Caesarean scar pregnancies (CSPs) are a rare complication of previous caesarean deliveries. As caesarean section rates continue to increase worldwide, the incidence of CSPs is likely to rise as well. The diagnosis and management of CSPs pose challenging problems to clinicians. Early accurate diagnosis is crucial as CSP is a life-threatening emergency that can lead to potentially catastrophic consequences such as uterine rupture, haemorrhage, loss of fertility and maternal death. Current data suggests that termination of pregnancy is the recommended treatment in the first trimester soon after diagnosis, and that there is little or no role for expectant management. However, there is no general consensus regarding the best means of management - various case reports and case series have reported successful outcomes with medical treatment, surgical intervention, interventional radiology, as well as a combination of methods. We present five cases of CSPs managed in our centre, a tertiary obstetrics and gynaecology hospital - their clinical presentation, patient characteristics, diagnosis and management. All 5 patients presented in the first trimester with vaginal spotting, with or without abdominal pain. The diagnosis of CSP was made by transvaginal scan. Serum hCG levels were monitored pre- and post- treatment. The patients were managed either medically (by intramuscular or intra-sac methotrexate) or surgically (laparoscopic excision, laparoscopic or hysteroscopic or ultrasound guided suction curettage) or by a combination of methods. None required laparotomy or hysterectomy. Fertility was conserved in all patients except for one who requested for tubal sterilisation. All of the patients had good short-term outcomes. Long-term reproductive outcomes require further follow up of these patients.