**OBJECTIVE**
- Fetal aortic stenosis (AoS) may progress to hypoplastic left heart syndrome (HLHS) in utero. Fetal aortic valvuloplasty (FAV) has been proposed to change this natural history. There are currently no data, describing survival of fetuses or neonates with AoS or HLHS in Mexico.
- We aimed to describe our experience with fetuses prenatally diagnosed with these pathologies, our initial experience with FAV and postnatal long-term outcomes in this group.

**METHODS**
- Prospective cohort study performed in Mexico, including cases diagnosed with AoS and HLHS within a 6-year period.
- AoS patients fulfilling previously published criteria for evolving HLHS (eHLHS) were offered FAV.
- Outcome variables were perinatal mortality, postnatal management, type of postnatal circulation and overall survival.

**RESULTS**
- 54 patients were included: 16 AoS and 38 HLHS.
- 18 (33%) patients had associated anomalies and/or abnormal karyotype and were excluded from subsequent analyses.
- 4 patients with AoS did not fulfill criteria for eHLHS, and did not progress during gestation.
- Only 3 cases of HLHS reported an attempt at surgical palliation, with 1 survivor of the first stage (Norwood procedure).
- Fetal aortic valvuloplasty was performed successfully in 9 cases of eHLHS.
- Overall postnatal survival was 44% in the eHLHS with FAV, and 1 case (ongoing) in the HLHS group (Figure).

**CONCLUSIONS**
HLHS in Mexico carries more than 95% risk of death, with little or no experience at surgical palliation in most tertiary centers. FAV is associated with ≈50% long-term survival in the AoS group; thus, it should be considered when managing cases fulfilling criteria of progression to HLHS.