The first days after the birth of your foal you couldn't be happier or more proud that everything went well. After waiting for eleven months you want to enjoy a healthy, viable foal that grows stronger and friskier every day. The belly of a healthy foal will get rounder around the clock, his muscles will develop day by day, he oozes health and has a beautiful coat. The majority of the newborn foals will grow without any problems. But you have to stay vigilant because there are dangers lurking around the corner and the health status of a foal can change in the blink of an eye.

WHAT CAN GO WRONG with your newborn foal?

By Dr. Ben Horsmans

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If your foal looks a little lethargic, make sure that the mare has enough milk. Giving the foal an additional foal milk replacer will sometimes help the foal. But be careful not to overfeed your foal, because this can have a negative effect on his growth and the development of his joints later on in life. Watch your foal closely, but don't be too critical too quickly. Your newborn foal may have some deformities in his leg conformation; these will often correct themselves given a little time. Check your foal regularly and methodically and don't leave him (or her) to his own devices. After all, your foal has cost you a lot of money and time already.

IDENTIFY THE SYMPTOMS

When your foal is born, a number of unwanted problems can become apparent and they need to be identified as soon as possible. Getting as much colostrum as possible immediately after birth is extremely important for your newborn foal, because it contains the all important antibodies. It is the foundation for a healthy foal. The so-called "foal shot" to prevent "foal illness" (commonly referred to as joint ill, navel ill, septic polyarthritis, septic epiphysitis and septic physitis) is no match for the effect of colostrum and good hygiene. Experienced breeders know this. If a foal gets enough colostrum early on, it can very well replace the foal shot that is often administered right after the birth of the foal. And although this shot often contains a tetanus serum in addition to the antibiotics, it can never replace the quality of the colostrum. Clinical supervision of the foal shortly after his birth by your veterinarian is very important for the timely identification of problems.

NAVEL

We advise to regularly check the navel of your foal for sensitivity during the first week after his birth, because not only immediately after birth, but even until one or two weeks later, the foal may get a swollen painful navel. The cause can be an umbilical hernia (a protrusion of the abdominal lining, or a portion of abdominal organ(s) near the navel (belly button), but also an abscess (bacteria), working its way inside. Always consult your veterinarian in case of doubt. In case of an inflammation your vet will put your foal on antibiotics, which will dry up the belly button quickly and properly.

So remember that a painful and/or wet navel can point to an inflammation that may result in the dreaded foal illness. This illness goes hand in hand with one or more inflammations of the joints and is often fatal. The most common cause of this illness is an external bacterial infection, most often through the navel.

The problem is that the bacteria that entered the body will often accumulate in locations that do not have a sufficient blood circulation and thus not enough antibodies. Especially the joints are targeted by these bacteria. A cure is typically impossible.

PREMATURE FOALS

Another phenomenon is a foal that is too weak or premature. This happens when the foal is born too early, didn't get enough nutrients immediately after birth and/or was kept out in the cold too long. Foals that suffer from these predicaments often make strange noises and show strange rhythmic movements and adopt strange postures that will often become more serious with time. In short - if you don't act quickly and get your foal an adequate, intense and rigorous treatment, it may be fatal.

MECONIUM CONSTIPATION (RETAINED MECONIUM)

One of the first problems for a newborn foal is the so-called meconium constipation, which particularly strikes colts and late foals rather than fillies. The sticky, tar-like feces is sometimes difficult to pass and can harden and become impacted, causing the foal to strain to defecate and flag his tail back and forth. Nursing will often help the foal passing this sticky stool.

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Your Newborn Foal, Cont.

If this takes too long the foal will visibly strain to pass the stool and will start rolling on the ground frequently and show signs of colic. If the foal fails to defecate and becomes constipated or colicky, call a veterinarian. Your veterinarian can use a special enema with softening solutions that can be inserted directly in the foal's rectum. If this doesn't do the trick, it will be necessary to use a tube through the nose and insert a special remedy directly into the stomach. Never try to remove the meconium from the rectum yourself. This can be very dangerous and you probably won't be able to go deep enough anyway.

BLADDER RUPTURE

Rupture of the urinary bladder of newborn foals is thought to occur when pressure is applied to a distended full bladder during passage through the maternal pelvis. The rupture will not be noticeable until one to several days after the delivery. The foal will be lively and happy the first day(s), but will get an increasingly swollen belly shortly after birth. He will nurse less and will lay down frequently, often with mild signs of colic. When you push against the belly carefully, you will notice a painful belly (balloon) filled with urine. Since the urine of the foal is practically sterile, it won't lead to fever right away. If you don't wait too long with treatment, surgery is still possible and will be successful most of the time. Urine leakage from the navel (especially in colts) is another possible problem. At first it is often not recognized, because the posture of the colt looks like he is urinating "normally." But when you look closely, you'll see that the urine is coming from the navel. Right after the foal is born his bladder isn't completely closed yet, and thus has a second exit way through the navel. This problem will probably disappear as a matter of course; otherwise it requires surgery. A veterinarian should be consulted.

