



Recognition of Emergencies in the Foaling Mare

Recognizing emergencies in foaling mares is significantly important in regard to the future health of the horse.

Emergencies that occur to mares during/around the foaling can be life threatening; therefore, these mares should be promptly examined by a veterinarian. Most periparturient emergencies usually involve the genitourinary tract; however, many times the gastrointestinal system is involved. Parturition occurs in a 3-stage process. Stage 1 is the preparatory stage; during this stage, the uterus begins to contract, the cervix dilates, and the foal begins to position itself. This stage lasts approximately 30 minutes to 4 hours; the end of this stage occurs when the chorioallantoic membrane ruptures; few foals delivered more than 40 minutes after chorioallantoic membrane rupture survive. Stage 2 is the passage of the foal into the birth canal. Normally the front feet will appear first, one slightly in front of other. The muzzle of the foal should be positioned between the 2 front legs. During this stage, violent uterine contractions will be observed. Expulsion of the foal should occur within 20-30 minutes. Stage 3 is expulsion of the placenta. The placenta should be passed within 30 minutes to 3 hours of foaling. Prolonged foaling during stage 1 or 2 is often associated with dystocia; excessive straining with no advancement of the foal and failure to progress from stage 1 to stage 2 frequently do not survive. The most common cause of equine dystocia is fetal malposition; however, many other fetal and/or maternal causes of dystocia occur.

Veterinary intervention should be aimed at delivering a live foal whenever possible, while at the same time preserving the life and fertility of the dam. Premature placental separation (redbag delivery) has been associated with placentitis, systemic illness, and fetal death in utero. The separated chorioallantoic membrane appears at the vulvar lips as a glistening red velvet structure during the foaling process. The disruption of placental circulation rapidly leads to low oxygen to the fetus and death. The chorioallantoic membrane (red velvety structure) should be incised immediately and the fetus delivered quickly. The foal should promptly be evaluated and referred to an equine intensive care unit if possible. The term retained placenta is defined as failure of passage of part, or all of the placenta within 3 hours post-delivery. The rapidly decaying placenta within the uterus provides an ideal environment for bacterial proliferation which can result in the development of toxic metritis, septicemia, endotoxemia, and laminitis. Uterine prolapse is an uncommon complication of equine parturition. It is generally considered more common after dystocia or retained placenta. Prolapse may occur hours to days after foaling. Diagnosis is based on the presence of the prolapsed uterus hanging from the vulvar lips as a soft mass with a red, corrugated surface. Initial treatment includes keeping the mare quiet, wrapping the tail, and elevating the uterus to the level of the vulva using a sheet or a flat board until examined by a veterinarian.



The mare's subsequent fertility will depend on the degree of uterine damage incurred during the prolapse and recovery period. Perineal lacerations generally occur during unassisted foaling when the fetal hoof catches on the vaginal roof. Forceful straining by the mare drives the hoof into the rectal lumen. If the fetus is viable, it may remove the affected limb itself and delivery will proceed unimpeded; a rectovaginal fistula results. If the limb remains within the rectum as the foal is delivered, the fetus causes the trapped limb to tear out the perineal body and anus; a third-degree perineal laceration results. Peri-partum abdominal pain is common for mares immediately after to about 2 months after foaling. Various sources of abdominal pain can be encountered in peri-partum mares with colic being the most common source. Peri-partum complications that mimic colic can include uterine torsion, uterine tear, uterine horn intussusception and uterine artery rupture (broad ligament hematoma). Complications occurring in foaling mares can quickly escalate into an emergency crisis. Quick recognition of the emergency, and prompt veterinary treatment are essential to provide the mare with the best possible results.

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