early adulthood centers on career, relationships and family; middle adulthood on caring for children and aging parents, and on chronic disease risk.

Trap: Assuming a working-age adult has no screening needs or that stress at work is not a health issue.

15. Meet the care needs of adults aged 65 and older

Expected aging changes include thinner, drier skin, reduced thirst, slower kidney and liver function, decreased vision and hearing (especially high pitches) and slower reaction time.

Trap: Accepting new confusion as normal aging, or waiting for a fever before reporting a possible infection.

16. Spot what gets in the way of communication

Barriers include hearing or vision loss, a different language, cognitive impairment, pain, anxiety, cultural differences, a noisy setting and medical jargon.

Trap: Raising your voice or using a family member to interpret, rather than removing the barrier.

17. Spot what gets in the way of learning

Barriers to learning include pain, anxiety, fatigue, low literacy or health literacy, language, sensory or cognitive limits, cultural beliefs and not being ready to learn.

Trap: Pushing ahead with teaching while the client is in pain, anxious or not ready, or taking a nod as understanding.

Key terms

Fundal height: The distance in centimeters from the pubic bone to the top of the uterus, about equal to the weeks of pregnancy from about 20 to 36 weeks.

Naegele's rule: Estimated date of birth: first day of the last menstrual period minus 3 months plus 7 days.

Late deceleration: A fall in fetal heart rate that begins after the peak of a contraction, suggesting poor placental blood flow.

Lochia: Vaginal discharge after birth, changing from rubra to serosa to alba.

Boggy fundus: A soft, poorly contracted uterus after birth that raises the risk of hemorrhage.

Developmental milestone: A skill most children reach within an expected age range.

Corrected age: A preterm infant's age adjusted for the weeks born early, used for development until about age 2.

Live vaccine: A vaccine made with weakened live organisms, such as MMR or varicella, avoided in pregnancy and severe immunosuppression.

Teach-back: Asking the client to explain or show in their own words what was taught, to confirm understanding.

Health literacy: The ability to find, understand and use health information to make decisions.

Atypical presentation: Illness that shows up in an older adult as confusion, falls or appetite loss rather than classic symptoms.

ExamDragon, examdragon.com/nclex-pn. Independent exam preparation, not affiliated with or endorsed by NCSBN; written in our own words from NCSBN's 2026 NCLEX-PN Test Plan. NCLEX and NCLEX-PN are registered trademarks of NCSBN.