10 Things You Should Know Before Your Mare Foals

WINDARRA PARK Veterinary Clinic

1. **Diet**
   The mare should have received normal diet throughout her pregnancy and the ideal body condition score is 3/5. Significant foetal growth occurs in the last three months of gestation (nine-eleven months) and some mares will require an increase in feed during this time. It is extremely important not to overfeed or underfeed your pregnant mare as this can cause foetal and foaling problems.
   The most important increase in food intake is after the foal is born, with some mares needing as much as triple the amount of feed to maintain body condition.

2. **Vaccination**
   Your mare should be vaccinated 4-6 weeks prior to foaling against tetanus and strangles, in order to boost the antibodies transferred to the foal (secreted in her colostrum). If your mare has never been vaccinated against these diseases, or her vaccination status is unknown, she should receive a full vaccination course starting at 8 weeks prior to foaling.
   If your mare has been on a EHV1,4 (Herpes virus) vaccination regime, her final booster should be at 9 months' gestation.

3. **Parasite control**
   We always recommend testing your horse's manure for parasite egg count prior to administering a dewormer. In addition to the normal routine, the pregnant mare should be given a dewormer (most commonly used ivermectin or similar) two weeks before foaling to reduce or prevent infection of the foal via the milk or manure. Always ensure the product you are using is registered for pregnant mares.

4. **Caslick**
   If your mare has had a caslick operation it will need to be opened prior to foaling. It is recommended to do this approximately 2 weeks prior to foaling, however, in mares with very bad confirmation or history of ascending infections we may consider leaving it longer and will discuss the implications of this with you.

5. **Environment**
   It is ideal for the mare to be able to foal in a clean, quiet and familiar environment. We recommend a nice grassy paddock that has not been contaminated or has been adequately rested from other horses and livestock. If using stables make sure they have been adequately disinfected and contain fresh, soft, clean bedding (straw is preferred). As most mares foal at night, having access to lighting in the foaling area is a good idea in case any assistance is required.

6. **Monitoring**
   Most mares will foal unassisted, however when trouble is encountered, a few minutes can make all the difference between a live and dead foal, and sometimes a live and dead mare. We strongly recommend having an experienced person around when your mare is ready to foal, and if you are not comfortable monitoring your mare yourself, there are a few local studs that offer this service. Foaling alarms can assist you if foal watch is not an option. There are a few different types of alarms, but remember they are only a tool and cannot be relied upon one hundred percent.
   We have two units available for hire if required, but bookings are essential so please let us know as soon as possible.

7. **Foaling**

Know what to expect when your mare is ready to have her foal, and most importantly, know to recognise the signs that something isn't quite right. There are several resources available on foaling and the more you know, the better prepared you will be.

Briefly, there are three stages to foaling:

Stage I - Contractions of the uterus and relaxation of the cervix, foesus may be rotating into position, mare is often restless and uncomfortable, may be showing signs of mild colic.
This stage should last up to 4 hours and concludes with the rupture of the chorioallantois ('water breaking'). Possible abnormalities: duration longer than 4 hours, 'red-bag' delivery (red membrane appears at the vulva), appearance of the amnion but no limbs or head.

Stage II – Strong abdominal contractions and delivery of the foal. The mare will usually lie down on her side but some mares will get up once or twice. The amnion should appear at the vulva within 5 minutes of the chorioallantois rupture and the foal is generally expelled within 15-20 minutes. The normal position is front hooves first pointing downwards followed by the nose, as the head should be positioned on top of the forelegs. Possible abnormalities: duration longer than 30 minutes, active straining with no progress, no straining, foal presenting any other way.

Stage III – expulsion of foetal membranes (see below).

8. **Colostrum**

The milk initially produced by the mare should be thick and yellow in colour, and is generally rich in antibodies. Unlike other species, there is NO transfer of antibodies from the mare to the foal via the placenta, so foals depend on the transfer of antibodies in the colostrum in their first few hours of life, and absorption of these via the gut. If the mare drips colostrum prior to foaling you should try and COLLECT IT into a clean container and keep it chilled.

Testing the quality of the colostrum is highly recommended, as early detection of poor quality colostrum may save your foal's life. A small sample of milk is required and can be tested at the clinic or on-site if the mare and foal are being examined.

9. **Placenta**

The mare should pass the foetal membranes (placenta) in the final stage of labour. If the placenta appears to be torn and missing parts, or if it has not passed by 6 hours post foaling, this is a medical emergency. Mares are particularly prone to metritis caused by retained foetal membranes which can affect future fertility at best and be life threatening at worst. Mares can be given oxytocin in the initial stage to assist with uterine contractions and expulsion of the placenta, however manual removal may be necessary. It is safest for the mare to perform this in a crush so we recommend having transport ready if a crush is not available on site.

10. **The foal**

What you have been eagerly waiting for the past 11 months (or more!) has finally arrived!

Please refer to our newborn foal handout as once again it is extremely important to know what is normal and what is not, and when intervention may be required.