



Ballybrown Equine Clinic



Ballybrown Equine Clinic, Ballybrown, Clarina, Co. Limerick, Ireland.

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FOALING MARE AND NEWBORN

Preparing for a safe and successful delivery

A SAFE PLACE TO FOAL

Your mare will need a clean, safe quiet place to foal with adequate bedding and a floor that can be readily cleaned and disinfected. A good high bed of straw is necessary as shavings will cling to the wet newborn. Remove manure and soiled bedding promptly, and disinfect thoroughly between foalings.

THE COUNTDOWN

Some mares provide clues that they are about to give birth but others do not. The following are some general guidelines:

- The mare's udder begins filling with milk 2-4 weeks prior to foaling.
- The muscles of the vulva relax. The tail head may become more prominent a few days prior to foaling.
- "Waxing" of the teats occurs. (A yellowish, honey like secretion (colostrum) appears 1-4 days prior to foaling).
- The mare becomes anxious and restless. She may appear to be a little colicky. She may kick at her belly, pace, lie down and get up, look or bite her flanks, and sweat. She may frequently raise her tail and urinate. (Beware however that colic remains a possibility. If such behaviour is prolonged for more than an hour or two without progress towards foaling, contact Ballybrown Equine Clinic.)

PREPARING FOR BIRTH.

Most mares foal without difficulty. It is usually best to allow the mare to foal undisturbed and unassisted. If a problem is apparent, contact Ballybrown Equine Clinic.

What you can do:

- Write down Ballybrown Equine Clinic's number well in advance of the birth and keep it by all phones.

- Wrap your mare's tail with a clean wrap when you observe the first stage of foaling. Be sure that the wrap is not on too tight or left on too long as it can cut off circulation and permanently damage the tail.
- Wash the mare's udder, vulva, and hind quarters with a mild soap and rinse thoroughly.
- Clean and disinfect the stable as thoroughly as possible and provide adequate bedding prior to foaling.
- Test strips that measure calcium in the mammary secretions (Ask Ballybrown Equine Clinic). These strips aid the owner in predicting when the mare will foal; sudden increases in calcium are associated with imminent foaling.

UNDERSTANDING LABOUR AND DELIVERY

Labour is divided into three stages:

Stage one: begins with the onset of contractions and generally lasts 1-2 hours. Even in a normal delivery, the mare may stand up, lie down, or roll several times in an effort to properly position the foal for delivery. During this phase, contractions move the foal through the cervix and into position in the birth canal. The foetal membranes (allantois) may become visible at the mares vulva. When the sac breaks, signaled by the rush of fluid, stage one ends.

Stage two: is the actual expulsion of the foal. This phase moves relatively quickly. If it takes more than 30 minutes for the mare to deliver, there could be a problem. If there is no significant progress within 10-15 minutes after the membrane ruptures, call your vet immediately. If labour seems to be progressing, wait and watch. Normal presentation of the foal resembles a diving position, with front feet first, one slightly ahead of the other, hooves down, followed closely by the nose, head, shoulders, and hind quarters. If you notice foals hooves' soles up, the foal may be backwards or upside down, and you should call your vet immediately. If you suspect any deviation from a normal foaling delivery position call you vet immediately.

Stage three: labour begins after delivery and is the phase during which the afterbirth (Placenta) is expelled. Most placentas are passed within 1-3 hours after the foal is delivered. If the placenta has not passed within 3 hours call Ballybrown Equine Clinic. A retained placenta can cause serious problems, including massive infection and laminitis.

POSTPARTUM CARE FOR MARE AND FOAL

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In the excitement of birth, it is important to remember some tried and true guidelines:

- Allow the foal time to break the foetal membranes. Once the foal breaks through make sure it is breathing.
- Generally, it is not recommended to cut or break the umbilical cord. If it has not broken during delivery, it will usually break when the mare or foal gets up. The cord should break at the site approximately one inch from the foal's abdomen, where the cord's diameter is slightly narrower than the remainder of the cord. If it is necessary to manually separate the cord, it should be held firmly on either side of the intended break site then twisted and pulled to separate. Twisting and pulling the cord stimulates closure of the umbilical vessels and reduces the likelihood of hemorrhage from the cord stump. If bleeding persists following the separation, pressure can be applied to the stump for several minutes by squeezing with the thumb and finger.
- Encourage the mare and foal to rest as long as possible. Give them the opportunity to bond undisturbed. Treat the umbilical cord with an antiseptic solution, Tincture of Iodine is recommended by Ballybrown Equine Clinic, soon after the cord breaks and for several days thereafter to prevent bacterial infection.
- Observe the mare and foal closely for the next 24 hours.

