Health Promotion and Maintenance

National Council Licensure Examination for Registered Nurses (NCLEX-RN)

6 to 12% of the exam · 16 activity statements · 2026 NCLEX-RN Test Plan

Health Promotion and Maintenance covers care across the lifespan: pregnancy, labor, the postpartum period and the newborn, growth and development from infancy through older adulthood, screening, prevention and teaching. NCLEX items ask you to recognize what is expected for an age or stage and what is not, to choose the right screening or teaching for the client in front of you, and to spot the danger sign that needs action now.

You should be able to: After this guide you should be able to recognize what is normal and what is a danger sign at each stage from pregnancy through older adulthood, and choose the right screening, prevention and teaching for the client.

Every activity statement: the key point and the trap

1. Give care and teaching during pregnancy

Estimate the due date with Naegele's rule: the first day of the last menstrual period, minus 3 months, plus 7 days (and plus 1 year).

Trap: Treating a severe headache, vision changes or swelling of the face and hands as a normal discomfort of pregnancy.

2. Plan or take part in health teaching for the community

Primary prevention stops disease before it starts (immunization, health education, seat belts); secondary prevention finds disease early (screening); tertiary prevention limits disability from an existing disease (rehabilitation, support groups).

Trap: Calling a screening program primary prevention; screening is secondary prevention.

3. Do focused screenings, such as for vision or depression

Screening identifies people who may have a condition; a positive screen leads to referral for a diagnostic evaluation, not to a diagnosis.

Trap: Treating a positive screening result as a diagnosis, or skipping the suicide question after a positive depression screen.

4. Teach the client how to prevent and address risky health behaviours

Match teaching to the stage of change: precontemplation (raise awareness), contemplation (weigh pros and cons), preparation (make a plan), action (support the change), maintenance (prevent relapse).

Trap: Giving a detailed quit plan to a client who is not yet considering change.

5. Teach the client about preventive care and staying healthy

Inactivated vaccines cannot cause the infection; live attenuated vaccines (such as MMR and varicella) are generally not given in pregnancy or to people with severe immunosuppression.

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

6. Give care and teaching after childbirth

After birth the fundus is firm, midline and at about the umbilicus, then descends about 1 cm (one fingerbreadth) a day.

Trap: Calling the provider or giving a medication before massaging a boggy fundus.

7. Do full, head-to-toe health assessments

The health history includes the reason for seeking care in the client's words, the history of the present problem, past history, medications (including over-the-counter and herbal products), allergies, family and social history, and a review of systems.

Trap: Palpating the abdomen before auscultating it.

8. Gauge how ready the client is to learn and what helps or hinders it

Assess readiness before teaching: physical state (pain, fatigue, nausea), emotional state (anxiety, denial, fear), motivation and what the client already knows.

Trap: Starting teaching when the client is in pain, exhausted, very anxious or still in denial.

9. Care for and teach about children from birth to age 2

Apgar scores at 1 and 5 minutes rate heart rate, respiratory effort, muscle tone, reflex irritability and color (0 to 2 each); 7 to 10 is reassuring.

Trap: Calling jaundice in the first 24 hours normal, or teaching that a newborn may sleep on the stomach or in the parents' bed.

10. Care for and teach about children and teens aged 3 to 17

Preschoolers (3 to 5) are in initiative versus guilt, think magically and fear bodily injury; explain procedures just before them, simply, using dolls or play, and use bandages to reassure.

Trap: Explaining a procedure to a preschooler days ahead in detailed terms, or interviewing an adolescent only with a parent present.

11. Care for and teach adults aged 18 to 64

Young adults are in intimacy versus isolation; middle adults in generativity versus stagnation.

Trap: Assuming a working-age adult has no screening or health promotion needs because they feel well.

12. Care for and teach older adults aged 65 and up

Older adults are in integrity versus despair; life review and reminiscence support integrity.

Trap: Attributing new confusion in an older adult to normal aging or to existing dementia.

13. Judge whether the client can manage care at home and plan to match

Assess activities of daily living (bathing, dressing, toileting, eating, transferring) and instrumental activities (managing medications, meals, finances, transportation, phone, shopping).

Trap: Accepting a client's statement that they will manage at home without assessing function and support.

14. Assess and teach about health risks tied to family, population and community

Take a family history covering at least three generations (a genogram); first-degree relatives with early disease, such as colon or breast cancer or heart disease, can mean earlier or more frequent screening and a referral for genetic counseling.

Trap: Assuming a client's risk from their appearance instead of asking about family history and self-reported ancestry.

15. Care for and teach a client who is pregnant or in labour

True labor: regular contractions that grow stronger and closer and cause cervical change; false labor contractions are irregular, do not change the cervix and often ease with walking, rest or hydration.

Trap: Doing a vaginal examination on a client with third trimester bleeding, or continuing oxytocin when late decelerations appear.

16. Offer resources that reduce barriers to communication

Ask about the client's preferred language for health care on admission and record it.

Trap: Using a family member, especially a child, as the interpreter for health information.

Key terms

Primary prevention: Actions that stop disease before it starts, such as immunization and health teaching.

Secondary prevention: Early detection of disease through screening, so it can be treated sooner.

Tertiary prevention: Care that limits disability or complications from an existing disease, such as rehabilitation.

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

Fundal height: Distance from the symphysis pubis to the top of the uterus; in centimeters roughly equals weeks of gestation from about 20 to 36 weeks.

Lochia: Postpartum vaginal discharge, changing from rubra to serosa to alba.

Uterine atony: A uterus that does not contract firmly after birth; the leading cause of postpartum hemorrhage.

Apgar score: A rating of a newborn's heart rate, breathing, tone, reflexes and color at 1 and 5 minutes.

Late deceleration: A gradual fall in fetal heart rate after the peak of a contraction, signaling uteroplacental insufficiency.

Stages of change: Precontemplation, contemplation, preparation, action and maintenance; teaching is matched to the stage.

Teach-back: The client explains in their own words what they learned, to confirm understanding.

Instrumental activities of daily living: Tasks needed to live independently, such as managing medications, meals, money and transportation.

Delirium: An acute, fluctuating change in attention and thinking, often from illness or medication; needs prompt evaluation.

Social determinants of health: Conditions such as income, housing, food, education and transportation that shape health.

Qualified medical interpreter: A trained interpreter for health care communication, used instead of family members.

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