

CARING FOR YOUR MARE AND NEWBORN FOAL

We routinely recommend a **mare and foal check post foaling by a veterinarian** to ensure both mare and foal are in optimal health and identify to any abnormalities early on. Giving birth is an intensive process which can put quite a strain on your mare and foal so it is important that they are fully examined post foaling and any action taken if necessary. Below is a list of things owners can routinely look for in their mare and foal.

Examination of mare:

- Placenta- ensure no retained tissue, size (approx. 10% weight of foal), colour, texture appearance.
- Udders- size, running milk.
- Vulva- any tears, bruising or discharge.
- Behaviour, eating, drinking, urinating and defecating normally.
- Temperature, Respiration, Heart rate.

As veterinarians, we routinely administer pain relief at the time of mare and foal checks as we recognise that there will be some discomfort post foaling and this may assist mares (especially maidens) to bond with the foal and encourage normal nursing.

Examination of foal:

- Ensure the foal is breathing (clear nostrils). If it appears foal is not breathing you can tickle nose or rub chest vigorously to stimulate respiratory reflex
- Assessing the umbilical stump for a hernia or haemorrhage and bath/spray with dilute chlorhexidine (0.5%).
- Ensure foal is suckling appropriately, a good seal is made with tongue on teat and swallowing seen.
- Ensure foal has adequate colostrum intake within 24 hours of birth. IgG blood test at 24 hours old is recommended to confirm adequate transfer of immunity.
- Ensure foal is protected against tetanus through transfer of colostrum antibodies or by tetanus antitoxin injection.
- Ensure foal passes meconium (first faeces)- an impaction or diarrhoea should be treated promptly.
- Check foal's eyelids and lashes are sitting normally.
- Temperature, Respiration, Heart rate.
- Identify any limb deformities and seek veterinary advice.

Any aberration from the norm should be examined by a veterinarian as time is of the essence with newborn foals and early identification of abnormalities will enhance foal and mare health.

PRO TIP:

Assess your foal without holding either mare or foal. Encourage foal to get up, ensuring it can stand by itself and watch what it does. Subtle changes in behaviour can indicate problems early on.

Normal foal behaviour

1. **Should sit up and maintain itself on its chest within 2-3 minutes** after being born.
2. **Should be standing within 1 hour** (it is abnormal for the foal to take longer than 2 hours from birth to standing).
3. **Should have a suckle reflex by 30 minutes**. Place a clean finger at your foals mouth and see if teat seeking behaviour is present.
4. **Should be nursing within 2 hours** (it is abnormal for the foal to not nurse by 3 hours). Ensure foal is actually latching on, it has a good tongue seal under the teat and is not just sucking the side or chewing abnormally. Look for froth around foal's mouth and strong suckle reflex.
5. **Should have pink and moist gums with a refill time of 1-2 seconds**. If gums are dark or blue this indicates poor oxygenation. May be quite pale when just born, but should become pink within a few minutes of life as the circulatory system adjusts to life outside the uterus.
6. **Should be bright, playful and inquisitive**. Foals can be running around as early as 2 hours and galloping by 6-7 hours. Any weak or premature foals need to be confined.
7. **Should urinate within first 12-24 hours**. The average time of 6 hours for colts and 11 hours for fillies. The urine should be clear and a good stream/volume. If you have not seen your foal urinate please call your veterinarian.
8. **Should pass meconium within 24 hours**. Some straining may occur within first few hours, however, milk is a natural laxative and most foals will pass the meconium within the first 24 hours of life. Excessive straining and discomfort may distract foal from nursing and can cause other conditions so treatment is required. Colts are more likely to suffer from meconium impactions and we routinely recommend using an enema within first few hours of life.

The 1-2-3 rule is a useful guide for when to seek veterinary attention

1-2-3 Rule:

1 hour to stand

2 hours to nurse

3 hours to pass the placenta

If your foal is born but not moving:

1. Call your veterinarian
2. Rub chest foal vigorously with a towel
3. Clear nostrils of fluid
4. Chest compressions (80-120 per minute)
5. If not breathing can use foal resuscitator or breathe into nose (20 breaths/min)

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Caring for your newborn foal

Less is more when caring for your foal. It is important not to interfere with the bonding process. Allow the foal to stand itself and begin attempts to nurse. It should instinctively teat seek and you should resist "helping" foal in these early stages. If the foal has not nursed by 2 hours after birth or if mare does not allow foal to suckle then intervention is recommended. Veterinary attention may be necessary and sedation may be required for those mares who are sensitive, painful or not accepting of the foal.

Colostrum (first milk) is extremely important as it contains the maternal antibodies needed to provide foal with passive immunity that protect it during their first few months of life. Newborn foals are able to absorb these antibodies via their intestinal tract for up to 36 hours after birth, however, the ability to absorb after 12 hours reduces dramatically. Therefore, it is integral that foals receive the colostrum within the first 12 hours of life. To maximise the amount of antibodies within your mare's colostrum it is recommended to vaccinate her for tetanus 4-6 weeks prior to foaling. An **IgG test** can be performed at 8-18 hours (generally at 24 hours) to determine transfer of passive immunity, with earlier testing giving you the opportunity to correct potential deficiencies in foal's immunity during the time they can absorb antibodies via the intestinal tract. Colostrum also has a laxative effect and can help with passing the meconium. Meconium is a darker coloured firm faeces compared to milk faeces which is light brown/mustard colour. Most foals pass meconium within 4 hours after birth. Meconium impaction more commonly occurs in colts and we routinely recommend the use of an enema within the first few hours of life. An **enema** may be required if the foal stops moving frequently, appears to be straining, squatting or raising its tail to defecate. **Tetanus Antitoxin (TAT)** can be administered at time of birth if mare has not been vaccinated prior to foaling. If the mare has been vaccinated in the late stage of pregnancy and the foal IgG is >8g/L then a TAT may not be required. The TAT is less effective than colostrum immunity as it only protects the foal for 10-14 days while the umbilical stump heals. As the foal cannot receive the tetanus toxoid vaccination until it is 3-5 months old there is a wide window where the foal does not receive protection from the colostrum. **We routinely recommend vaccination with TAT for all newborn foals.** Even if you have vaccinated your mare for tetanus, there are no guarantees that the foal will receive the optimal dose of immunity and often the IgG

is unknown for many hours after birth. Therefore, bacteria that cause tetanus can potentially enter via the umbilicus and develop into a systemic infection which can be life threatening.

Do not cut the umbilical cord! It is important that the foal receives blood from the mare after birth via the umbilical cord and cutting the cord may impair blood flow and increase the risk of compromised foals. The **umbilical stump** should be cleansed with dilute chlorhexidine (0.5%) or iodine (2%) solution. Both solutions have antiseptic properties and aim to prevent bacteria travelling up the stump and entering the foal's body. When bacteria enter the bloodstream via the umbilicus causes a systemic infection which can localise in joints causing marked pain, swelling and bone deformities (joint ill). The umbilical stump should be checked for several days after birth to ensure no swelling or discharge develops.

5 newborn foal things:

1. Colostrum
2. IgG
3. Enema
4. TAT
5. Umbilical stump

Call your veterinarian if:

- Foal is born but not moving
- 1-2-3 Rule is broken
- Suspect poor milk intake
- Diarrhoea in first few days of life
- Fever
- Abnormal behaviour
- Colic
- Lameness, swollen joints- any lame or swollen joint in a foal is considered septic until proven otherwise.
- If you are unsure!!

