

Common Mare Problems During and After Foaling (AAEP 2012)

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When foaling complications arise, owners and veterinarians' focus is often simply getting the precious cargo on the ground safely. But do not forget that the mare's life might also be in peril during these scenarios.

Juan Samper, DVM, PhD, Dip. ACT, of JCS Veterinary Reproductive Services LTD, in Langley, BC, Canada, described the most common foaling problems he sees in a presentation at the 2012 American Association of Equine Practitioners Convention, held Dec. 1-5 in Anaheim, Calif. These include red bag delivery (due to premature separation of the placenta), difficult birth, and retained fetal membranes.

First, mares that develop placentitis—infection of the placenta that often ascends from the vagina up through the cervix late in gestation—might experience a red bag delivery. In this case the placenta does not break at the cervical star as it should, and the foal is born inside the fetal membranes, which look like a red sack protruding from the mare's vagina. Fescue toxicosis, twinning, and induced labor can also lead to this condition. In such cases, the membranes must be ruptured by the birthing attendant and the foal's delivery likely assisted.

"A complicated foaling, known as 'dystocia,' is usually caused by an abnormal position or posture of the foal or congenital deformities such as wry neck and contracted tendons," explained Samper.

Dystocias, although thankfully uncommon in mares, must be identified and treated rapidly. The person assisting the mare must determine the foal's current position and attempt to reposition of the foal so he can be expelled from the uterus—all within about 10-15 minutes, save risking the loss of the foal. In fact, weak or dead foals could be the cause of the dystocia because foals play an active role in parturition.

Finally, one of the most common problems in the immediate postpartum period, occurring in 2–10% of broodmares, is either complete or partial retention of the fetal membranes after foal delivery. Similar to risk factors for red bag delivery, "retention of the fetal membranes is more common in mares that had a dystocia, placental infection, fescue toxicity, or if labor was induced," he listed.

Signs of retained fetal membranes begin within 12 to 14 hours of foaling and can include depression and anorexia. A mare that retains her placenta and does not undergo proper treatment is at an increased risk for developing laminitis.

"Management of retained fetal membranes can successfully be achieved in the field, if done properly," advised Samper.

Treatment options include tying up the membranes (if hanging below the hocks); administering oxytocin to help the uterus expel the membranes; lavaging (washing) the uterus; removing the membranes slowly and carefully by hand; and administering nonsteroidal anti-inflammatory drugs, antibiotics, and other supportive treatments. "Using these treatment guidelines, the chances of the mare's survival are favorable and her future fertility can be preserved," concluded Samper.

Disclaimer: Seek the advice of a qualified veterinarian before proceeding with any diagnosis, treatment, or therapy.