

## STAGES OF LABOUR IN THE MARE

### STAGE 1

- When initial uterine contractions begin. Mare may appear agitated, sweat, get up and down, walk consistently, paw the ground, roll, have a general change in behaviour or generally look uncomfortable.
- The duration of this stage can vary from mare to mare.



### STAGE 2

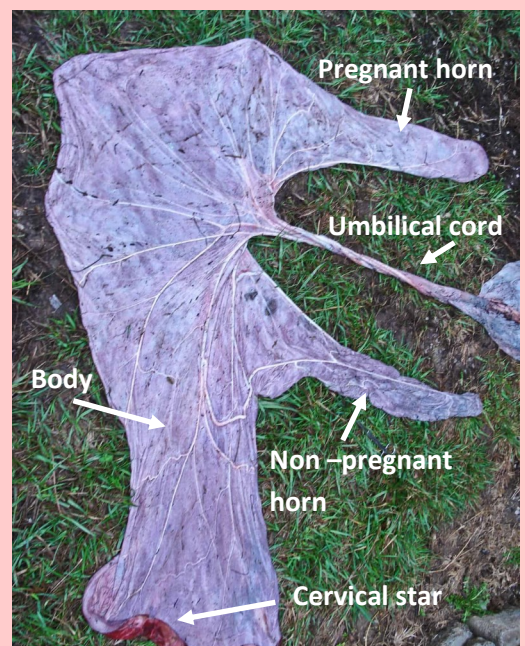
- Starts with rupture of the chorioallantoic membranes (waters breaking) followed by strong abdominal contractions resulting in explosion of the foal. Mares usually deliver in lateral recumbency (lying down).
- **Normal delivery is within 20 minutes** of waters breaking.
- Foal should present forelegs first, one slightly in front of the other, followed by the muzzle and head on top of the legs then the rest of the body with the hind legs.
- Once the foal is out, the umbilical cord ruptures



**If 10 minutes of strenuous stage 2 labour produces no signs of the forelimbs or head, your mare may be in trouble so please contact Camperdown Veterinary Centre immediately on 5593 1077.**

### STAGE 3

- ◆ Expulsion of the placenta **within 3 hours of foaling**.
- ◆ Thorough examination of the fetal membranes is crucial for planning both foal's and mare's care. Even a very small piece of retained membrane is high risk for development of sepsis in the mare.
- ◆ The best time to evaluate equine placenta is immediately after foaling, and placenta expulsion. The best way of checking for a completeness is arranging the entire placenta into so-called "**lazy F position**" as shown right.
- ◆ It is really important that personal protective equipment such as gloves and a mask are worn when assessing fetal membranes to prevent zoonotic infection. Zoonotic infections are spread from animals to humans and birthing materials can shed lots of infectious material.



## Remember the 1: 2: 3 rule after foaling:

1. Within 1 hour the **foal should stand**
2. Within 2 hours the **foal should suckle**
3. Within 3 hours **the mare should pass the placenta**

If your foal or mare does not meet the 1:2:3 rule, you should **contact us immediately**.

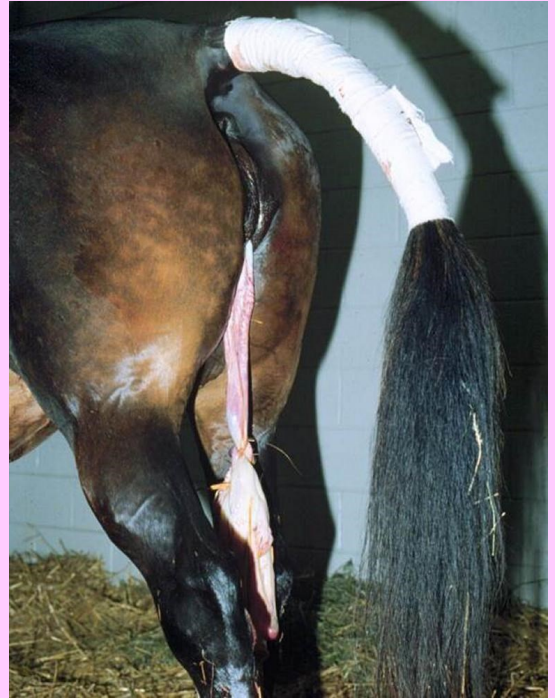
## RETAINED FETAL MEMBRANES IN THE POST-PARTUM MARE

Complete or partial retention of the foetal membranes is one of the most common problems of the mare in the early post foaling period. The incidence increases after abortion, malpresentation, obstetrical manipulations, caesarean surgery, induction of labour, placental infections and fescue toxicity.

If foetal membranes are not expelled promptly, the attached membranes become necrotic, followed by a severe inflammatory reaction. In addition, rapid bacterial growth may lead to toxic metritis, endotoxemia, and laminitis.

The percentage of broodmares that retain their placenta ranges from 2% to 10%, and it is considered that mares with a history of retained fetal membranes have an increased risk of repeating.

If you are concerned that your mare has retained membranes post



## POST FOALING CHECKS

Your mare and foal should be assessed by a veterinarian in the 12-24 hour period post-foaling. A post-foaling check involves assessment of the mare for any trauma or tears, bleeding, uterine infection, and udder health. The foal is assessed for vitality, umbilical health, the presence of any hernias, congenital conditions or limb deformities.

The foal's blood IgG levels are tested to determine whether colostrum quality and intake has been adequate. This involves taking a sample of the foal's bloods and testing in clinic. Foals with low IgG levels at 12-24 hours of age are more susceptible to infection, and should receive an IV plasma transfusion using commercially available frozen plasma rich in immunoglobulins.

Relying on the vigour of your foal alone is a dangerous way to measure health and IgG. Some foals can be born septic or quickly develop sepsis after birth. Either way, they may look normal for the first 24 hours after birth and then can

