Objective Certiﬁed sonographers perform fetal cardiac screening routinely for low-risk pregnancy 3 times at 18, 28 and 36 weeks of gestation in our institution. We do not use Doppler imaging except for conﬁrmation of pulmonary venous return. This study aimed to verify the validity of our fetal cardiac screening system.

Methods ✓ April 2016 – November 2018 ✓ 3191 pregnant women ✓ 46 babies were born with congenital heart disease (CHD) Group A: prenatally detected (N=24) Group B: not detect in screening (N=22) ✓ Retrospectively reviewed • the diagnosis • the time of diagnosis • the echo views in which abnormalities are recognized • the neonatal intervention.

Results The postnatal conﬁrmed diagnosis is shown in Table 1 and 2. Gestational age at screening and echo views in which cardiac abnormalities were recognized are shown in Figure 1 and 2, respectively. Severe aortic and pulmonary valve stenosis and hypoplastic left heart syndrome in Group A and severe atrioventricular valve regurgitation in Group B resulted in intrauterine fetal death (IUFD). Five cases in Group A, but none of Group B required neonatal intervention (shown in Table 3).

Conclusion Fetuses who required neonatal intervention were all recognized without using color Doppler imaging at 18 weeks of gestation. On the other hand, color Doppler imaging would play an important role in detecting severe valvular disease such as critical aortic stenosis that might need fetal intervention.