Tularosa Equine Clinic

Breeding and foaling
Breeding and foaling season is quickly approaching. We thought an informational packet would be helpful to answer some of our most frequently asked questions. Remember, there is no such thing as a bad question, only one that is not asked. Please feel free to call one of the doctors if you have any questions.

Breeding Mares If you are planning on breeding your mare this season, consider having a uterine culture performed. It has not been our policy to routinely recommend cultures; however, due to the rising cost involved with breeding a mare, stud fees, shipping fees, and potentially lost time, many owners regret not having checked their mares earlier in the season. For older or problem mares, we often perform ultrasound exams and/or uterine biopsies, which can tell you the condition of the uterus and predict the mare's ability to carry a foal.If you have a mare with a history of infertility or specifically, uterine infections, there are new therapies available. Other products now available are given at the first sign of estrus to increase the immune response of the uterus, and to help ward off infection.
Foaling Be sure that you have a clean area (stall or pasture) for your mare to foal, definitely separated from your other horses. Geldings and mares have been known to steal newborns and you do not want your foal caught between two kicking horses! If you plan on observing the foaling, test kits are available to help predict foaling time. A mare's normal gestation ranges from 340 to 365 days.

****Stages of Labor:**

Stage 1: This is the most difficult to identify, since mares may sweat, paw, show episodes of discomfort for days before foaling. Until the water breaks the interval to foaling is impossible to predict.
Stage 2: Once the water breaks, a foot should be visible within 15 minutes.
Stage 3: Foal should be born within the next 15 to 20 minutes. If the first structure protruding is velvety red rather than a slick bluish white foal sack, there has been a premature placental separation and oxygen to the foal has been compromised. It is extremely important that the membrane be broken to ensure viability of the foal. If you think this is occurring, please call one of the doctors immediately.

PO Box 277
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(575) 585-3561/office (575) 585-3562/fax
info@tularosaequine.com www.tularosaequine.com 8am to 5pm Mon – Fri

****Items to have on hand:**

1. Mobile or portable phone – Be sure that it works in your barn – we might have to talk you through a problem. Remember there may not always be enough time for a vet to get there.
2. Pen & paper – write down your times and any questions you want to ask the vet later.
3. Watch (to time stages of labor)
4. Oxytocin (if your mare has a history of slow delivery of the placenta)
5. Betadine solution or chlorhexidine solution to treat the navel
6. Several clean soft towels.
7. 2 large trash bags to put the placenta in (disposable exam gloves are nice to have, as well)
8. Fleet enema (soapy water in an enema bottle is a wonderful substitute)

If you have any doubts about a potential problem – day or night – **call the vet**. Once the foal is born, the mare will begin the process of passing the placenta. If the placenta does not pass within 4 hours (3 hours if outside temp > 90 degrees), it is imperative that you contact the clinic in order to begin proper treatment. The process of decomposition of the placenta can lead to uterine infection, but more importantly toxemia, which potentially can cause founder or other life threatening conditions in a very short time. We now recommend treatment with an oxytocin injection routinely if the placenta takes longer than 1 hour to deliver or if obvious abnormalities are visible on the placenta. As well as aiding in passing the placenta, oxytocin causes uterine contractions, which helps clear the excess fluid from the uterus and helping to prevent some post-foaling uterine infections.

A foal is born with a sterile gut and respiratory system. Immediately following birth, it is exposed to microorganisms through the nose, mouth, and navel. In order to ensure good health for the newborn foal, it is critical for the foal to intake an adequate amount of quality colostrum within the first six hours of life. The passive immunity derived from colostrum is a foal's major defense against early disease. Unfortunately, the amount and quality of colostrum a newborn foal ingests is unknown. Many factors such as the mare's vaccination status, leaking milk and early foaling may affect colostrum quality. If we know there is no colostrum, oral plasma may be given before the foal is 8 hours old. An IgG test will test for adequate transfer of immunity to the foal 12 hours post nursing. After 12 hours, plasma must be given IV. **Call us if** your mare does not appear to produce an adequate amount of milk, if the foal does not nurse within three hours, or if the mare has dripped milk for greater than one day prior to foaling. If the foaling and post-foaling process goes without complications, we will examine your mare and foal during regular office hours. A mare/foal exam is important to ensure that your foal does not have any umbilical problems, birth defects, or weakness. We will check for angular limb deformities, which if caught early can be managed conservatively, thus possibly avoiding expensive surgical correction. We also administer tetanus antitoxin to the foal (if mare was vaccinated within 30 days of foaling) and to the mare (only if she wasn't vaccinated within 30 days prior to foaling. It is important to check the mare's udder and birth canal for problems.

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****Call the vet immediately if, at a few days of age your foal**:
*Develops any lameness or swollen joints
* Becomes “pot” bellied or constantly strains to urinate
*Foal becomes depressed
* Mare is dripping milk (foal isn’t nursing)
* Watery Diarrhea
* Nose of foal is milk stained and foal is lethargic

After foaling a foal should:
Have the ability to stand and nurse from the mare

Within 3 hours of birth:
Attitude - alert, not quiet or depressed
Fecal consistency - meconium (dark brown, firm) needs to begin passing within 3 hours, then milk feces (yellow or tan usually seen by 12-24 hours.
Urination should be seen by 12 hours of age.
Umbilicus (navel) - dry, not dripping urine or blood.
Rectal Temperature - 99-102°F.
Gums - moist and pink
Breathing - 30-40 breaths/min at rest after two hours of age.

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