IMPORTANCE OF OBSERVATION

Following birth of the foal, the mare and foal should be monitored for the following:

- Foal is breathing normally.
- Foal is bright and alert to its new surroundings.
- The foal should make attempts to rise within thirty minutes after birth.
- Mare is non aggressive, curious and accepting of her newborn. (Occasionally a mare will reject its foal. In such a case, the foal should be removed and reintroduced with the mare under restraint. Foal rejection is more common in maiden mares.)
- Foal should stand and nurse within 2 hours of birth. If the foal has not nursed within three hours, call Ballybrown Equine Clinic. The foal may be weak and need assistance or medical attention.

- Foal should pass meconium (the first sticky, dark stool) within 12 hours after birth. If not, an enema may be needed.
- Mare should be bright and alert. Allow her to eat as soon as she is ready, and supply plenty of water.
- Once the placenta is passed examine it to make sure it is intact, particularly at the tips of the horns. The afterbirth will be Y shaped and should have only the hole through which the foal emerged.
- If you suspect the mare has retained part of the placenta, call Ballybrown Equine Clinic to examine it and the mare.
- You may wish to check the mare's temperature and other vital signs within the first 24 hours of foaling to make sure they are normal. An elevated temperature may indicate infection (normal range 99.5-101.5 degrees Fahrenheit)

IMPORTANCE OF COLOSTRUM

It is essential that the foal receives an adequate supply of colostrum. Colostrum, the mare's first milk, is extremely rich in antibodies. It provides the foal with passive immunity to help prevent disease until its own immunity kicks in.

A foal must receive colostrum within the first 8-12 hours of life in order to absorb the antibodies. If the foal is too weak to nurse, it may be necessary to milk the mare and call Ballybrown Equine Clinic to stomach tube the foal with colostrum.

If the mare appears to be leaking an excessive amount of milk prior to birth, consult your vet. This pre foaling milk is not typically colostrum rich. However depending on your vet's recommendations, the mare should be milked and the colostrum frozen to give to the foal shortly after birth. For orphan foals, or mares without an adequate supply of colostrum, it is very important to locate a back up supply of colostrum. Without it the foal is at an increased risk of infection. Ballybrown Equine Clinic can test the colostrum to determine whether it is rich in antibodies. Also, the foal's blood (serum) can be tested 18-24 hours of age to evaluate IgG antibody levels. If IgG is inadequate, treatment for Failure of Passive Transfer (FPT) should be instituted by your vet.

OTHER FOALING ADVICE

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- If a mare appears to require assistance during foaling, call Ballybrown Equine Clinic.
- If you suspect a problem during the foaling process, such as the foal is not in normal foaling position, call Ballybrown Equine Clinic. If caught early enough during labour your vet may be able to reposition the foal for a normal delivery.
- Unless a dire emergency do not pull the foal. An exception to this rule might include a backwards presentation, because the foal can suffocate unless delivered promptly. Under no circumstances should you ever pull a foal with anything more than your own muscle power, and only during a contraction i.e. when the mare is straining. Improper pulling risks damage to the mare's reproductive tract, injury to the foal, and premature separation of the umbilical cord, which will deprive the foal oxygen.
- Many foals begin life with weak legs. Don't be overly concerned if he/she is down in its pastern and fetlocks for the first day or two of life. They will generally straighten up. However, if you see extreme deviations of limbs or note other physical abnormalities, or the condition persists, consult Ballybrown Equine Clinic.
- It is always a good idea to have your vet do a post foaling exam of both the mare and the foal as well as examine the placenta.