

THE NEW BORN FOAL

A new born foal is very vulnerable and it helps to know what to look out for when the wait is over and they finally arrive! It is best to leave a mare and new born foal space and time to bond. Most will manage very well without intervention, however there are a few key things to look out for.

The first thing to consider is whether the birth has gone smoothly. If you were able to attend you may know this, if not, signs to look for are a distressed mare, or a foal who is not progressing as expected.

A new born foal should be:

- Lying in sternal (on its chest) within 2-3 minutes
- Have a suckle reflex within about 10 minutes
- Standing before 2 hours (most before 1 hour)
- Nursing before 4 hours (most around 2 hours)
- Passing meconium (first droppings) within 4 hours
- Urinating within 8 hours

If your foal is not behaving as expected, and especially if he has not nursed in the first 5 hours please call a vet.

It is a good idea to coat the umbilicus with iodine or antibacterial spray soon after birth.

To ensure your foal gets the best level of immunity they need to nurse to receive colostrum and the antibodies it contains within the first 6 hours of life. If you have concerns before this then it is possible to administer colostrum or a replacer to the foal via a bottle or through a tube passed into the stomach by a vet. We can also do a blood test to check the foal's immune status from 18 hours after birth.

It is advisable to have the foal examined by a vet within 24 hours of foaling. We are able to give the foal tetanus antitoxin to assist its immunity against tetanus.



Most mares will pass the placenta within the first hour after giving birth. If it has not passed within the first 2-3 hours, please consult a vet. If the membranes are hanging around the mare's back legs, it can be useful to tie them up with some bailer twine. It is not advisable to pull on the membranes.

Once the placenta has been passed, please keep it as the vet will examine it on the new born foal check.

Problems which may occur include:

Meconium Impaction –This is when the foal is unable to pass the first faeces. It can be firm and very painful. You may notice straining or an absence of droppings. An enema can be used to assist passage.

Foals with limb deformities –Contractions/laxities -where tendons are lax or bones are relatively long compared to the tendons.

Angular limb deformities –where the limbs are not straight when viewed from the front/behind.

Hernias –Abdominal hernias are a protrusion of tissue out of the abdominal cavity and can occur near the umbilicus or in the groin.

Premature foals (Dummy foals) –These will often have floppy/silky ears and appear weak. They may be slow to nurse or be unable to.

Septic foals –Foals who have contracted bacterial infections. The umbilicus is a common site for entry of bacteria. Treatment of the umbilicus can reduce the chances of this.

Lameness –This can occasionally be caused by bacteria lodging in the joint of a septic foal.

Patent urachus –This is where the bladder maintains a connection with the umbilicus (as in the womb). You may notice urine dribbling from the umbilicus when the foal urinates.

Cleft palate –This is the result of a developmental abnormality and can cause milk to come down both nostrils.

If you are concerned about any of the above please call a vet.



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