<table>
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<th>INDICATION FOR TREATMENT</th>
<th>TREATMENT OF CHOICE</th>
<th>PATIENTS WHO ARE AT RISK FOR PREGNANCY INCLUDE:</th>
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| Post-coital contraceptive treatment offered to women who are at risk (see RISK column) for unwanted pregnancy within 5 days of unprotected vaginal/penile contact. | Levonorgestrel (Plan B). 1.5 mg P.O (2 x 0.75 mg tabs or 1 x 1.5 mg tab). Nausea & vomiting are uncommon with Levonorgestrel (Plan B). | 1. Patients who experience any form of vaginal/penile contact during an assault and who were not using any form of birth control at the time. **This includes patients menstruating at the time of assault.**  
2. Patients with poor compliance on their hormonal contraceptive (e.g., missed pills). | 1. **Levonorgestrel (Plan B) is not contraindicated in pregnancy but will simply not work. Plan B is NOT an abortifacient.**  
2. Contraindications to IUD insertion would include an existing pregnancy, among others. The remaining contraindications can be assessed by the clinician/service offering IUD insertion. | 1. Warn patients that, although it is uncommon, Levonorgestrel (Plan B) may cause nausea and vomiting. If she vomits the pills within one hour after taking them she should take an additional dose, preferably with food. (If Plan B is given in a timely manner in exam, that hour should pass while the patient is still in our care).  
2. Contraindications to IUD insertion would include an existing pregnancy, among others. The remaining contraindications can be assessed by the clinician/service offering IUD insertion.  
3. If the patient has been non-compliant on her hormonal method of birth control, and has now chosen to take Plan B, she should continue her hormonal method as originally directed. Instruct the patient to use condoms plus her own hormonal contraceptives for 7 days after she takes Plan B.  
4. Interactions between Plan B & antibiotics are unlikely. Plan B & STI medications can and should be given together.  

**NOTE:** While effectiveness of PLAN B decreases with time passed since coitus, there may be some degree of benefit if taken up to 5 days post exposure. **Therefore you may offer Plan B up to 5 days after the assault, (provided you explain the more limited benefit after 72 hours).**

As of Feb 2008 the BC Centre of Excellence pharmacy finds NO drug interactions between HIV PEP, Plan B or the STI medications administered by BCW SAS.