**Objective**
To assess the delivery outcomes of neonates with congenital-heart-defects (CHD), and to explore the effect of prenatal diagnosis on these outcomes.

**Methods**
A retrospective study including singleton deliveries between 2011-2020. All singleton neonates delivered >24 weeks of gestation were included in the study. Fetuses with known prenatal anomalies other than CHD were excluded from the study. Pregnancy and neonatal outcomes were analyzed. Comparison was made between pregnancies with CHD to controls and between pregnancies with prenatal diagnosis of CHD to postnatal diagnosis of CHD.

**Results**
1598 neonates with CHD (688, 43.1% diagnosed prenatally) comprised the study group, compared to 85,576 singleton controls. Pregnancies with CHD had significantly increased BMI before pregnancy and suffered more from diabetes and chronic hypertension, had more inductions of labor, more cesarean-deliveries (CD) including both elective-CD and urgent-CD due to non-reassuring-fetal-monitor (NRFHR) (OR=1.75; 95%CI 1.45-2.14). Prenatal diagnosis of CHD resulted in a significant increased rate of induction of labor compared to postnatal diagnosis of CHD (OR=1.59; 95% CI 1.15-2.22), but did not affect the mode of delivery including rate of CD and CD due to NRFHR. The gestational age at birth and the birthweight were significantly lower in pregnancies with CHD compared to controls, with no difference between prenatal to postnatal diagnosis of the anomaly. Neonates with CHD had a higher incidence of hypoxic-ischemic-encephalopathy and seizures compared to controls without impact of prenatal diagnosis. The rate of 5-minutes-apgar score was significantly higher in the CHD compared to controls and lower in cases diagnosed prenatally.

**Conclusion**
Prenatal diagnosis of CHD is associated with increased rate of induction of labor, with no increased rate of CD and CD due to NRFHR. The 5-minutes-Apgar- scores is lower in pregnancies with postnatal diagnosis of CHD.