Objective: To describe the ultrasound features of fetal ascites associated with an adverse outcome to enable better counselling and management of patients.

Method: The ultrasound findings and outcomes of all cases of ascites over a six year period were reviewed in an attempt to identify poor prognostic features.

Results: There were 95 cases of fetal ascites and 25 live births. Thirty five fetuses had ascites and ≥ 2 other ultrasound findings (including structural anomalies, Doppler abnormalities and markers for infection and aneuploidy) and none survived the neonatal period. Another 35 fetuses had a structural abnormality. In this group only fetuses where the cause of ascites could be treated in utero (3/5) or explained by the rupture of a hollow viscus (4/9) had a favourable outcome. Four fetuses had stigmata of congenital infection, and 1 with congenital toxoplasmosis was born alive. Six fetuses had markers for a chromosomal abnormality and none survived without significant morbidity. Thirteen fetuses had isolated ascites, 9 were live born but only 6 of these required no further treatment and were healthy at 1 year of age.

Conclusion: Systemic ultrasound examination can reliably predict which fetuses will have a poor prognosis. Isolated ascites has a better, but still guarded outcome.