

Tacoma Equine Hospital

3112 – 156th Street E. Tacoma, WA 98446 ♦ 253.535.6999

PREPARING FOR THE LITTLE ONES!

As late winter arrives, many of our mares are getting ready to foal. This newsletter was written to help prepare you for the big day(s), with discussions about labor, “normal” foals, and potential problems during the first 2 weeks of life (neonatal period). Please call if you have any questions or concerns!

NORMAL BIRTHING AND FOALS

Signs That She’s Almost Ready:

Most equine pregnancies last between 320 and 365 days, with the average being 340 days (~11 months). Small drops of milk (“waxing”) may be seen on the ends of the mare’s teats hours to days before she gives birth. Be sure not to “milk” the mare, since the first milk she gives (colostrum) is vital to the foal’s health. Most mares will foal in the middle of the night. It is not recommended that mares be induced to have their foal early unless there are severe circumstances that necessitate early intervention.

Normal Birthing Process:

Before the mare starts “active” labor, she may lie down and get up repeatedly, sweat, and appear uncomfortable. This is when the foal is positioning itself, and may last minutes to hours. It is a good idea to allow privacy for the mare at this time. Once the mare begins to deliver the foal, the outer layer of the placenta (allantois) breaks (also known as the “water” breaking) and the foal is delivered within 20 minutes. The foal’s leg movements break the thin layer of placenta (amnion) and the umbilical cord ruptures within a few minutes. The final “stage” of labor is the passing of the placenta. This should occur within 3 hours after giving birth.

Normal Post Birth Foals:

Most foals will start to have a suckling reflex within 20 minutes of birth, and most will rock themselves into a sternal position (lying down with both front legs tucked beneath them) within 1-2 minutes. Most foals will stand within 2 hours of birth, and will be nursing by 3 hours.

Routine Post Foaling Procedures:

The umbilicus (“belly button”) of the foal should be gently cleansed with a dilute chlorhexidine (Nolvasan) solution or a dilute iodine (Betadine) solution every 6-8 hours for 24 hours. DO NOT use 7% iodine, as this may burn the tissue. Call your veterinarian if there are signs of increased heat or swelling of the umbilicus. If the mare has not received a tetanus shot in the 4-6 weeks before giving birth, the foal should receive a tetanus shot within 48 hours. Foals are born with meconium (dark, fetal manure) in their intestines, and may need a gentle enema to help pass it. Your veterinarian should perform this procedure.

The Importance of Colostrum:

As previously mentioned, it is vital that the foal receives enough of the mare’s “first” milk, which is colostrum. This thick, sticky, cream-colored milk is rich in antibodies, which are necessary for the foal to ingest in order to fight off infections. The foal’s gut is not able to absorb these antibodies after 48 hours, so it is important that the foal receives the colostrum soon after birth (the earlier the better!). Your veterinarian can run tests to determine if the foal has absorbed enough antibodies at 12 hours of age to fight routine infections. Specially designed plasma may be given if this number is low (consult your veterinarian). There are alternative sources of mare colostrum available through your veterinarian if necessary. If you see milk coming from the foal’s nostrils, call your veterinarian; the foal may have a cleft palate (incomplete development of the roof of the mouth) and is at risk for inhaling the milk into the lungs.

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POTENTIAL PROBLEMS

Not enough antibodies (failure of passive transfer): As mentioned above, if the foal does not receive enough high-quality colostrum in a timely manner, the foal is more susceptible to infections. This may occur if the mare rejects the foal and doesn't allow him to nurse, if the foal is unable to stand (premature, crooked legs, sick, poor footing, etc.), or if the mare is sick or produces poor quality colostrum. This can lead to the next problem:

Blood infections (septicemia): Bacteria and/or viruses may enter the foal's bloodstream after the foal noses around in the bedding and thereby ingests or inhales them, or they may enter through the umbilicus. A foal with a high enough level of antibodies will generally "clear" these bugs and have no problems. If the foal lacks antibodies OR if there is a large, overwhelming number of bacteria (i.e. born in manure or a dirty stall), the foal may develop septicemia. These foals become very sick quickly. They are often depressed, weak, may not nurse, and can die within hours. Call your veterinarian immediately if you suspect an infection.

