Ultrasound scans during pregnancy

01 What is it?

An ultrasound scan is an examination that produces images using ultrasound waves. A probe emits them, the foetus reflects them, and the machine turns them into images that are seen on a screen during the examination.

This sheet, given to you by Dr Gatri, is intended to supplement the explanations given during your consultation. Do not hesitate to ask her if you have any questions.

When the pregnancy is progressing normally, three screening scans are offered to you, one in each trimester. They are preferably carried out at around 12 to 13 weeks of amenorrhoea (weeks since your last period) for the first, 22 to 24 weeks for the second and 32 to 34 weeks for the third.

This sheet is based on the good practice recommendations set by the ministerial order of 20 April 2018, on the information and consent model set by the order of 14 January 2014, on the report and recommendations of the Conférence nationale d'échographie obstétricale et fœtale (2023) and on the patient information sheet of the CNGOF "Échographie pendant la grossesse" (2017), adapted to the practice of the clinic.

02 Why this procedure?

An ultrasound scan provides information that no other examination can give, for example:

- the exact age of the pregnancy;
- the number of foetuses;
- if you wish, the measurement of the nuchal translucency, which contributes to screening for Down's syndrome and can only be interpreted between 11 and 13 weeks without a period;
- the baby's anatomy and growth;
- the position of the placenta.

It also assesses the amount of amniotic fluid and, in the third trimester, the baby's position (its presentation).

It can also reveal certain possible malformations of the foetus.

In certain at-risk or abnormal situations only, a Doppler measures the speed of the blood in certain vessels of the foetus or the placenta.

03 How does the procedure take place?

The examination is performed by a doctor or a midwife.

It is completely painless.

A gel is applied to your abdomen, then the probe is placed on it; the gel helps the ultrasound waves to be emitted and received.

A vaginal probe may be needed: it provides very useful additional information. It is only used with your agreement.

Photos may be taken, but it is during the examination itself, in real time, that the images are best analysed, and not afterwards.

If the baby's position prevents everything from being seen, the examination can be completed at another time, sometimes on another day.

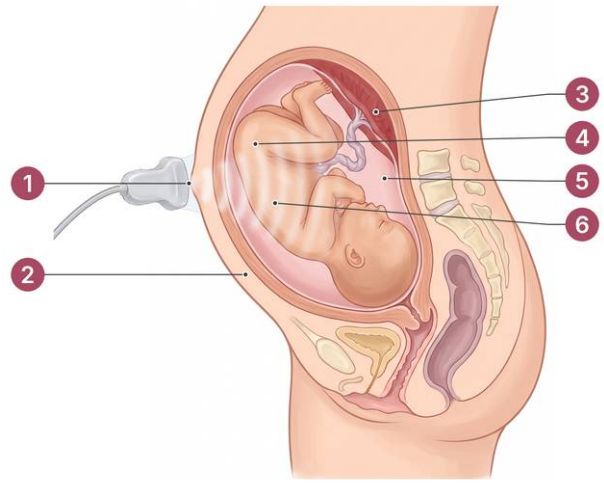

FIGURE 1 — The probe placed on the abdomen (diagram, side view).

1. Gel
2. Abdominal wall
3. Placenta
4. Foetus
5. Amniotic fluid
6. Ultrasound waves

Side view (cross-section): the front of the body is on the left.

Diagram Wagram Clinic, 2026.

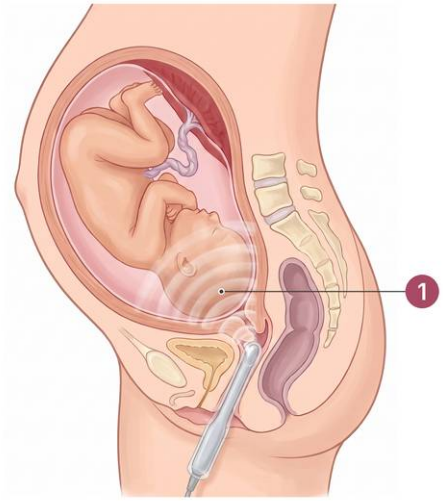

FIGURE 2 — The vaginal probe, only used with your agreement (diagram, side view).

1. Ultrasound waves

Side view (cross-section): the front of the body is on the left.

Diagram Wagram Clinic, 2026.

04 What the procedure does not guarantee

An ultrasound scan is a medical examination: it is not a "keepsake scan".

Despite technical progress, ultrasound is not perfect: an abnormality that is actually present may not be detected.

Conversely, certain appearances seen may wrongly suggest a malformation of the foetus, and a doubt may not be confirmed afterwards.

Certain features cannot be seen on ultrasound, or only very rarely, for example sight, hearing, the skin, the external genitals, the fingers and toes, certain parts of the bowel or the development of the brain. Certain abnormalities only appear later, sometimes after birth.

The measurements and the estimate of the baby's weight have a margin of error.

The quality of the images varies from one patient to another: the thickness of the abdominal wall or the baby's position can make the examination more difficult.

3D ultrasound is not necessary to diagnose abnormalities.

05 Risks and complications

As far as is currently known, an ultrasound scan carried out in a medical setting carries no risk, either for you or for your baby. As a precaution, the number and length of the examinations are limited to what is necessary.

When a doubt arises during the examination, the scan can be a source of anxiety for the parents-to-be.

06 Alternatives

These scans are recommended, but they are not compulsory.

You may also tell the doctor that you do not wish a search for a malformation of the foetus to be carried out.

07 Contraindications

If you have a question about what could prevent or hinder the examination in your case, ask Dr Gatri.

08 Before the procedure

Before the first scan, you will be asked to sign a document confirming that you have received the information about the examination and that you consent to it. A copy is given to you: show it at the following scans.

For the first-trimester scan, and in some cases for the following ones, you may be asked to have a full bladder at the time of the examination.

Avoid applying anti-stretch-mark cream in the days before the examination.

09 After the procedure and your instructions

The results are explained to you by the person who performed the scan. They give you the report and the images, usually just after the examination.

At the first-trimester scan, the date of the start of the pregnancy is set from the measurement of the baby from head to bottom. It may be different from the one you expected; it is this date that will be used as the reference for the following scans.

If an unusual appearance is seen, a further examination may be offered to you, by the same sonographer or by another one to whom you will be referred with your agreement; this does not mean that your baby is affected.

If a doubt arises, other tests may be offered to you depending on the situation, for example an amniocentesis (a sample of amniotic fluid), chorionic villus sampling or blood samples; their risks and constraints will then be explained to you.

In the third trimester, if the placenta is low-lying, a check scan is offered at around 36 to 37 weeks.

10 When to seek medical advice without delay

To find out what should make you seek medical advice without delay during your pregnancy, ask Dr Gatri.

11 Your questions for Dr Gatri

This information sheet probably cannot answer all your questions. In any case, do not hesitate to ask your doctor any question that comes to mind, either orally or in writing.