**Challenging Cases**

***Participant Handout***

**Case 1**

A 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 (no amniotic fluid) with a biparietal diameter consistent with 39 weeks in breech position.

Guiding questions:

What mode of uterine evacuation would you offer this woman?

What medication regimen and what doses would you use?

What if the fetus remains breech and during expulsion the head is trapped?

Would external cephalic version be appropriate in this case?

**Case 2**

A 19-year-old woman gravida 2, para 1 is now 16 weeks pregnant and found to have an intrauterine fetal demise. Her first delivery was by cesarean section after a labor complicated by a “lack of cervical dilation.” She takes 200mg of mifepristone and then 48 hours later is admitted to hospital. After 5 doses of misoprostol, her cervix has yet to soften and dilate.

Guiding Questions:

* What would you do next?
* What medical 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**

A 30-year-old woman who has had 3 pregnancies and 2 live vaginal births is found to have a fetus at 22 weeks gestation with renal agenesis. She would like to end her pregnancy. 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?
* A decision is made to proceed with a medical management. What happens if the woman starts bleeding heavily during her treatment?

**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 medical management; what regimen would you use and why?
* What complication is this woman at high risk for and how would you manage it?