**Objective.** The aim of this study was to determine whether a euploid fetus at high risk for multiple conditions - specifically, fetal aneuploidy (FA) and preterm SGA (pSGA) - has a more unfavorable forecast than a fetus with negative screening results.

**Methods.** This was a prospective study on screening for FA and pSGA in 3504 singleton pregnancies by an algorithm that combines maternal factors, mean arterial pressure, maternal serum biochemistry (free b-hCG and PAPP-A), ultrasound markers (nuchal translucency thickness, tricuspid valve and ductus venosus flow, nasal bone), and uterine artery pulsatility index at 11-13 weeks' gestation at Fetal Medicine Center (Russia).

We excluded 1428 cases because of loss to follow-up (n = 1269) and fetal chromosomal and structural abnormalities (n = 159). With the proposed cut-offs of ≤1:100 for trisomies, and ≤1:150 for pSGA the study population of 2076 was divided into:

**Group 1:** False-positive (FP) for fetal aneuploidy (n = 55), including cases with low (n = 23) and high (n = 32) risk for pSGA;

**Group 2:** low-risk for FA and pSGA (n = 1563).

The rest 458 cases with low-risk for FA and high risk for pSGA were also excluded from further analysis.

**Results** The rates of miscarriage were 9.1% vs. 0.7%; preterm birth 23.6% vs 3.97%; perinatal death 3.6% vs. 0.06%; NICU admissions in 12.73% vs. 2.4%; SGA 16.36% vs 3.67%, pSGA 10.9% vs 0.45% in 1st and 2nd group, respectively (p < 0.001). Additionally, in group 1 the rates of preterm birth were 37.2% vs 4.3% and SGA 36 % vs 0% was in cases with high and low risk for pSGA, respectively (p < 0.05).

**Conclusion.** The majority of perinatal complications are common in pregnancies FP for FA, especially accompanied with high risk for pSGA. These pregnancies should be closely followed up until delivery.