Background
Accurate prenatal detection of CHD is critical to counseling on parental options and anticipated outcomes. We sought to analyze the discordances between expert fetal (F) cardiac diagnosis and postnatal (PN) findings and the impact on management and outcomes.

Methods
We included 1,030 live-births with echocardiographic CHD diagnoses before/after birth at our tertiary care center from 2008-2017. Excluded were cases with minor or reversible conditions. The last prenatal findings were compared with the PN diagnoses. Discordant F/PN echocardiograms were reviewed independently and inconsistencies classified based on clinical relevance, preventability, and contributing factors. The RACHS score was used to categorize surgical complexity.

Results
167/1,030 live-births (16.2%) had discrepant F/PN diagnoses:
- 30 (2.9%) with expected aortic coarctation that had no PN CHD (false-positive),
- 13 (1.3%) had prenatally missed CHD (false-negatives: 17 diagnoses; 5 with duct-dependent CHD).
- In 128 cases, relevant cardiac diagnoses were PN added (n=64), removed (n=45), or changed (n=32) In 32 (3.1%), the changed diagnosis led to additional/more complex surgery, while 35 cases (3.4%) required no/less surgery than prenatally predicted.

Discordances were mainly associated with complex/rare CHD, suboptimal imaging, and arch obstruction.

Conclusion
• Postnatal modification of expert fetal cardiac diagnosis is not uncommon but led in 6.5% of our patients to relevant changes in PN care.
• Clinicians should be aware of the inherent limitations of fetal echocardiography, incl. in accurately predicting PN treatments and outcomes.