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Recommendations For Pregnant Mares

Mares should be examined for pregnancy at days 14, 16, 26, 45 and 60 post ovulation. Thereafter, they should be examined every 30 – 60 days to ensure that pregnancy has been maintained and is progressing normally. Caslick sutures should be placed in all mares with fair to poor vulvar conformation or with a history of placentitis. Caslicks must be opened approximately 10 - 14 days prior to the mare's expected due date, or sooner if parturition becomes imminent.

Mares should be dewormed every 6 – 8 weeks depending on pasture management and stocking rate. At least once per year, they should receive a double dose of pyrantel pamoate or praziquantel for tapeworms and a dose of moxidectin or a 5 day course of (double dose) panacur for encysted strongyles. They should receive a dose of ivermectin or moxidectin, in the late fall and early spring to ensure stomach bots are controlled. Use caution with moxidectin to ensure overdosing does not occur. All mares should be dewormed with ivermectin on the day they foal to prevent passage of strongyloides westeri larvae in their milk. Daily deworming is another alternative. Mares on daily dewormers still need to be dewormed spring and fall with ivermectin and once yearly for tapeworms and should be treated for encysted larva before beginning the daily dewormer.

Mares should be vaccinated once yearly for eastern and western encephalitis virus, west nile encephalitis virus, rabies, tetanus and Potomac horse fever. Mares should be vaccinated twice yearly for strangles (intranasal). Pregnant mares should be vaccinated for rhinopneumonitis virus (abortive form) at months 3, 5, 7, 9 and 11 (if they haven't foaled yet) months gestation. Non-pregnant mares should be vaccinated for rhinopneumonitis (respiratory form) and influenza virus twice yearly up until 3 – 4 years of age at which point repeated vaccination is of questionable value. On endemic farms, mares should be vaccinated for rotavirus at 9 and 10 months of pregnancy.

No more than 3 vaccinations should be administered at any given time. If more than 3 vaccinations are due, one week should be allowed between sets of vaccines. All vaccinations listed above require a booster 3 – 4 weeks after the first vaccine in naïve (unvaccinated) individuals, and yearly (or twice yearly) boosters thereafter. In pregnant mares it is desirable to give the full complement of vaccinations 1 month prior to the expected due date. The biannual vaccinations should be given 5 months after foaling. Some farms choose to give rhinopneumonitis vaccine every other month to all mares regardless of pregnancy status for ease of management. No vaccines should be administered during the first 60 days of pregnancy (except for tetanus toxoid in the case of a wound occurrence).

Mares should have their feet trimmed every 6 – 8 weeks. It is preferable to have mares foal without shoes on, but in some cases, shoes may be necessary. Mares should have access to free choice, clean water at all times. They should also have access to trace mineral salt (block or loose) at all times. Some farms will also provide plain, white, iodized salt free choice as well. Mares should be fed quality grass, alfalfa or grass/alfalfa mix hay, either free choice or 2 – 3 times daily for mares that are easy keepers. Alternatively, when adequate pasture is available, grass may be substituted for hay.

Mares should be fed additional grain/concentrate beginning month 8 of gestation and increasing through term and to peak lactation (4 – 8 weeks postpartum). After 8 weeks, grain should be tapered for the mares (as the foals will be eating creep feed by then). Some mares, in poor body condition, or with certain health conditions may need to be fed differently. Mares should be body condition 4.5 -5/9 at foaling and drop to body condition 3.5 - 4/9 by peak lactation. Both over and under conditioned mares should be avoided and feeding schedules should be adapted to meet these mares nutritional requirements.