

A Basic Guide to Foaling

'What to expect, when you're expecting a foal'



TOR EQUINE
VETERINARY PRACTICE

Foaling can be a very exciting but also daunting prospect, so we have created this factsheet to help you prepare for your new arrival. This sheet focuses on the basic principles and tasks of foaling but we fully recommend reading a range of books to get a broader knowledge of what to expect, what is normal or abnormal and when you should phone a vet.

Vaccinations

The mare should be up to date with her normal Influenza & Tetanus course. It is beneficial for her to receive a Flu/Tet booster around 4-6 weeks pre foaling. This will increase the antibodies that are passed to the foal via colostrum. Pregnant mares should receive an Equine Herpes Virus vaccine in the 5th, 7th and 9th months of pregnancy, as affected mares can abort in late pregnancy or give birth to weak foals that succumb to infection and ill thrift in the first few days. Some yards/studs encourage vaccination against rotavirus, this is a course of 3 injections in the 8th, 9th and 10th months.

Nutrition and exercise

A common mistake is to overfeed during pregnancy and underfeed during lactation. In the first 8 months of pregnancy the requirements are similar to a non-pregnant mare and should be dictated by workload.

The last 3 months of pregnancy is when the foal undergoes the most growth, therefore, this is when the mare will need more protein, minerals and energy. If the mare is grazing on pasture only, she may need additional supplementation in the form of a stud balancer as Ca, PO₄, and protein may be limited in grass especially if it is long and fibrous.

The best scenario is to have your mare in a good and consistent body condition score (5/10) during the pregnancy and to keep weight fluctuations to a minimum, however if your mare does need to lose weight do not do this in the last 3 months of pregnancy and do not cut feed during lactation- the optimum time would be in the first 6 months if necessary.

During lactation there are high demands on the body and the mare will need a good source of energy and protein in order to produce good quality colostrum and milk. The ribs should not be seen but should be felt. A constant source of ad-lib hay should be provided at all times. If you are concerned about your mare's nutritional needs, then please ask one of our vets for more information.

In the first 6 months of pregnancy the mare is able to continue work as per normal, tapering the exercise down in the latter months. She should have free access to roam and perform natural behaviours in a paddock or field.



Pre-Partum management:

- Mares should be introduced to their foaling environment 6 weeks before foaling to settle in, this will also stimulate the mare's immunity to raise antibodies against pathogens in the new environment which can then be passed onto the foal.
- The foaling box should be more than 5x5metres, have good ventilation and no draught. Deep straw bedding is recommended however should be kept clean. Round corners are preferable or hay bales to prevent mare/foal from getting cast. Heat lamps can also be considered.
- If your mare has had a Caslick's procedure performed during the insemination process it will need to be cut at around 2-4 weeks before her due date.

A few signs to look for:

- The musculature around the tail head becomes soft and flaccid 2-4 weeks before foaling.
- An increase in mammary gland size (udder), +/- secretion of milk and general relaxation of the abdominal (tummy), pelvic and perianal (around her bottom) area may occur at the same time (2-4 weeks)
- Mares often show signs of uneasiness 1-2 weeks before foaling.
- Waxing of the teats occurs 24-48 hours before foaling.
- Milky fluid may leak from the teats a few hours-days before foaling although maiden mares (ones that have never foaled in the past) may not produce milk until after foaling. If the mare is running milk before foaling please speak to your vet.

EMERGENCY

'Red bag' is a term given when the chorioallantoic membrane does not rupture at the cervical star which means the foal is delivered inside a red membrane rather than the usual grey/white membrane. This has severe consequences for the foal as it cannot receive oxygen whilst in this bag. If a red bag is seen at the back end of your mare, it is essential you ring your vet immediately who will advise you on what to do next.



Stages of pregnancy:

First Stage:

This is where contractions start, and the mare may become restless. This stage can last from 2-24 hours. In this stage it is beneficial to bandage the mare's tail and wash the perianal area, whilst minimising fuss over the mare. If the mare is running large amounts of Colostrum try to collect it into a sterile container after cleaning the mare's teats with dilute antiseptic.

Second Stage:

This is the stage where the foetus is delivered. It begins with the mares 'water-breaking' due to breakage of the chorioallantios at the cervical star and resultant release of allantoic fluid. This stage should be less than 30 minutes, if much longer it may indicate a problem and its best to phone your vet for advice. However, if everything looks normal then the mare should be left well alone. Most mares are recumbent at this time. You may see a grey/white membrane (amniotic sac) at the mare's vulva, this will break naturally.

Third stage:

This is the stage where the mare passes the remaining placental membranes, she can become restless again. This stage lasts around 60 minutes, if the placenta has not passed in 3 hours then you should call your vet. If not expelled before mare stands up, tie in a knot. It is recommended a vet or experienced person examines the placenta for completeness.

Basic Foaling Kit:
Headcollar & Lead Rope,
Towels,
Bucket,
Antibacterial wash/gloves,
Cotton wool,
Warm water,
Lubricant
Heat lamp,
Antiseptic navel dressing,
Feeding bottles,
Access to colostrum.



Gestation Length: Most mares foal around 330-346 days. Although can be as early as 310 days, or as late as 370 days.

Foals

At around 12-16 hours post foaling, we recommend a thorough veterinary check, however, there are a few general checks you can do yourself. We recommend doing many of these checks from a distance as the first 10 hours are crucial for mare-foal bonding

- Umbilicus – you should dress the umbilicus in 0.5% Chlorhexidine solution 3-4 x daily for 3 days. Avoid using iodine as it can cause sloughing and reopening.
- Feeding – The foal should start latching on by 2 hours, great care is to be taken when watching to ensure that the foal is definitely sucking and not just head butting/resting its head on the dam's udder.
- Droppings – Has the foal passed Meconium?, this usually happens within the first 10 hours, it will be black/brown pellet like droppings but can be tar-like, it is essential that the foal has passed Meconium so if you think he/she has not, please let your vet know and an enema may need to be given.
- Head – you can visually check that the eyes look normal and that there is no milk running out of the foal's nose after suckling – this may indicate problems such as a cleft palate.
- Breathing – is the foal breathing evenly and is there any obvious signs of trauma to the rib cage
- Limbs – are there any very worrying deformities of the limbs? It is usual for foals to have deviances in their legs, they usually correct over time and if not your farrier and vet can suggest the best course of action.

The main checks an owner should do to a mare are:

- Placenta passed – has she passed the placenta (stage 3).
- Colostrum – is she producing colostrum/milk for the foal? Some mares struggle with milk let down and if this is the case she will need to be seen by a vet. A vet can also take a sample to assess quality, and we would advise an IgG test on the foal
- Rear end – any obvious rips or tears of her hind end that may need to be sutured by a vet to prevent infection.

As vets we will do a thorough vet check of mare and foal which includes:

Mare Check

- Clinical exam
- Thorough check of placenta to prevent any risk of retained material which can lead to serious complications.
- Any damage to her vulva/back end – any damage will most likely need addressed 2-3 days post foaling.
- Colostrum assessment

Foal Check

- Administration of Tetanus Antitoxin if the mare wasn't vaccinated 4-6 weeks pre-foaling.
- A thorough clinical exam
- Assessment of 'suckling on'
- If within a few hours, they have not passed meconium then the foal will need enema to assist this.
- We encourage an IgG blood test to see if the foal has received adequate colostrum from the mother and therefore will have a good level of immunity against infection.



Remember 1,2,3.

Up within one hour,

Suckling within 2 hours,

Placenta passed within 3 hours.