

Table 1. Abnormal Events During Pregnancy and Delivery

Event	Causes	Actions
Premature udder development and lactation	Wrong breeding date, placentitis, twins	Check due date. Call vet for exam and to check relaxin levels
Vaginal discharge	Placentitis, impending abortion	Call vet for exam and culture
No udder development or no milk production	Wrong due date, fescue toxicity, endocrine abnormality	Check due date. Check pasture for fescue. Call vet to evaluate hormone levels. Check nutrition levels.
Sudden, excessive abdominal enlargement	Abdominal hernia, prepubic tendon rupture, twins, excessive fetal fluids. Possibly just foal dropping near due date.	Call vet for exam.
Premature delivery (<325 days)	Infection, twins, other unknown cause	Call vet.
Prolonged gestation (>360 days)	Fescue toxicity, pituitary tumor (older mares), wrong due date.	Check breeding dates, Call vet for exam and hormone levels.
Prolonged Stage II labor	Dystocia, low blood calcium levels	Call vet. Perform vaginal exam to determine fetal position and assist delivery. Walk mare until vet arrives to reduce straining and rolling
Premature placental separation (red bag delivery): velvety membrane appears at vulva instead of white translucent amnion	Premature detachment of placenta from uterus, resulting in fetal asphyxia	Call vet. Rupture red membrane using blunt-end scissors. Extract foal encased in amnion. Rupture amnion. Deliver as quickly as possible. Perform APGAR score and administer oxygen. Initiate CPR if not breathing
Meconium staining of placenta, fetal fluids, foal	Fetus passes meconium in utero in response to asphyxia or other birth stress	Call vet. Clean meconium away from mouth and nose. Perform APGAR score. Provide oxygen, monitor breathing rate and effort
Colic (mare) after foaling	Colon torsion, impaction, uterine or bowel trauma during foaling, resulting in peritonitis, uterine artery rupture	Call vet. Give Banamine and move foal to safe place. Mare requires complete vet exam
Retained placenta (>3 hours)	Unknown causes	Call vet. Tie up with string or gauze or by knotting it on itself to keep mare from stepping on the placenta. Treat according to vet's recommendations
Heavy placenta (>10% of foal's weight), areas of placenta discolored	Suspect infection	Call vet for early exam of foal. Check foal's white blood cell count and start on antibiotics
Umbilical cord hemorrhage	Premature or traumatic cord rupture	Clamp umbilicus or tie with umbilical tape soaked in disinfectant. Dip umbilicus. Remove clamp or tie when bleeding has stopped
Foal does not follow normal developmental time line. Slow to suckle, stand, and/or nurse	Weakness due to infection, asphyxia, or immaturity	Call vet for early exam of foal. Be sure foal receives adequate colostrum or IgG substitute within the first 2–6 hours of life

Table 1. Abnormal Events During Pregnancy and Delivery (continued)

Colic (foal)	Meconium impaction most likely	Give enema. If no meconium passes and/or foal remains colicky, call vet
Yellow mucosal membranes in the foal	Jaundice due to herpes infection or hemolysis due to incompatible blood types between mare and foal	Call vet. If foal is yellow and anemic, the cause is hemolysis
Foal's serum IgG is <400–800 mg/dl	Failure of passive transfer due to poor quality colostrum, failure to nurse enough colostrum, or inability to absorb antibodies	If foal is less than 12 to 18 hours old, give more colostrum or IgG substitute; if older than 18 to 24 hours, give plasma transfusion
Mare rejection of foal	Maiden mare might be afraid. Some are outwardly aggressive toward foal	Sedate mare. Keep stall traffic to a minimum. Show mare foal's rear end rather than face. Can use hobbles. Measure progesterone levels