**Introduction**
CHAOS (Congenital High Airways Obstruction Syndrome) is a rare condition usually due to laryngeal atresia, webs or stenosis. Antenatal diagnosis is made by the ultrasonographic finding of hyperechogenic, enlarged lungs with visible air bronchogram. Ascites is often present. The condition is usually lethal without immediate intervention at delivery with an EXIT procedure.

**Case report**
A 24-year-old G2P1 was referred with abnormal lungs at 26 weeks gestation. Ultrasound findings are shown in Figures 1 & 2. A diagnosis of CHAOS was made and confirmed on MRI. Karyotype was normal. The couple were offered termination of pregnancy, but declined. After multidisciplinary discussion, an EXIT /OOPs procedure was planned at 38 weeks gestation. Deep inhalational anaesthesia was administered, a lower segment caesarean section was performed. The fetus was fully delivered with placenta remaining in utero to maintain perfusion. A tracheostomy was performed with continuous oxygen monitoring of the fetus. Airway was established in 5 minutes 20 seconds. The placenta was then delivered. Estimated blood loss was 800 ml. There were no maternal complications. A solid laryngeal plate was noted on endoscopy at one week of age, and a plan made for closure of tracheostomy and re-establishment of airway at age 6-9 months.

**Conclusion**
EXIT procedure can be lifesaving in antenatally diagnosed CHAOS. Full delivery of the baby with placental support maintained (OOPS) is an option which decreases intraoperative time and bleeding risk.