

RED ALERTS DURING PREGNANCY AND DELIVERY

ABNORMAL EVENT	CAUSES	ACTIONS TO TAKE
Premature udder development and lactation	Wrong breeding dates, placentitis, twinning	Check due date. Call vet. Rectal palpation, ultrasound exam, vaginal exam, check relaxin levels
Vaginal discharge	Placentitis, impending abortion	Call vet. Rectal palpation, vaginal exam, ultrasound, cultures
No udder development,agalactia	Wrong due date, fescue toxicosis, endocrine abnormality (abnormal estrogen:progestagen ratio, hypothyroid), poor nutrition	Check pasture and forage, evaluate hormone levels, check nutrition. Late pregnant mare should be on 14% protein and 1/2 to 3/4 lb grain / 100 lbs BWt / day and good quality hay, preferably alfalfa
Sudden, excessive abdominal enlargement	Abdominal hernia / prepubic tendon rupture, twinning, excessive volume of fetal fluids (Hydrops)	Call vet. Rectal palpation, ultrasound exam. Some mares may just look very large due to change in fetal position
Premature delivery (<325 days)	Infection, twinning, unknown causes	Call vet. Early foal examination. Monitor temperature and effort of breathing closely. Ensure adequate antibody absorption
Prolonged gestation length (>360days)	Fescue toxicosis, pituitary tumor in older mares, hypothyroid, wrong due date	Check breeding dates. Call vet. Rectal palpation, ultrasound exam, measure hormone levels
Prolonged Stage II labor	Dystocia, low blood calcium levels	Call vet. Vaginal exam to evaluate fetal position and assist delivery. Walk mare until vet arrives to reduce straining and rolling
Premature placental separation (Red bag delivery): velvety red membrane appears at vulva instead of white, translucent amnion.	Premature detachment of placenta from uterus resulting in fetal asphyxia; cause often unknown, but has been associated with placentitis	Call vet. Rupture red membrane using blunt ended scissors. Extract foal encased in amnion. Rupture amnion. Deliver as quickly as possible. Perform APGAR score and administer oxygen. 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 away meconium from nose and mouth. Perform APGAR score. Provide oxygen, monitor rate and effort of breathing
Colic in dam after foaling	Colon torsion, impaction, trauma to uterus or bowel during foaling resulting in peritonitis, uterine artery rupture	Call vet. If mare is violent give Banamine and move foal to save place. Mare requires complete exam including rectal palpation and possible peritoneal tap.
Retained placenta (>3 hours)	Cause unknown	Call vet. Tie up placenta by knotting it on itself or using baling twine to keep mare from stepping on placenta. Treat with Banamine, oxytocin, antibiotics
Heavy placenta (>10% foal's wt), areas of placenta discolored	Suspect infection	Call vet for early examination of foal. Check foal's white blood cell count and start on antibiotics
Umbilical cord hemorrhage	Premature or traumatic cord rupture	Clamp umbilicus or ligate with umbilical tape soaked in disinfectant. Dip umbilicus. Remove clamp or ligature when bleeding has stopped.
Foal does not follow developmental time line: slow to suckle, stand and / or nurse	Weakness due to infection, asphyxia, or immaturity	Call vet for early foal exam. Be sure foal receives adequate colostrum or IgG substitute within the first 2 – 6 hours of life
Colic in the foal	Meconium impaction most likely	Give warm, soapy, water enema. If no meconium passes and / or foal remains colicky call vet. Prevent self-trauma while foal is colicky
Yellow mucous membranes in foal	Jaundice due to herpes virus infection or hemolysis due to incompatible blood types between mare and foal	Call vet. If foal is yellow and anemic then cause is hemolysis. If foal is not anemic and is showing labored breathing, suspect herpes virus infection
Foal's serum IgG is less than 400 – 800 mg/dl = Failure of Passive Transfer (FPT)	FPT due to poor quality colostrum, failure to nurse enough colostrum soon enough, or inability to absorb antibodies	If foal is < 12 – 18 hours old give more colostrum or oral IgG substitute; If foal is > 18 – 24 ours old, give plasma transfusion
Mare rejection of foal	Maiden mares often afraid. Some mares are outwardly aggressive towards foals. More common in Arabians.	Sedate mare. Keep stall traffic to a minimum. Show mare foal's rear end rather than face. Can use hobbles. Measure progesterone levels

