

Normal Foaling Events

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<u><i>When</i></u>	<u><i>Things to Look For</i></u>	<u><i>What to Do</i></u>
3-5 Weeks Before	Mammary gland development begins; Mild udder edema may be observed; Early secretions are clear and watery.	Mare needs prefoaling booster vaccinations. When secretions become easy to obtain, you can begin to measure calcium concentration using Foal Watch Test or Predict-A-Foal kit. Remove caslicks if present.
1 Week Before	Udder fills and teats distend. Pelvic ligaments and tailhead relax. Secretions become opaque and sticky. Varying degrees of nonpainful ventral edema develops and sometimes hind pastern edema.	Monitor rising calcium. Observe closely for foaling- some mares may advance through these stages quickly.
Hours to Days Before	Teats become distended and waxed over. Some mare begin to leak colostrum. Vulva softens and elongates.	Strip, save, freeze colostrum if mare loses more than 1/2-1 cup.
1-6 Hours Before	Stage 1 Labor begins; Mare becomes restless, paces, circles, sweats, urinates and defecates frequently; Decreased appetite.	Clean perineum and udder, Wrap tail; Pick out stall and re-bed with fresh straw if available or shavings.
Delivery	Stage 2 Labor begins with rupture of the sac and expulsion of several gallons of yellow fluid. Forceful contractions begin. Within 10 minutes the translucent, white amnion appears at the vulva followed by 2 forelegs, one preceding the other with soles pointing down, followed by foal's nose. Delivery complete within 20-30 minutes max.	Begin timing delivery with rupture of sac. If delivery does not progress, call vet. Walk mare to prevent excessive straining.

5-10 Minutes After	<p>Foal Heart rate >60bpm, regular Foal breath rate >30/min, regular Foal muscle tone: able to sit sternal Foal reflexes: Head shake with ear tickle Sneeze with nasal stimulation</p>	<p>If any parameter is below average, repeat evaluation in 10 minutes. If pulse or respiration are absent, begin CPR: Extend foal's head and neck, use FOAL Resuscitator or mouth- to - nose breathing to administer 20-30 breaths/min; begin 50-60 chest compressions/minute.</p>
5-20 Minutes After	<p>Foal develops suckle reflex</p>	<p>Dip umbilicus with dilute Chlorhexidine. Dip 4-6X per day for 1-2 days or until stump is dry then stop. Administer enema. Tie up mare's placenta to tail.</p>
<1 Hour After	<p>Foal is able to stand</p>	<p>Evaluate maternal behavior towards foal. Evaluate colostrum quality- it should be yellow, syrupy and sticky.</p>
<2 Hours After	<p>Foal has nursed from udder. Some meconium has passed.</p>	<p>If foal has strong suckle but has not found udder, collect colostrum and bottle feed foal in sternal or standing position- making sure to keep head parallel with ground not higher.</p>
<3 Hours After	<p>Stage 3 Labor complete with passage of placenta.</p>	<p>Save placenta, bag it and weigh it if possible. Should weigh 10% of foals weight.</p>
3-12 Hours After	<p>Foal has urinated for the first time.</p>	<p>Observe to make sure no urine drips from the umbilicus. Deworm mare with Equimax.</p>
<18 to 24 Hours After	<p>Meconium passage of complete. Manure is now pasty, yellow "milk" feces. Colostral antibody absorption is complete.</p>	<p>Have vet come out and check foals IgG concentration and do a complete examination of mare and foal. IgG should be >800 mg/dl. If not- plasma should be given.</p>
24 Hours After	<p>Foal nursing 3-7 times per hour. Regular urination, defecation. Mare has normal manure passage and normal temperature.</p>	<p>If mare is showing any signs of discomfort or colic call vet. If foal is not bright and alert, has diarrhea, or seems depressed call vet.</p>