

Normal stages of Foaling

Stage One:

Initial uterine contractions and cervix dilates

Mare may appear agitated, sweat, get up and down

Variable duration 2-8 hrs, can extend to 24hrs

Stage Two:

Rupture of the chorioallantoic membranes. This fluid is darker than urine and can gush or trickle out the vulva.

Stage of active expulsion of the foal.

Mares usually deliver laying on their side.

Abdominal contractions occur, usually in groups of 3-4 with rest periods of a few minutes. Mare may stand during rest periods.

The amniotic sac should appear from the vulva within 5—10 minutes. The amnion should resemble a white translucent bag. After a few more contractions the front hooves should be visible through the sac.



Delivery normally **within 20 minutes**

Foal delivers forelimbs first, one slightly in front of the other to allow the shoulders to pass through the pelvis, followed by the muzzle and head, then the rest of the body with the hind legs. The umbilical cord will rupture within a few minutes of birth.

Remove the membrane from the foals nose and head if it has not broken itself– this will allow the foal to breathe. Do not interrupt the mare and foal at this point if unnecessary.

If 10 minutes of strenuous stage 2 labour produces no signs of the forelimbs or head, contact the surgery immediately. If the forelimbs and nose are present allow another 5-10 minutes. If strenuous labour fails to deliver the foal in this time contact the clinic immediately. This is vital because the situation can become life threatening very quickly.

[Ask us about foaling alarms and foal watch kits.](#)

Red Bag Delivery: This occurs when the placenta separates prematurely, depriving the foal of oxygen. This is an **emergency** situation. Call the vet **immediately** and break the placenta to allow urgent delivery of the foal.



Stage Three:

Expulsion of the placenta usually within 3 hours of foaling. Contact the clinic if the foetal membranes are still retained at 6 hours post foaling. Retained membranes can cause severe illness and even death if not treated promptly.

The mare should be interested in the foal. Ideally the foal sits sternally within a few minutes of birth, stands within 1 hour (up to 2), Foal suckles within 2 hours (up to 4) and the mare expels the placenta 3 hours post foaling. The mare should be quiet and comfortable. She should have a normal/good appetite. If the mare appears painful, shows signs of colic, is dull/depressed or distressed post foaling, contact the clinic immediately.

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Placenta Assessment

Each placenta should be checked for completeness and tears. Lay out in an F shape.

If any placenta remains in the uterus, infection and toxæmia may occur. This includes endometritis, pyometra, laminitis and even death.

Examine the placenta from both sides. It will present in-side out. Examine that side and then turn in the right way.

The uterus has two horns. The pregnant horn will be longer, thicker and have slightly more fluid. The non-pregnant horn will be shorter and thinner with more folds because it has not been stretched. If a piece is retained it is usually the tip of the non-pregnant horn.

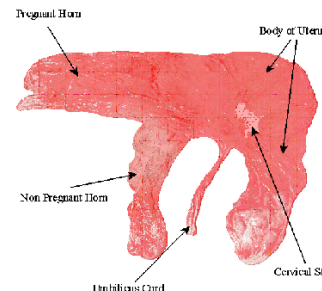
There should be a tear where the foals feet ruptured the placenta at the cervix. This is called the cervical star and is located at the body of the placenta.

The umbilical cord should be attached. Note twists, haemorrhage, dilation or bruising in case the foal develops a problem.

Check for yellowish/brown meconium staining that indicates foetal stress.

Note colour, tears, weight, thickness, haemorrhage or any abnormalities.

If concerned keep the placenta for the vet to assess.



Pregnant Mare Care and Foaling



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Gestation: The gestational period for mares is approximately 340 days. This can safely vary from 320-360 days and a low percentage of mares may go for 12 months or more. Mares generally repeat their gestational period– so having foaling histories can be helpful. An easy way to calculate a mares approximate due date is to add one year to the last service date, minus one month and add 7 days. E.g.

