

# PREPARING FOR DELIVERY

by Tom Hutchins DVM

The average length of pregnancy in the mare is 338-343 days. However, normal gestation can range from 320-380 days. You needn't become overly concerned if your mare is past due. Prolonged gestation is not generally associated with problems or extra-large foals unless the mare is grazing endophyte-infected fescue grass. If your mare's pregnancy extends much past 340 days or you're concerned, ask your veterinarian to examine her to determine if the mare is still pregnant and confirm that all is well.

If your mare has made it through 11 months of pregnancy, you're almost home free. Labor and delivery, while momentous, are generally uncomplicated. Every effort should be made to be present during foaling. In most cases, you will simply need to be a quiet observer. Mares seem to prefer to foal at night in privacy and to have some control over the delivery. Hiring a foaling attendant, installing a video monitor, or using a birth alarm system can save the life of the foal should a problem arise. It is advisable to have your veterinarian's telephone number nearby in case of an emergency.

Should you choose to foal your mare in a stall, provide one that is a minimum of 14' x 14'. If possible, the stall should have adequate bedding and a floor that can be readily cleaned and disinfected. Dirt or clay floors make sanitation more difficult. Straw is preferable to shavings, as it won't cling to the wet newborn or mare the way small wood particles can.

Mares provide clues that they will soon give birth; however, the timetable is far from absolute. Some mares will show all the signs like clockwork; others show practically none. The following is a general guideline, but be prepared for surprises:

- ~The mare's udder begins to fill with milk two to four weeks prior to foaling.
- ~The muscles of the vulva and croup relax.
- ~The teats become engorged four to six days prior to foaling.
- ~"Waxing" of the teats occurs (a yellowish, honey-like secretion [colostrum] appears one to four days prior to foaling).
- ~The mare becomes anxious and restless. She may appear to be colicky. She may kick at her belly, pace, lie down and get up, look or bite at her flanks and sweat. She may frequently raise her tail and urinate. Generally, this is the first stage of labor.

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## **ABOUT: Tom Hutchins DVM (at the time of this article)**

Silverado Equine Performance, LLC was established in 2013. With 15 years experience in the performance horse industry, Dr. Hutchins' goal was to create a practice that fulfilled a special niche: provide the absolute best care available for each horse with all necessary diagnostic tools available for your equine athlete and be able to bring it to you in the comfort of your farm or stable. The scope of the practice is primarily lameness and sports medicine although other services are available upon request. This allows Dr. Hutchins to stay on the leading edge of performance medicine. It takes a team to keep a finely tuned athlete going, so when necessary, recommendations and referrals to the most qualified professionals for a given condition are made.

## **CURRENTLY:**

Tom Hutchins DVM currently has joined forces with Craig Sweatt DVM of Mobile Veterinary Services and formed what is now North Texas Veterinary Hospital, PLLC. Dr. Hutchins' primary focus is on the diagnosis and treatment of performance issues.

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### **Labor is divided into three stages:**

**Stage one** begins with the onset of contractions and generally lasts one to two hours. During this phase, contractions move the foal through the cervix and into position in the birth canal. The fetal membranes may become visible at the mare's vulva. When the sac breaks, signaled by a rush of fluid, stage one ends.

**Stage two** is the actual expulsion of the foal. This phase moves relatively quickly. If it takes more than 30 minutes for the mare to deliver, there is most likely a problem. If there is no significant progress within 10-15 minutes after the membranes rupture, call your veterinarian immediately. If labor seems to be progressing normally, wait and watch. Normal presentation of the foal resembles a diving position, with front feet first, one slightly ahead of the other, hooves down, followed closely by the nose, head, neck, shoulders, and hindquarters. If you notice hoof soles up, the foal may be backwards or upside down, and you should call your veterinarian immedi-

ately. The most deadly of foaling emergencies is a premature rupture of the chorioallantois, known as a "red bag delivery". If at any time during stage two you see red/maroon membranes covering the foal as it emerges from the vagina, the placenta must be rapidly torn open. The foal is detached from its blood and oxygen supply. Normal membranes that cover the foal are white or yellow and translucent.

**Stage three** labor begins after delivery and is the phase during which the afterbirth (placenta) is expelled. Most placentas are passed within one to three hours after the foal is delivered. If the placenta is not passed within three hours, call your veterinarian. A retained placenta can cause serious problems, including massive infection and laminitis.

Most mares foal without difficulty. It usually is best to allow the mare to foal undisturbed and unassisted. If a problem becomes apparent, contact your veterinarian immediately.

*Tom Hutchins* DVM

## **Services**

At Silverado Equine Performance, we are dedicated to providing you and your horse with the best possible care and service without the hassle. Let us come to you where your horse can remain in the comfort of its usual surroundings. All services provided can be done on the farm or at Normandy Farms Equestrian Center located in Keller, TX. Rehabilitation services (coming soon!) will be performed at Normandy Farms as well. Other advanced diagnostic services such as CT, MRI, and nuclear scintigraphy will be referred to Animal Imaging located in Irving, TX.

- Performance Evaluations
- Lameness Exams
- Pre-Purchase Exams
- Wellness Exams
- Nutrition Counseling
- Ambulatory Care
- Digital Radiography
- Ultrasonography
- Portable Endoscopy
- Shockwave Therapy
- Regenerative Medicine
- Internal Medicine
- Minor Surgical Procedures
- In-house Laboratory
- Rehabilitation
- Electronic Coggins and Health Papers

### **Other Referrals:**

- Nuclear Scintigraphy
- MRI
- CT

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