Objectives
To evaluate the association of a false positive result on the first trimester screening test and adverse perinatal outcomes and to evaluate the presence of a correlation of the maternal serum levels of PAPP-A and free hCG-beta with these outcomes.

Methods
3639 patients were subjected to the screening from 2009 to 2015. The examination is composed by a risk evaluation based on the mother’s age, the presence of risk factors and by performing ultrasound for nuchal translucency evaluation, the presence of the nasal bone and the Doppler of the ductus venous, besides the biochemical analysis of the markers PAPP-A and hCG-β. It was collected information about the occurrence of abortion or foetal death, prematurity, small for gestational age newborn and gestational hypertension (GH).

Results
There were analysed the results of 2748 patients. The occurrence of foetal death or miscarriage was 19.6 times higher in patients classified as high risk for trisomy and 6.0 times higher in patients with medium risk. Prematurity was 2.7 times higher in patients classified as high risk for trisomy and there was no difference in patients with medium risk. Small for gestational age (SGA) was 1.9 times higher in patients classified as high risk for trisomy and 1.6 times higher in patients with medium risk. GH was 2.7 times higher in patients classified as high / medium risk.

Correlation between the maternal serum levels of PAPP-A and the outcomes, a statistically significant association with abortion and foetal death and newborns SGA. Regarding the maternal serum levels of β-hCG, we found a statistically significant association with the occurrence of foetal abortion or death, GH and prematurity.

Conclusion
The combined test of aneuploidies screening showed a lower detection rate in our population comparing to those described in the literature for a higher false-positive rate. A correlation among the false-positive patients for the test and the occurrence of other adverse outcomes on pregnancy has been observed.