

**Have menses returned?**

**YES**

**NO**

**Have you begun  
regular supplementary  
feeding?**

**YES**

**NO**

**Is the baby more than  
6 months old?**

**YES**

Begin age  
appropriate high  
quality  
complementary  
feedings

**NO**

**YOU MEET CRITERIA TO RELY ON LAM**

**It is time to begin  
use of an  
additional method  
to ensure the  
optimal 3+ years  
spacing needed  
for best maternal  
and child health  
outcomes**