



A. Cary Hills, DVM Claire A. Smith, DVM Whitney Brown DVM
5065 NE Lincoln Rd, Poulsbo, WA 98370
(360) 779-5557 Fax (360) 779-3142
www.SoundEquineVet.com

BROODMARE PRENATAL CARE

At 5, 7 and 9 months of gestational age, mares need to be vaccinated with EHV-1 (abortive Rhino, a.k.a. Prodigy or Pneumabort.) Some mares in high-risk situations should be vaccinated as early as 3 months; check with your veterinarian.

Four to 6 weeks before foaling due date, vaccinate mares with EWT, EHV-1, Flu IM and West Nile Virus. Deworm with ivermectin or fenbendazole 14 days prior to foaling date.

Familiarize mares with the foaling area at least 30 days prior to the expected foaling date. If your mare has a Casslicks, this is a good time to have it opened by your veterinarian.

BROODMARE POSTNATAL CARE

The mare should expel the placenta (afterbirth) and fetal membrane within 2 hours of foaling. If the mare retains the placenta longer than 4-6 hours, or if an examination of the expelled placenta indicates that a part of it may have torn off and been retained, a veterinarian needs to be called. Keep the placenta in a bucket of clean water for the veterinarian to inspect.

Tears on the mare's vulva that are caused by stretching are not uncommon during delivery. Small tears may be topically treated, but significant injury or deep bruising should be examined by a veterinarian.

For several hours after foaling, the mare may experience abdominal cramps as the uterus contracts. A slight amount of abdominal discomfort is normal and should be expected. Signs of severe colic, such as prolonged rolling or kicking at the side, may indicate a more serious problem and the need for an examination by a veterinarian.

For several days after foaling, a small amount of discharge is normally seen on the vulva and tail. Large amounts of pus or blood are not normal and indicate the need for an examination by a veterinarian.

Some mares may not develop a large udder until 1-4 hours after foaling (common with maidens.) If bag or milk development does not occur within six hours, then your veterinarian needs to be consulted.

Two weeks after foaling, vaccinate mares with Flu Avert (Flu IN) and EHV-1.

FOAL CARE

The navel should be treated several times in the first 24 hours with diluted Nolvasan (chlorhexadine) solution as soon as the umbilical cord separates. This should happen as the foal struggles to rise. The foal's navel should be examined regularly in the first week of life to be sure it is drying properly. Persistent moisture caused by leakage of urine through the umbilical stump may indicate infection or the failure of the umbilicus to close properly. Observe the foal for normal urination to check for any urinary tract abnormalities.

Foals born to unvaccinated mares should be given tetanus antitoxin at birth. Discuss subsequent vaccine program with your veterinarian.

Newborn foals should stand unaided within 2 hours and nurse vigorously within 2-4 hours of birth. During the first 12 hours, foals need to be observed closely to be sure that they ingest adequate colostrum.

A blood test should be done (usually included in the new foal exam) after the foal is 12-14 hours old to determine if adequate amounts of antibodies have been absorbed from the colostrum. Supplemental colostrum or commercial products containing immunoglobulins can be administered to foals orally if the amount of colostrum appears inadequate. This must be done before 8 hours of age.

Constipation is a common problem in the first day or two of life. Excessive straining to defecate can be treated with a single phosphate (Fleet) enema. If there is no response, your veterinarian should be called.

Along with any of the above problems, any foal showing signs of weakness, loss of appetite, disorientation, dullness, respiratory difficulty or colic needs to be examined by your veterinarian.

Deworm with pyrantel at 6-8 weeks old; if after 10 weeks, give ½ dose followed in 1 week with full dose to avoid ascarid impaction.