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CARE OF THE FOALING MARE AND THE NEWBORN FOAL

The following comments are intended as a basic guideline for the mare owner. General statements about a complex subject such as foaling mares cannot cope with all of the individual problems that may arise. Individual consultation and professional assistance are recommended as indicated by the individual case.

Prior to foaling, care should be taken to insure the general health of the mare. Pregnant mares should be kept in good condition but not overly fat. They should receive a killed Rhino pneumonia vaccine the 5th, 7th, and 9th months of pregnancy. All pregnant mares should be given their spring vaccinations one month before foaling. Diet should be adequate to maintain condition, but excessive weight gains are to be avoided in late pregnancy. Good sources of salt and water should be available at all times. A diet composed of at least 25% alfalfa hay is beneficial in the last four months of pregnancy due to its superior level of calcium and protein, which is important to the growing foal at this stage. A good vitamin and mineral supplement fed in a suitable amount of grain is necessary.

The gestation period (duration of pregnancy) in a mare averages 345 days, with normal variation of plus or minus 20 days. Several signs are more or less indicative of impending foaling. Mares tend to follow the same general pattern from one pregnancy to the next, however due to the variable length of gestation and varying reliability of signs of impending foaling, it is safest to prepare foaling facilities at least 25 days prior to anticipated foaling date.

Foaling stalls should be at least 14' x 14' and well bedded, preferably with straw, and kept clean and dry at all times. The walls should be constructed so that there are no spaces between boards, no nails, etc., protruding and all watering devices kept above floor level.

The following are some of the signs of impending foaling:

1. Mammary enlargement and abdominal distention in the last five months. Mammary development is most marked in the last thirty days.

2. Relaxation of pelvic ligaments and external genitalia, ten to thirty days prior to foaling- this varies from flattening to marked depression of muscles adjacent to the tail. Lips of the vulva become relaxed, and the area under tail assumes "jelly-like" consistency.
3. Waxing of teats- actually a hardening of colostrum (first milk) secretions, usually within 72 hours of foaling. At this time it is advisable to wrap the mare's tail and wash the perineal region and udder with warm water.
4. First stage of labor: Extreme nervousness, may be off feed, mild colic, cranky disposition. Usually foals within 12 to 24 hours.
5. Second stage of labor: Expulsion of fetus. This stage usually occurs with the mare lying on her side. Contractions are initially uterine with abdominal muscles brought in to play when the fetus enters the pelvic inlet. The intensity of the contractions continues to increase and are greatest when the head of the fetus is at the vulva. The membranes (water bag) usually rupture about the time they appear at the vulva. From the time the membranes are presented at the vulva, the foal should be delivered within 20 minutes.

The position for normal delivery of a foal is head first with both fore feet extended and the head on the front legs. As the foal's head appears at the vulva, the nose should be observed to make certain the nostrils are free from the membranes to allow breathing. If these membranes break free of the nostrils, it is advisable to observe without assisting, assuming progress is normal.

The umbilical cord usually breaks on its own. Separation of the cord, if necessary, should be done by grasping the cord with both hands and pulling it apart approximately four inches from the belly wall. It should not be cut or tied.

Following foaling, if the foal's respiratory tract is free of restrictions by mucous or presence of afterbirth, mare and foal should be left undisturbed and observed from a distance for the next two or three hours. The foal should be nursing within 4 hours of birth. Veterinary examination of the mare and foal is recommended, preferably in the first twenty-four hours but the situation ceases to become an emergency if everything is normal directly following birth.

When the mare stands, it should be determined whether or not the afterbirth has been passed completely. If it has, it should be removed from the stall and placed in a bucket, or other suitable container, and saved for veterinary examination. If

it has not been passed, the afterbirth should be gently tied in knots so that it does not extend below the level of the mare's hocks where there is danger of stepping on it and creating a tear. It should never be pulled or cut off. If the afterbirth has not been passed within 4 hours of birth a veterinarian should be contacted.

At this time the foal's navel can be disinfected using a 2-7% tincture of iodine or chlorhexadine solution. The most effective way to accomplish this is to use a small cup or plastic pill vial, immerse the entire umbilical cord in the solution and shake gently for approximately one minute. This procedure should be carried out twice daily for the first three days. Disinfection of the navel is extremely important because the cord is an avenue of infection that can affect the entire body causing severe disease, death, or can localize in a joint and cause permanently crippling infectious arthritis or "joint ill". The umbilical cord may not fall off for one month, but it should be noticeably dry with no discharge after the first two or three days and should never become larger after foaling.

The area of the navel should also be observed particularly in the situation pointed out by the attending veterinarian for the presence of umbilical hernia or "rupture". This is a normal opening in the abdominal muscles at the navel, but covered by skin and connective tissue. These openings normally close in the first few months of life with no ill effects. The condition is seen as a visible lump on the lower abdomen at the midline. Most umbilical hernias contain only fat and are insignificant. Some necessitate surgical correction following weaning, but this is not immediate cause for concern. All persistent swellings of the umbilical area should be observed closely. Your veterinarian should examine any enlargement of such, particularly those associated with signs of abdominal pain or colic, immediately. Inclusion of a portion of the intestine in the hernia, although rare, is possible and serious.

The foal should be observed in the first few days of life for any signs of inappetance or constipation. Any refusal to eat in the newborn should be regarded as serious and requires professional attention. In the first three to four days of the foal's life, constipation is the most likely serious problem that may develop. While it is impractical to expect to observe the foal having bowel movements during this period, observation should be made for depression, inappetance, and abdominal straining, particularly stretching and raising the tail as if attempting to have a bowel movement. If any such questions occur, professional assistance or consultation is recommended.

In contrast to constipation, diarrhea is anticipated in the foal at the so called "foal heat". This normally occurs nine to twelve days after foaling. This is usually manifested as a diarrhea in the foal lasting approximately two days with no depression or loss of appetite. If this occurs no treatment is recommended other

than the application of mineral oil or Vaseline to the foals buttocks to prevent scalding of the hair. If the condition persists longer than two days or if it is accompanied by depression or inappetance, professional consultation is recommended. The condition is expected and is produced by an incorrect bacterial balance in the foals digestive tract caused by an abnormal milk supply from the mare during the heat period. The severity may be limited to a degree by cleaning the udder and lower vaginal region with warm water. During the post partum period, the mare should be observed for the presence of appetite, general attitude and presence of vaginal discharge. The vaginal discharge may be present for four to five days. It should be blood tinged to straw colored and should not contain pus. If any deviation from this pattern is present, professional consultation is advised.

After two to three weeks, the foal will begin eating solid food on its own. This is to be encouraged and a "creep feed" is advisable, fed free choice (i.e. all the foal will eat) until weaning.

In the absence of obvious decreased milk supply or poor condition in the mare, or upon recommendation of your attending veterinarian, it is NOT advisable to increase the diet of the mare in the first ten days after foaling as it will potentiate the foal heat diarrhea. However, gradual increases in the mare's diet following this period are recommended to compensate for the increased milk consumption by the foal. Consult your veterinarian for more specific recommendations.