Last service date	2nd Oct 2011
Add 12 months	2nd Oct 2012
Minus 1 month	2nd Sept 2012
Add 7 days	9th Sept 2012

MARE CARE

Vaccination and de-worming: Please refer to our 'Vaccinating the Pregnant Mare and Foal' brochure.

Hoof Care: It is vital to maintain the mares hooves during pregnancy. Because of the mares weight gain hoof cracks can develop more rapidly as well as other hoof problems. Feet should be dressed every 6-8 weeks by your farrier.

Dental Care: Mares teeth need to be maintained to avoid infection, discomfort and to allow the mare to eat more efficiently and maintain weight. Mares teeth can be assessed and treated prior to pregnancy, after the first trimester of pregnancy or post foaling.

Grooming: Mares kept in paddocks by themselves should be groomed daily because they will have no mutual grooming interaction. Pregnant mares should not be rugged as they can overheat more easily and the rug may be a hazard if the mare foals early.

Exercise: Broodmares that are not riding horses should be kept in large paddocks with good pasture and shelter. Having room to walk around will help maintain fitness.

Ridden mares that are pregnant can continue to be ridden at the same level. Do not increase their workload. From the 9th month of pregnancy mares should be spelled.

Nutrition: During the last 3 months of gestation the unborn foal doubles in size, therefore the mares need for energy, protein and trace minerals increases. As a basic guide, the pregnant mare should have her energy and protein levels increased by 10% per month of pregnancy. Even mares grazing good quality pasture benefit from eating good quality Lucerne hay. There are also many commercial pregnant/lactating mare diets available. Always introduce new diets gradually. Feed smaller amounts several times daily- due to reduced gut capacity. Allow access to plenty of fresh water– pregnant and lactating mares drink more than usual.



Overweight mares run the risk of having difficulty foaling down (dystocia) , prolonged recovery post foaling and also carry an increased health risk to the foals.

Underweight mares can suffer from lack of energy/strength during labour, have an increased risk of foaling prematurely and may not be able to supply their foal with enough vital colostrum or nutrition through their milk. Therefore it is vital to maintain or slightly increase the mares total body weight.

Where: Mares should ideally be kept in large paddocks with quality pasture for the majority of their pregnancy. Keep the mare with other horses, if this is normal for the mare, for the majority of the pregnancy to engage in normal social behavior. Mares should be moved to the paddock/area they are going to foal down in at least 4 weeks prior to their due date. This enables the mare to develop antibodies to any bacteria present in the environment and transfer immunity to the foal. Foaling paddocks should be clean and well pastured with plenty of drinking water. The fences should be safe and foals should not be able to go under or through the fences.

Caslicks: Caslick surgery involves closing the upper part of the mares vulva to prevent contamination of the reproductive tract of mares with poor perineal confirmation. The vulva needs to be re-opened at approximately 320 days gestation.

Observations: As the due date comes closer the mare needs to be checked twice daily. The mares mammary gland (udder), vulva, abdomen and demeanour will change and develop closer to foaling:

	Normal changes	Abnormal changes
Udder development	Fills with milk, increases in size approx. 4wks prior to foaling but varies a lot.	Running milk prior to foaling. This is a concern because the vital colostrum can be lost, putting the foal at great risk. The mare may need treatment and the foal may require colostrum supplementation and an IgG test to ensure adequate passive transfer.
Waxing-Up	Refers to drops of colostrum on the teats that look like wax. Generally develop a few days prior to foaling but can develop 1-2 weeks prior or not at all.	
		
Vulva	Will lengthen and soften, will have a less wrinkled appearance– harder to notice in younger mares.	Vulval Discharge. This is never normal. May indicate placentitis. Needs an examination.
Abdomen	Will drop and hollow through flanks	Irregular abdominal bulges, hernias.
Behaviour	Restless, pacing, leave other horses. Usually less than 1-2 days off foaling	 Severe colic signs, painful or distressed