

## Challenging Cases

### *Participant Handout*

#### **Case 1**

27 year-old-woman with one prior pregnancy that ended in miscarriage has a known lethal fetal anomaly at 28 weeks including hydrocephaly and oligohydramnios (little amniotic fluid) with a biparietal diameter consistent with 39 weeks in breech position.

#### Guiding questions:

- What mode of delivery would you offer this woman to end her pregnancy?
- What medications and in what doses would you offer this woman to end her pregnancy?
- What if the pregnancy remains breech and during expulsion the head is trapped?
- Would external cephalic version be appropriate in this case?

#### **Case 2**

19 year-old woman gravida 2, parity 1 is now 16 weeks pregnant. Her first delivery was by cesarean after a labor complicated by a "lack of cervical dilation." She desires an abortion as this pregnancy is the product of a rape. She takes 200mg of mifepristone and then 48 hours later is admitted to hospital. After 5 doses of misoprostol, her cervix has yet to respond.

#### Guiding Questions:

What would you do next?

What medical abortion regimen would you continue with?

No expulsion occurs after another additional 5 doses. What are you concerned about and what would you do next?

#### **Case 3**

30 year-old woman who has had 3 pregnancies and 2 live vaginal births presents for an abortion at 22 weeks gestation. She had an ultrasound that was consistent with her last menstrual period for dating the pregnancy. An additional finding was a complete placenta previa.

#### Guiding questions:

- How would you manage this woman?
- What resources do you have in your setting to manage heavy bleeding?

## Training Curriculum - Medical abortion at or after 13 weeks gestation ('second trimester')

- A decision is made to proceed with medical abortion. What happens if the woman starts bleeding heavily during the procedure?

### Case 4

A 32 year-old woman G6P5 presents for an abortion due to anencephaly at 24 weeks by last menstrual period and recent ultrasound; on exam, however, she has a uterine size of 34 weeks.

#### Guiding questions:

- What is the differential diagnosis for the discrepancy in dates?
- Polyhydramnios is diagnosed. A decision is made to proceed with an medical abortion. What regimen would you use and why?
- What complication is this woman at high risk for and how would you manage it?