



A GUIDE TO:

CARE OF THE NEWBORN FOAL



Professional



Caring

FIRST STEPS

The first few hours of your newborn foal's life are critical, they must stand, suck within 2 hours and pass their first poo. Careful monitoring from a distance to avoid disruption is essential to ensure these have all occurred, if not the vet must be called.

The first milk (colostrum) contains essential antibodies and is only produced for a short time, and these antibodies can only be absorbed by the foal for a short time. It is these antibodies that create neonatal immunity, hence why it is so important for the foal to receive these quickly. The vet can test the transfer of these antibodies using an IgG blood test after 12 hours. If there is failure of transfer, your foal may require a plasma transfusion.

The foals first dropping (meconium) should be passed within 12-24 hours. It is dark and tarry in appearance, with subsequent poos becoming lighter in colour. If you see your foal straining or they show colic signs, they may be struggling to pass the meconium and require an enema performed by your vet. The foal should urinate within the first 8 hours. Pay attention to where the urine comes from, occasionally you will see urine come from the umbilicus and the vet will need to be made aware to initiate treatment if necessary.

Foals are born with a protective layer called Epychonium on their feet. This looks finger-like and is usually soft. This will wear off in the first few days of life.

UMBILICAL CARE

The umbilicus needs regular attention to prevent infection. Environmental bacteria in the stable can cause infection which can spread and cause peritonitis/septicaemia if left untreated. Ensure the umbilicus is dipped in 50:50 spirit and chlorhexidine within 30 minutes of foaling and then every 6 hours until 24 hours old. It can take 2-3 days for the umbilicus to close and dry, so may still need further dipping. If there is any discharge, smell or it looks unusual, call your vet



NORMAL FOAL BEHAVIOUR

Most foals are very inquisitive and want to interact with the mare, other horses and humans. If your foal is not inquisitive, there may be something wrong. Dummy foals tend to be slow, vacant and unresponsive, if you suspect this in your foal, call the vet. Other signs include a domed head, small size, weakness and silky coat.

It can be normal for a foal to feed up to 7 times per hour as their body weight is increasing by 2kg per day in the first week.

Often the first signs of a sick foal are lethargy and a decrease in nursing behaviour. Monitor your foals breathing rate and effort, nursing behaviour and dropping consistency. Having a thermometer to hand can be useful to monitor temperature if concerned.

NEWBORN FOAL AND MARE CHECK

We encourage all owners to have their mares and newborn foals checked within the first 24 hours of life. This consists of a detailed clinical exam of both the mare and foal to ensure all is well, both are healthy and not showing signs of illness. In addition, mare will be checked to make sure she has no vulval tears and that the placenta is intact. Any retained placenta could potentially make the mare very sick.

The foal will be checked for any foaling injuries and developmental abnormalities, the umbilicus is checked for signs of infection and also checked for the presence of an umbilical hernia. It is at this examination that the vet will take a blood sample to check for passive transfer of antibodies (immunity). If your mare did not receive a pre-foaling tetanus, Tetanus antitoxin should be given.

HOW TO HANDLE YOUR FOAL

Within a few days you will be thinking about turning out your mare and foal. Handling newborn foals can be tricky, the best way is to place a rope or towel around the base of their neck and a hand on their bottoms under the tail. Ensure the mare is led out in front so the foal can follow behind safely with your guidance. As your foal gets used to being handled, a foal slip can be introduced. Once the foal is used to wearing the slip, you can start to think about leading, often using a rope around the hindquarter is needed to prevent walking backwards.

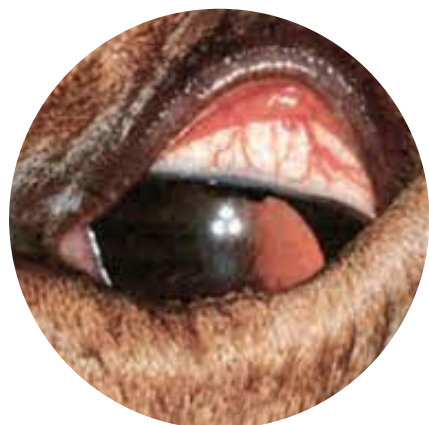
You should always turn out onto clean, dry, well rested pasture, ideally with few holes/ruts. The healthiest environment to raise a foal in a paddock at grass, ideally with post and rail fencing which will help correct musculoskeletal development. There is a lot of benefit to keeping foals of a similar age together, mainly socialisation.

FOAL ABNORMALITIES

Sadly things don't always go to plan and looking out for common abnormalities will ensure that you are able to act quickly and correctly.

HERNIAS

Hernias can be a very common finding, therefore all foals should be checked soon after birth for the presence of one. It can be common to feel a finger sized defect where the umbilical cord has been attached, this normally closes in the first few weeks. If the hernia is larger than three fingers, it needs to be assessed by the vet for potential treatment.



ENTROPION

This is the inward turning of the eyelids, which can cause ulceration of the surface of the eye. This should be assessed by your vet to avoid ulceration. There are several simple treatment options available.

CONTRACTED TENDONS

Foals can occasionally be born looking as if they are standing on their tip toes or knuckling forward at the fetlock, this can be due to contracted tendons. Often when assessed by the vet, we will give an IV injection of oxytetracycline for up to 3 days which aids in slackening the tendons, but must be given within the first few days of life to be most effective.



ANGULAR LIMB DEFORMITIES

Foals are frequently born with a degree of angular limb deformity (ALD). This is where the leg deviates from the normal midline. These deviations are most commonly found affecting the knee, fetlock and hock, and can vary from mild to severe. The majority of mild ALD's will resolve naturally within the first two to three weeks of life with controlled turnout and trimming. More severe deformities may need further intervention and should be assessed by the vet as soon as possible.



FARRIERY & FOOT CARE

We advise the first trim to occur around 1 month of age unless there is an ALD present. Prior to this it is advisable to start teaching your foal to pick their feet up (your farrier will thank you later).

At this first trim there is usually minimal trimming to be done, but allows the farrier to assess the foals feet and make a plan for regular trimming.

FOAL IDENTIFICATION

It is a legal requirement for all foals to be passported and microchipped by the age of 6 months or by December 31st of the year they are born (whichever is later).

WORMING

Foals should be wormed regularly until 18 months of age due to their immature immune systems.

We recommend that the first treatment is given 10-12 weeks using a single dose of Fenbendazole. Following this your foal should be wormed every 3 months until 18 months old. The product used should be rotated to help avoid resistance.

Prior to the spring your foal should receive an Equest/Equest Pramox provided they are over 6 months old to worm for encysted Red Worm. Moxidectin (Equest) should not be given to foals under 4 months old. Moxidectin and Praziquantel (Equest Pramox) Should not be given to foals under 6 months of age.

Pasture management is essential to reduce the worm burden on your pasture, this can be achieved by poo picking, resting paddocks for 6 months prior to grazing and cross grazing with other sheep. Be careful to consider your stocking density if you have a lot of foals.

VACCINATION

Vaccinations can begin at around 6 months of age.

WEANING

Weaning tends to take place around 6 months of age. The best way to wean your foal is to separate the mare and foal so they cannot see or hear each other. Finding a companion for both the mare and foal can be helpful to reduce stress.

T: 01584 841 080

E: equineadmin@severnedgevets.co.uk