

## Possible problems at foaling

I really enjoy working as a vet at this time of year. One of the main reasons is our work amongst mares and new-born foals. It is immensely satisfying to artificially inseminate a mare, to detect that she is pregnant as soon as 12 or 14 days afterwards by trans-rectal ultrasound and then, the next year, see a healthy foal being born.

Unlike cattle, mares rarely suffer from foeto-maternal oversize where the foetus is disproportionately large to fit through the mare's pelvic canal. Thus problems are relatively rare, but they do occur. If you have a heavily pregnant mare and are reading this article, don't worry. As I say, these problems are not commonly encountered. If you are heavily pregnant yourself, probably best to save this article until after the birth.

In the mare the time between starting foaling and delivering the foal is explosively short and the sheer propulsive power the mare can exert never ceases to amaze me. Unfortunately, particularly if the foal is not presented correctly, this enormous propulsive force can lead to problems. Should there be a malpresentation such as a head back or a leg back then, due to the forceful contractions, the foal quickly becomes impacted, or jammed, in the birth canal. This impaction, combined with the length of the foal's legs or neck make obstetrical correction extremely problematic. There are times that general anaesthesia has to be resorted to in order to overcome the contractions working against the obstetrician and allow correction of the malpresentation.

These same forceful contractions, especially if the mare foals down unobserved, can lead to damage to the birth tract. A torn vulva or roof of vagina to stitch up afterwards is not too bad but occasionally the mare can force the leading limb of the foal through the roof of the vagina and the floor of the rectum leading to a huge recto-vaginal fistula. This requires a detailed surgical reconstruction and I usually leave it for several weeks before attempting the procedure to allow all the bruising and swelling to settle.

Sometimes the mare will (particularly if the placenta does not detach quickly) continue to push and the whole uterus will evert and follow the foal out as a full uterine prolapse. The mare becomes distressed and shock will ensue. Strangely enough, this is about the only part of obstetrics that is easier to tackle in the mare than the cow. While still a huge push (equated by a friend of mine to shoving a sack of coal through a letter-box) they can be replaced. As long as the broad ligament that normally supports the uterus in the abdomen has not been damaged with subsequent internal haemorrhage, then the mare will recover and even get back in foal.

Occasionally, the mare will push out a length of rectal tissue. While approaches differ between vets, I generally consider the fragile rectum too damaged to replace. The damaged tissue will only die after replacement and cause a fatal peritonitis. It is quite simple to resect the prolapsed gut under epidural anaesthesia and connect healthy bowel to the anus.

The most common problem we see post-foaling is retention of placenta. The placenta is a big organ in its own right and weighs about 5 kgs in an average sized Thoroughbred. It very quickly starts to degenerate and produce powerful toxins that are absorbed into the mare's circulation. The main

effect of this is to damage the micro-circulation of the hoof laminae. This leads to a devastating bout of laminitis. It is for this reason that a retained placenta must be dealt with by the vet within 5 or 6 hours of foaling. Even with oxytocin drips and physical effort it may not always be possible to remove a tenacious placenta at this stage but at least drugs to protect against laminitis can be administered and in some cases foot pads applied to the mare to minimise the anatomical changes associated with laminitis.

However, the main message is not to worry unduly. Keep your mare fit, not fat as, I am told, giving birth is an athletic process. Make sure the mare's worming and tetanus vaccination status is up to date and sit back and enjoy.