



Foals

The first few weeks following birth are probably the most critical of a horse's life. A newborn foal is more susceptible to a range of diseases and injuries than older foals and adult horses; many of these problems are serious and potentially fatal. Great vigilance, together with seeking expert advice and taking prompt action, is essential.

Following birth the foal has to learn to adapt to its new environment, breathing air, acquiring the means to stand, feed and regulate its own temperature. From passing urine out of the body via the umbilical cord, it now has to seal off its bladder, store urine and then pass it out as an adult animal. Foal faeces (meconium) which are black and putty-like, are passed within the first few hours, followed by yellow faeces as digested milk starts to appear.

The foal should rise usually within thirty minutes of birth. Weka or very gangly foals may need assistance, but it is usually better to initially leave the mare and foal alone as this is an important period for mother and offspring to "bond". A quiet period is necessary to allow recovery from the traumas of birth and for the foal to gain strength and co-ordination: remember it will never have had balance before. One of the wonders of a young horse is the speed which they acquire the ability to follow mum. This is an illustration of their natural habitat on the grassy plains, where they speedily have to follow the herd for reasons of safety. This is compared with the human infant who can only stand after many months and who could not keep up with adults for several years.

Once standing, the foal should start to suck on the mare, usually at the nearest point. This is often around the shoulder region, and the mare will nuzzle the foal backwards following the contours of the mares belly, guiding them hopefully to the mammary glands. This behavior appears instinctively; most healthy foals rapidly learn to suck from their mothers with very little outside help. Problems occur if the foal is weak or if the mare has little milk or is uncooperative. Sometimes there is a particular problem with very tall warmblood foals where the mother has a particularly pendulous belly, effectively meaning the foal has to dive underneath the belly to find the teats.

Some mares are unfortunately vicious with newborn foals and here prompt action is essential to prevent disaster.

The first milk of a mare (colostrum) is rich in antibodies derived from the mother, which when passed into the foal are absorbed into the blood stream and do much more to avoid early disease. Transfer of what is known as passive immunity takes place virtually entirely in the first 24 hours of life via the colostrum, the most critical period being the first 12 hours. Apart from this vital protective function, milk is also of course highly nutritious, acts as a stimulant/laxative for the bowel to aid the loss of meconium and the act of sucking encourages hormonal release in the mare, stimulating uterine contraction and the loss of the afterbirth. Prompt veterinary attention to assist with feeding problems is therefore essential.

Foals that strain excessively or show signs of colic (being off suck, rolling, flank watching, "flagging" continuously with their tails) may have retained meconium or, more rarely, have some abnormality in the urinary system. Again, prompt veterinary attention is important.

During the first few days/weeks of life, one should adapt to a routine of watching the foals behaviour carefully. Look for signs of being off suck, respiratory difficulty and acute scouring. If in doubt, check the foal's temperature. Up to 100.5F is usually normal for a foal, but anything higher than this should alert suspicion. Watch for signs lameness and always take note of acute lameness. "Joint-ill", where a joint is infected via the bloodstream, is relatively common in foals. Prompt treatment will often alleviate the condition completely, but if it is left even for more than a few hours and certainly more than a day or so, permanent damage may result. The vet will probably want to "tap" or sample the joint fluid and x-ray the affected area; this should be done as speedily as possible to make an accurate diagnosis and institute treatment.

Foals are frequently born with 'bent' legs. Excessively 'bent' foals may have difficulty in standing and assistance (hopefully short-term) may be required to allow normal nursing. Advice should be sought, although thankfully a majority of these conditions are benign, requiring minimal or no treatment. One should be careful however to differentiate here between the newborn foal and that of a few weeks old where side-to-side deviations of major joints are occurring. Deformation of the fetlock, for example, may need surgical correction very early on, within the first six weeks of life.

Many owners find it beneficial to have their newborn foals and mares checked by the vet on the first day of life. This gives an opportunity to discuss all these problems as well as carry out a detailed examination of dam and offspring. The mare is checked for signs of physical damage, hemorrhage and proper passage of the afterbirth. Always keep the afterbirth for the vet; much information can be derived from this which may indicate the health status of both mare and foal.