Meconium impaction: The foal waste that is produced during pregnancy is thick and can sometimes cause an impaction in the gastrointestinal system. These foals may appear colicky, and they will strain to defecate. They may even become bloated, so call your veterinarian if you see these signs. Usually a gentle enema will do the trick.

"Dummy" foals: This syndrome has many names, including "dummy" foal, "neonatal maladjustment syndrome (NMS)," "hypoxic-ischemic encephalopathy (HIE)," and "barker" foals. This syndrome occurs when the foal's oxygen supply is cut off, either during the pregnancy or during the birthing process. These foals are "mentally retarded," and you will see signs of this within 3 days of birth. They may not be able to stand, and they may wander and look "lost." Some of these foals have a poor ability to suckle, are blind, disoriented, and half of them have seizures. Many of these foals are septic (infected) as well since they can't nurse and thus don't receive antibodies. If treated early by your veterinarian, many of these foals survive and the "retardation" is reversed. The severity of the condition varies among foals; one may just need help standing for a day, and others may need continuous oxygen therapy for a week. Call your veterinarian if you suspect this syndrome.

Diarrhea: Although diarrhea is rare in newborn foals, there are several causes that need to be explored if it develops. Several types of viruses and bacteria can cause diarrhea, as well as parasites. Drinking too much milk can cause loose feces, and a sudden change in the mare's diet can also lead to foal diarrhea. "Foal-heat" diarrhea is normal and usually occurs when the foal is 6-10 days old (and correlates with the mare's first heat cycle); this is caused by normal changes in the foal's gut and lasts for 2-5 days. These foals are bright and alert, and no therapy is needed. The most important thing to remember is that if the foal has diarrhea and is depressed or not nursing, call your veterinarian!

Contracted Tendons: If the flexor tendons (along the back of the cannon bones) are tighter than they should be, several problems may arise. If the contractures are very severe, the mare may have difficulty giving birth (dystocia) since the foal can't straighten its legs out to go through the birth canal normally. Most foals with contracted tendons just stand more upright than normal, and the tendons relax after the foal is active for a few days. If the foal has difficulty rising, standing, or walking, your veterinarian may be able to help with the aid of a specific medication, tetracycline (should be given within 2-3 days after birth) and splints. Contracted tendons may develop later in life.

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VETERINARY EMERGENCIES:

In the following situations, call your veterinarian immediately!

1. **Trouble giving birth (dystocia):** If the mare has lied down and been pushing for over 30 minutes, call your veterinarian. The foal may be positioned incorrectly (backward, breech, etc.) and need assistance. If the “water” has already broken, the foal may not be getting enough oxygen if it is abnormally positioned, and these foals may not survive. Those that do may be “dummy” foals. Dystocia can also occur if the foal is too big to come through the birth canal, if there are twins, or if the mare becomes weak or tired and quits pushing.
2. **“Red bag” delivery:** If the mare goes into labor and you see a red, velvety bag (outer layer of the placenta) coming out of the vulva (instead of the foal’s front feet and nose), the placenta has torn away from the uterus too early, and the foal is no longer receiving oxygen from the mare’s body. Since the bag is still closed, the foal can’t breathe! The bag must be cut open so that the foal can begin to breathe air; you cannot wait for your veterinarian to arrive or it will be too late. Be careful to just cut the bag a small amount, and then tear it open with your hands so that the risk to the foal is lessened. Help the foal out onto the ground and clear the airways. These foals are at higher risk for developing into “dummy” foals.
3. **Inability to stand or nurse:** If the foal has not stood OR has not nursed within 3 hours of birth, call your veterinarian. The mare may have to be milked and the colostrum fed to the foal through a tube.
4. **If you are uncertain, CALL your veterinarian! Remember that 90% of foals are healthy and happy during this neonatal period, but it’s best to be prepared, just in case!**