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## Care of the Newborn Foal

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Posted by [Dr. Dave Scofield](#) in [Foal and Neonate Care](#)



**What transpires in the first 24 to 48 hours of a foal's life is critical to his health and well-being from early life and up through weaning.** As a foaling attendant there are several “milestones” to keep in mind as you watch the behavior of both the baby and the mare post-foaling. In this article we discuss the milestones they both should make within the few hours after the foal's arrival into his new world. The care delivered, attention to detail, and respect for the nature of the horse will help set up your foal up for a healthier adolescence.

### Know Your ABCs

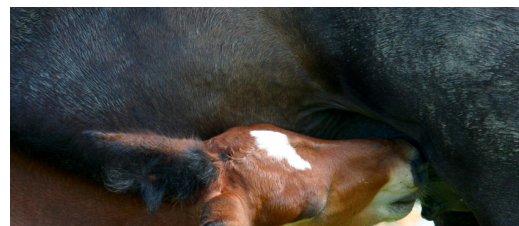
As soon as a foal is born, the attendant should quickly check the ABCs (airway, breathing and circulation) for the

foal. I make sure there is a clear and regular breathing pattern, no debris, placenta (amnion), or straw stuck around the foal's nostrils, and I check the mucus membrane color of the foal's gums to make sure it is moist, pink, and has a capillary refill time under 1.5 seconds. If the foal's umbilical cord was ruptured during parturition, I will treat the stump and move the foal towards the mare's head. If all remains connected and quiet, I like to leave the mare and foal to get to know one another in quiet.

### It's as Easy as 1-2-3

Commonly, we recommend a 1-2-3 approach for monitoring the first hours of a foal's life. They should be standing by one hour, nursing by two, and have passed their first feces (dark, sticky manure called meconium) within three hours of birth. Also by three hours, the mare should have passed her placenta, and it should be retrieved and saved for an examination by the attending veterinarian.

This 1-2-3-hour approach works great, with some amount of common sense and attention to important facts. Colts are typically a little faster to stand, but fillies are quicker learners when it comes to nursing. Foals with leg issues, mild contracture or laxity in one or multiple locations can make standing more difficult. The stall footing under bedding also plays a role in the ease that a foal stands and moves around for the first few hours. Commonly we help stabilize a



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foal during its attempts to stand to help his muscles and legs figure out just how to move these new tools of their trade.



## Immune System

Nursing as quickly as possible is a critical step for the health of the neonate. Foals are born with a completely functional immune system, but no functional antibodies to help protect them from infectious disease. They acquire all of their initial protective immunity from disease from preformed maternal antibodies called IgG from the mare's colostrum. The foal has a finite and decreasing ability to absorb these macro-molecules from the colostrum. Peak absorption occurs prior to six hours post foaling and steadily decrease until 18-24 hours where absorption is negligible. Therefore, ensuring adequate nursing of quality colostrum and in a proper timeframe completes the immune development for the foal and helps prevent disease from birth to 3-5 months of age. For additional information about colostrum see our article "[Why Colostrum Transfer is Critical to a Foal's First Weeks of Life](#)".

## Passing the Meconium

The next major step is for foals to pass their first feces or meconium. Overall, the process seems simple enough, but these feces are remnants of amniotic fluid that had been digested through gestation. It is very thick, sticky and difficult to pass. A few words here on the importance of paying attention to the foal. The physical act of nursing helps stimulate GI motility and contractility in the foal. It is very common to administer a sodium phosphate enema (Fleet Enema) to a foal to facilitate passing the meconium, and in our hands, I wait until after the foal is nursing to administer an enema. A foal that is straining to defecate is not trying to nurse or suckle the mare. Therefore, I try and wait until the foal has figured out nursing prior to administering an enema.



## Remember the Mare

Oftentimes, the health of the mare takes a backseat to the excitement of a new foal in the barn. Remember, the mare just carried a foal for 11 months, gave birth to it in an incredibly short time frame and now needs to start the process of uterine involution in preparation for a subsequent pregnancy and current lactation. Passing the fetal membranes (placenta) is the first step of this process and important to have occurred by 3 hours post foaling. If the mare has any evidence of retaining her membranes at the three-hour mark, call your local veterinarian for advice and treatment. Retained membranes can have serious health concerns for the

mare, so make sure to monitor the mare for signs of retained membranes and post-foaling episodes of colic, and do not hesitate to call your local veterinarian. For additional information about retained placenta see our article "[Retained Placenta in the Mare](#)".

## New Foal Exam

If all goes well, schedule a New Foal Exam at 12-24 hours of age. This is a great time for your veterinarian to perform a physical exam on the foal, check the legs, check the mare, and most importantly, monitor the foal's IgG level through a blood sample. Foals must have adequate IgG levels absorbed from the mare's colostrum. This act is called passive transfer of IgG. If the blood sample shows the foal has a Partial or Complete Failure of Passive Transfer, then the foal will be required to have some therapy administered by your veterinarian. If discovered prior to 12-16 hours of age, oral options are available, but not 100% effective. If the blood sample was taken at 24 hours or later, then intravenous plasma is the only therapy effective to raise the IgG levels of the neonate.

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Other topics to discuss with your veterinarian regard the specific addition of either probiotics, oral immune protectants (preformed IgA products), and hyperimmune IV plasma for specific disease prevention. Each of these therapies have pros, cons, and specific uses that can improve immunity and protect foals from specific diseases such as Rhodococcus equi, bacterial and viral causes of neonatal diarrhea. In our practice, we are advocates for the use of protective immunity products and probiotics to help the foal transition to a milk based diet.

With many advancements in the accuracy of IgG testing, immune support, local immune protection and pre/probiotics developed specifically for the equine neonate, it is a great idea to discuss these products with your veterinarian at the time of pre-foaling vaccines at 10 months. This open dialog and a healthy appreciation of normal versus abnormal events can help you identify potential issues that arise during the early neonatal period. Have a great foaling season everyone!



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