

Cinder Hill Equine Clinic



Foaling

Most mares foal normally without assistance, however, if the mare does have difficulty, the foal and mare can become compromised very quickly. Mares have a very variable pregnancy length, the average mare pregnancy lasts between 335 and 340 days, the mare usually starts to develop an udder around 2 weeks beforehand and wax may be evident in the few days before delivery. If the mare foals before 320 days the viability of the foal may be questionable.

The 3 stages of foaling:

Stage one – Initial labour

The mare experiences contractions, will flank watch, get up and roll. This is normal behaviour and usually lasts around 30 minutes but can last for up to an hour. Do not interfere. If the behaviour continues for more than 30 minutes, it can indicate that the foal is not in the correct position or it could be unrelated to foaling and, for example, be colic. A veterinary surgeon should be sought immediately.

Stage two – Giving birth to foal

This starts when the mare's waters break. Time from water breaking to foal being born shouldn't be any longer than 20 minutes. If it takes longer call the vet immediately. Normal presentation of foal is with the front legs first, one slightly ahead of the other and the head in between them. Foals are often born with the amnion membrane around them, you can break this and clear it away from nose to allow the foal to breathe. The umbilical cord should rupture on its own and shouldn't need cutting.

There is no need to rush in to check the foal unless the membrane is still over the nose, as this may lead to premature rupture of the cord. If bleeding from the cord continues or is in large quantities, apply pressure with a clean towel and contact vet.

Stage three – Passing placenta (cleansing)

This can often be accompanied by straining and discomfort. The placenta should be passed within three hours of foaling. It is important you do not pull it as may tear and leave parts inside the uterus which can cause infection of the uterus. It may be best to tie it up with string to prevent the mare from standing on it. If the placenta has not been passed within three hours of the foal being born, call the vet. Retained placenta is potentially very serious as it can cause uterine and systemic infection, toxæmia, laminitis and, in severe cases, may result in death. If you are unsure that the entire placenta has been passed, don't hesitate to call us for advice. We can check the placenta by laying it out on the floor to see if it has all been passed. We can also examine the mare and foal, making sure they are healthy, and start any necessary treatment.

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Foal

The first few hours of your foal's life are critical. A healthy newborn foal should be able to stand within one hour of delivery and should be nursing within two hours. If your foal is too weak to stand and nurse, contact us for advice. They may require bottle feeding or further investigation.

Dip your foal's umbilical stump with dilute chlorhexidine (Hibiscrub) at least twice daily for two to three days or until the stump is dry. Every foal should pass its first faeces, or meconium, within 12-24 hours of delivery. Meconium is pelleted in consistency and dark brown or black in colour. Following meconium passage, the foal's faeces should be soft and light tan in colour. It is vital your foal ingests at least one to two pints of good quality colostrum within the first few hours of life to ensure absorption of adequate antibodies. Peak absorption occurs during the first 6-12 hours following birth. We strongly advise that all newborn foals receive a vet check within the first day of life and have a blood sample taken to check their antibody levels are adequate. Antibody levels are most accurate from 18 hours old. If the mare has not had a vaccination within the 3 months before foaling, then a tetanus antitoxin is also recommended at the time of a new foal check to ensure that the foal has adequate protection against this disease.

You should observe your newborn foal frequently during the first few weeks of life to detect early signs of disease. Often the first sign of a sick foal is lethargy and decreased nursing accompanied by an overly distended udder on the mare or the mare running milk. Young foals are at risk for a variety of respiratory diseases and diarrhoea. Monitor your young foal's breathing rate and effort, body temperature, nursing behaviour and faecal consistency.

A healthy newborn foal should consume 15-25% of his body weight in milk daily and gain an average of 0.5-2kg/day. Excessive weight gain, unusually rapid growth spurts, or a diet unbalanced in calories, protein, calcium, phosphorus and trace minerals may place your foal at increased risk for metabolic bone disease.

Whilst your foal will gain some immunity to disease from the mare's colostrum, it is recommended that you start vaccination for Influenza and Tetanus from six months. Worming should also be considered, please speak to your vet for a tailored worming plan for your foal.

It is now a legal requirement for foals to have an equine passport within six months of birth, or by 31st December of the year of its birth, whichever is later. It is also a requirement for them to be microchipped at the same time which must be performed by a vet.

Normal ranges for a newborn foal

Temperature: 99-102 ° F (38.3-38.7°C)

Heart Rate: 80-100 beats per minute

Respiratory Rate: 20-40 breaths per minute

Meconium Passage: 12-24 hours

Nursing Frequency: 3-5 times an hour

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Preparing for the next breeding season

Contagious equine metritis

The disease is caused by a bacteria called *Taylorella equigenitalis* (the contagious equine metritis organism – CEMO). *Klebsiella pneumoniae* (*K. pneumoniae*) and *Pseudomonas aeruginosa* (*P. aeruginosa*.) are also significant venereal pathogens which are tested for alongside *T. equigenitalis*. If *T. equigenitalis* is detected then the government must be notified.

The bacteria are transmitted between horses via direct transmission during mating/teasing, via AI if semen is infected, or indirectly via hands/equipment. In the mare, the severity of disease caused by the CEMO varies. The main outward clinical sign is a discharge from the vulva, resulting from inflammation of the uterus, usually 1-6 days after infection at mating. In more chronic cases, a mare may present no signs of disease although the disease may be present. Infected stallions do not usually show signs of disease. If infection with any of the three organisms is suspected in any mare, stallion or teaser on the basis of clinical signs, all breeding activities must cease immediately. The affected horse or horses should be isolated and swabbed by your vet. Infection can be prevented by ensuring that horses are not infected before mating, or by treating successfully if they are infected and re-swabbing before re-mating. If a mare does not conceive on first or subsequent mating, and her return to oestrus is normal, she should be swabbed again before being re-mated.

Some studs and stallion owners will ask you to ensure freedom from infection before breeding and employ strict hygiene measures. This involves your veterinary surgeons taking swabs from the genitalia of mares and stallions and laboratory testing. Laboratory diagnosis is essential to confirm the presence or absence of the CEMO, *K. pneumoniae* and *P. Aeruginosa*. Check stallions, teasers and mares for infection before they are mated: this is done through swabbing.