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## Pregnancy to Birth

These guidelines are meant to serve as reference points only. They are in no way complete or all-inclusive. Please call sooner, rather than later with any concerns and remember that the only bad questions are the ones we do not ask.

### Vaccinations for the Mare

- Pregnant mares should receive rhinopneumonitis (herpes) vaccinations at regular intervals throughout pregnancy, as an aid in preventing this viral abortion. We recommend giving doses at 3,5,7, and 9 months of gestation.
- Pregnant mares should receive their annual vaccine boosters near 30 days before her due date. This will not only protect her, but also ensure that her colostrums is of excellent quality, providing the newborn foal with better passively acquired immune protection.

### Late Gestation (last 2-3 months)

- Expect periodic episodes of pain/discomfort by the mare – as the fetus continues to grow it puts abnormal pressure on the mare's internal structures/organs. She may intermittently stand and lay or even roll. These episodes should be brief, as repositioning of the fetus will alleviate pain – if they are prolonged or pain increases, call us.
- The timing of udder development varies substantially among mares but usually begins 2-4 weeks prior to birth. Usually the first signs are firm swelling/edema of the udder, and sensitivity. Early udder development may be indicative of problems that require treatment, late udder development or lack of an udder may also require treatment – call if concerned.
- Drainage from the vulva, other than urine, is likely to signal a problem and we should be called.
- Nutritional needs of the mare, specifically calorie intake, begin to rise in these last months. Her feed can be increased by 0.5-1.0 pounds. A more substantial increase in feed is not necessary until lactation begins.

### Day of Foaling

- If possible, the mare should be allowed to foal in a large, clean, straw bedded stall. A safe, clean, easily accessible paddock is fine as well.
- Changes in the mare's behavior may signal impending delivery. These changes could include not going out, not coming in, isolation from other horses, a lack of appetite, etc.
- Wax plugs may be noticed at the teats, usually signaling delivery within 24 hrs. These are not present in every mare.
- Milk may drip or even stream from the udder – if dripping appears substantial, it may be necessary to collect the fluid, or even milk-out the mare. Colostrum (the first milk) is only made once and must be saved for the foal.
- Muscles over and around the tail may relax, even resulting in a flaccid tail.
- Closer to the actual time of foaling, the mare may be up and down frequently, sometimes pacing in her stall.

### Foaling

- Labor starts with the passage of the water bag.
- The foal should be born within the next 30 minutes – do NOT rush to help, but if little progress has been made in 10-20 minutes after the water has passed we should be called.
- Before assisting the mare yourself, always ensure that the head and **both** front feet are present and in the proper orientation.
- If the umbilicus does not break after the mare stands (this may not happen right away, mares are often exhausted and lay for some time before rising the check on the new foal) – grasp the cord firmly 2 inches from the foal's abdomen and snap the longer portion back toward the mare. Alternatively, tie or clamp the cord on the foal side and cut above.

### 1-2-3 Rule

- The foal should stand within **one** hour
- The foal should nurse within **two** hours
- The mare should pass her placenta within **three** hours
- A delay in any of these events warrants a call and will likely necessitate treatment

### Veterinary Exam

- If all has gone well, we always prefer to examine foals the day they are born, usually around twelve hours after birth.
- Both the mare and foal will be examined. We will check the foal's antibody level (ensuring an adequate amount and quality of colostrums), give the foal an enema, and administer any needed medicines.