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It's that time of year again. Time to start preparing your pregnant mares for foaling!

Here are just a few helpful hints to make the process go as smooth and stress free as possible:

Preparing your mare:

- Make sure your mare is up-to-date on all her vaccinations. We recommend vaccinating with EHV-1 (pregnant mare vaccine) at 5, 7, and 9 months of gestation. 30 days prior to her due date, booster with EEE/WEE, Tetanus, EHV-1/4, Flu, West Nile(6-way vaccine) and Rabies . If you vaccinate for Strangles, you want your pregnant mare to receive a KILLED (intramuscular) vaccine at this time as well (30 days prior to due date). ABSOLUTLY NO Live or Modified-live vaccines should be administered to your pregnant mare!
- Deworm 30-45 days prior to foaling. Have Ivermectin on hand for deworming at time of foaling.
- Increase the mare's plane of nutrition starting in her third trimester.
- Schedule an appointment with your veterinarian to open the mare's caslicks 30-45 days prior to her due date. (If applicable)
- If you have a maiden mare (never had a foal), start desensitizing her udder by touching, messaging and cleaning (warm water) in preparation for a nursing foal. Even if your mare is not a maiden, cleaning her udder is a good idea as you approach her due date, to help reduce the bacteria contamination for the nursing foal.
- If your mare is on any prescription medications (for example, Regumate or Pergolide), contact your veterinarian for advice at least 30 days prior to foaling date.

Preparing for your new foal:

We recommend preparing a foaling kit that has all the essential tools for a smooth foaling (call and speak with one of our receptionists about purchasing a pre-made kit). Some items might include:

- Tail wrap (for mare, prior to foaling)
- Cotton and ivory soap (to clean mare's udder/vulva at the start of the birthing process)
- Scissors (in an emergency, you may need to cut open the birth sac if you notice a 'Red Bag' -occurs with pre-mature placental separation).
- Sterile lubricant and sterile sleeves/gloves
- Several large bath towels (for drying foal)
- Clamp (for umbilical cord if excessive bleeding)
- Navel dip (dilute iodine or chlorhexadine solution) for dipping umbilicus (this should be done at the time of birth and several times/day for the first few days of life)
- Fleet enema
- Thermometer and stethoscope

As it gets closer to your mare's due date, make sure you have plenty of straw as well as a clean, safe and spacious environment (stall or shed) for foaling.



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The 30, 1-2-3 rule:

The birthing process (from the time your mare's water breaks to expulsion of the foal) should take no longer than 30 minutes. The foal should be standing within 1 hour, nursing within 2 hours and the mare should pass her placenta within 3 hours. CALL your veterinarian if this process does not appear to be going according to this general rule.

Failure of passive transfer: The importance of early recognition in new born foals:

Everyone knows that colostrum ingestion by the new born foal is essential to a foal's well being, right? Well, what you may not realize is that colostrum does more for the foal than just allow him or her to grow up big and strong. Without adequate colostrum (known as failure of passive transfer, or FPT), the development of the foal's immune system will be delayed, putting him or her at risk for developing life threatening infections, including sepsis (infection of the blood). Initially, it may be difficult to determine if your foal has experienced FPT. The foal may have stood and nursed normally. He or she may even act like a completely normal foal for the first few hours of life only to later develop signs of illness.

If my foal nursed properly, how can I determine if he/she has had a failure of passive transfer... before its too late?

The most effective way to determine if your foal has experienced a failure of passive transfer is to have a foal exam and blood test performed. The exam and blood test are performed by your veterinarian, ideally within 8-18 hours of birth. The blood test measures the foal's IgG level (type of immunoglobulin). If the foal has not ingested and effectively absorbed an appropriate amount of colostrum, his or her IgG level will be below 800mg/dL.

What do we do if the IgG is below 800mg/dL?

Because of the way the foal's gastrointestinal track is designed at birth, they are only able to absorb immunoglobulins from the colostrum for the first 18-24 hours of life. After this, the only effective way to administer immunoglobulins is to give intravenous IgG (the most commonly used is frozen hyperimmune plasma). If caught earlier than 18 hours of life, frozen equine colostrum, colostrum substitutes or bovine colostrum can be administered orally (or via nasogastric tube if the foal is not willing or is unable to nurse).

Why does failure of passive transfer occur and what can I do to prevent it in the future?

Factors associated with FPT include premature lactation (the mare starts to drip milk several days to weeks prior to foaling), poor quality colostrum (more frequently seen in older mares), and failure of the foal to nurse due to musculoskeletal deformities or other illness (for example, Neonatal Encephalopathy or "dummy foal"). Prevention can be difficult, however the more you know about what to look for, the better chance the foal will have at survival! Keep in mind that a foal's health status can change very quickly. If you are at all suspicious that your new born foal has experienced a failure of passive transfer, never hesitate to call your veterinarian for advice.

Call to schedule a post foaling-mare and foal exam with your veterinarian (this should ideally be performed within 12-18 hours of foaling). SAVE the placenta for your veterinarian to examine at the time of the mare and foal exam.

Please contact us if you have further questions about the warning signs of a difficult birth or preparing for the arrival of your new foal in general. Good luck and have a great foaling season!