**Background:** IUGR 3 cases may have overall 15% mortality and 20% brain damage in the bigger twin, which has led to cord occlusion in several centers. The long term follow-up of cases without intervention mostly unknown.

**Methods:** Retrospective study of monochorionic twin pregnancies with diagnosis of selective IUGR (<p10 of one) and intermittent end diastolic flow of the IUGR twin. None presented TTTS diagnostic criteria. Patients received phone calls and there was no standardized neurological evaluation for this report.

**Results:** Of 12 cases diagnosed from 2008, two were lost of follow-up and two had laser coagulation of placental anastomosis by standard fetoscopy surgery. Only eight pregnancies were included in this report. In these eight pregnancies, SIUGR3 was diagnosed at 22.5 weeks of GA (18 to 30), with only three diagnosed after 24 weeks (26, 28 and 30). Mean discordance was 33% (25-49%). Only one had double fetal demise at 26 weeks, without ductus venosus abnormalities. In the rest, delivery was indicated because of the diagnosis, early in third trimester in all. This occurred at a mean of 30 weeks (28 to 32). There were two neonatal demises, which left 12 live children at discharge from the neonatal care unit (75% survival). Mean follow-up is 4.5 years, with only three children with less than two years. There are no cases with cerebral palsy, but some minor language or neurologic disabilities. All are at normal schools attending their age level or one behind (one child).

**Conclusions:** In these few cases with conservative management, long term follow-up seems better than described. Greater series and strict follow-up is needed to confirm this findings.