

This Old Horse: What to expect when a mare is in foal

It is the last third of your mare's pregnancy when you begin to observe changes.

During the last trimester, you should move the mare to the area where you want her to deliver. This is so she is exposed to particular bacteria and viral antigens and her body can produce the antibodies to them. She can then pass them onto her foal during birth. Also, she will be comfortable in her new surroundings before the due date.

In the late stages of pregnancy, you will notice the mare's belly has enlarged and she will be less active than normal. In the last two to three weeks, the abdomen muscles become more relaxed, and the foal will "drop." This is usually more obvious in older broodmares.

In another week's time, the muscles on either side of the tail head become very soft, somewhat like Jell-O. In the last two-week period, the mare's udder will begin to enlarge until during the last week the teats fill out. When you can see a clear secretion, you are approaching the last week or days of pregnancy. By the last two days, the secretion becomes thick and cloudy, sometimes leaving a milky droplet on the end of her teats. This is what is called "waxing."

Do not be alarmed if in those last days your mare experiences edema along the center of her underbelly—called ventral edema. This sometimes referred to as a ‘milk vein’. Turning her out in a larger area to move around more a few hours a day or hand walking her will help with this. It has nothing to do with her milk as some old wife’s tales indicate.

The mare should be **dewormed the day of foaling**, to prevent the transfer of threadworms to the foal through the mare’s milk

Birth of the foal happens in four stages.

Phase 1

In phase one, the mare will be restless and even seem to have mild colic. She will lay down, get up, nibble hay, swish her tail, and repeat. This indicates the last couple of hours before foaling.

Phase 2

In the second phase, her water will break. The mare is usually standing up when this happens. The front feet of the foal will appear in this phase, which takes about fifteen minutes. If 20-30 minutes go by and the feet do not appear, call the vet because she may be having trouble. Most mares deliver easily and quickly. If you need the vet, walk your mare until she or he arrives.

Phase 3

In the third phase of normal birth, the mare will usually lie down, and labor begins. In a normal presentation, the amnionic tissue with one

foot appears (in phase two) with the sole of the foot downward, the other foot appears next, and then the nose of the foal. Anything different from that and you should call your vet.

The foal delivers quickly after that initial presentation. The mare will remain lying down for a few minutes. This gives her time to rest and the blood to flow from her to the foal before breaking the umbilical cord. The cord will break naturally when she stands up. Allow the umbilical cord to rupture on its own. **Do not cut the umbilical cord.** It is important for the mare to lie quietly for 10 or 15 minutes after foaling to allow the transfer of cord blood to reach the baby.

Phase 4

The passing of the afterbirth or placenta is the fourth and final stage. This can happen a few minutes to one hour after the foal is born. Again, the mare will experience contractions and behave as though she has colic. This may continue even for a few hours after the placenta is expelled. Examine the afterbirth to be sure it is intact. Any part left inside the mare can cause infection and serious consequences. If the placenta is not expelled within three hours call the vet. A retained placenta can also cause complications. Save the placenta for the vet to examine.

The 1-2-3 rule:

The **1-2-3 rule** can help you assess if your foal and mare are progressing normally. A healthy foal should **stand within 1 hour**, start **nursing within 2 hours** and pass the **meconium** (first feces) **within 3 hours**.

Any other abnormalities such as poor milk production, foal rejection, excessive bleeding from the vulva or umbilicus, depression, colic, or a history of failure of passive transfer should be IMMEDIATELY brought to the vet's attention.

It may be tempting to jump in and “help” the foal to its feet and guide it to the teats. This is not usually necessary. Just be sure the foal is breathing, remove any membrane that may be covering its nose, then let nature do her job. The mare's milk contains important antibodies that will protect the foal from disease until its own immune system develops. The colostrum, or first milk, contain these healthy benefits only during the first 24 hours after birth so it is important that the foal nurse during that time. Some new mothers are reluctant to let their foals nurse and may have to be restrained at first. Once the foal has nurse and relieved some of the painful pressure the mare feels on her udder, she is usually fine and will let her foal nurse without a problem.

Monitor for colic (mare) for a few days after the birth.

Postpartum Exam

To help ensure a healthy mare and foal, after delivery it is important to be able to identify any early signs of neonatal disease. This is best accomplished by having a routine veterinary evaluation of the newborn foal and the mare **within 8-18 hours after birth**. This exam includes a careful observation and physical examination of the mare, foal, and placenta.

The mare is examined for adequate colostrum production, damage to the reproductive tract and any early indication of internal bleeding, colic, etc.

The foal is further assessed for maturity, congenital defects, and early signs of neonatal sepsis. The foal's blood is then checked for adequate transfer of maternal immunity or IgG. If inadequate passive transfer occurs, the newborn foal has little to no defense against infection, which often results in death.

Early detection allows oral administration of colostrum within an optimal window of time, less than 18 hours after birth. After that time, IV administration of antibodies is required, costing more, and increasing the likelihood of neonatal sepsis occurring. The earlier a problem is identified, the better the outcome, so even an apparently healthy foal should be examined and have its blood antibody levels tested.

An exam may need to be performed earlier than 8 hours if there is a problem. The **1-2-3 rule** can help you assess if your foal and mare are progressing normally. A healthy foal should **stand within 1 hour**, start **nursing within 2 hours** and pass the **meconium** (first feces) **within 3 hours**. Any other abnormalities such as poor milk production, foal rejection, excessive bleeding from the vulva or umbilicus, depression, colic, or a history of failure of passive transfer should be IMMEDIATELY brought to our attention. Please do not hesitate to call our office if you have any concerns.