MUCUS MEMBRANES

If you think your newborn foal doesn't look lively enough shortly after birth, his mucous membranes are a good indicator for possible problems. Just take a look at the color of the mucous membranes above the incisors in the upper jaw. The mucous membranes should be pink and the capillary refill time should be less than 2 seconds. To determine the capillary refill time, press on the foal's gums and determine the time required for the pink color to return. Pale or blue mucous membranes requires the use of ventilation techniques and nasal oxygen. Bright red mucous membranes (gums and conjunctiva) are often a sign of septicemia, toxic bacteria that gain access to the circulatory system. The primary routes of infection are the respiratory tract, gastrointestinal tract, and umbilical cord, often before birth. This is truly an emergency and the sooner you contact your veterinarian, the bigger the chance of survival of your foal. Always ask for advice in case of doubt.

A yellowish discoloration of the mucous membranes (icterus or jaundice) of an adequately nursing foal a few days after birth is often a strong indication of a lactose intolerance of the mother milk (neonatal isoerythrolysis). If the mare has been exposed to the blood of her fetus (which can occur during late pregnancy or during parturition) during earlier, sometimes difficult deliveries, she will produce special antibodies in the mother milk (colostrums) in successive pregnancies and these foals will be at risk. When they drink the dam's colostrum, the antibodies are absorbed into the bloodstream of the digestive tract of the foal, and then attack and destroy the foal's red blood cells. It is for the reasons above that the disease is seen only after the foal suckles and usually only in multiparous mares. The foal will generally be normal at birth and signs will only be observed after the foal has suckled from the mare. This can vary from 8-96 hours post-suckle. The more the foal drinks, the sicker he gets. It is important to isolate the foal from his mother and raise it temporarily with an artificial milk product or a substitute mare. Your veterinarian can generally diagnose neonatal isoerythrolysis based on the clinical signs. However, several tests that utilize the blood from the mare and foal or the mare's colostrums are available.

PNEUMONIA

Sometimes a foal will attract pneumonia in case of large fluctuations in temperature. A foal has a relatively larger body surface than an adult horse. As a result, the foal can also lose more body heat. Because foals will tire relatively faster and sleep most of their young lives, it may happen that they cool down too fast or too much, which of course increases the chance of pneumonia. If you have a bad feeling about your foal and you notice deviating behavior, take his temperature and contact your vet. Remember the following rule: When your horse or foal exhibits changes that are too large or too quick, they are often the cause of many problems. This not only refers to nutrition and movement but also to fluctuations in temperature. In many circumstances a horse, and especially a foal, needs time to adjust.

CONGENITAL DEFECTS

Sometimes a foal has a congenital defect. This doesn't always have to be hereditary and can disappear quickly. An example of a congenital AND hereditary defect is dwarfism in Friesian horses, an identifiable gene in the DNA structure that causes disproportionate features, unbalanced or unequal features. The foal may be viable or not. The first thought is often that it is a mini Friesian.

The lack of a rectum (atresia ani) is another example of a congenital defect. The rectum may be closed, or - in its most serious form - a piece of the intestines may be blocked or missing (colonic atresia). It is obvious that the latter doesn't give the foal much chance of survival. It is remarkable, however, that in this case the foal often remains quite vital during the first few days after his birth, but will show signs of colic and a large extended belly. Normal passage of the stool is impossible and it will become quite obvious why when you examine him.

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LEG DEFORMITIES

Many cases of ALD (angular leg deformities) will resolve themselves as a matter of course over time. Until recently, in the case of bowlegged or knock-kneed foals, hemicircumferential transection of the periosteum, the membrane of connective tissue, ("periosteal stripping") was used to try to correct this deformity shortly after birth. But experience showed that this procedure can be successful for a deformity of the foot axis (from the fetlock joint down), but isn't really necessary in the case of bowlegged or knock-kneed legs. Foals with a deviating position in the womb (inrauterine malposition) are often born with extremely straight or weak legs. Bandaging may help, but be careful with splints because these are often the cause of serious pressure point injuries. Sometimes it is possible to influence the elasticity of the tendons after birth with certain medications. Consult with your veterinarian.

It is incredible how quickly the foal can regain an almost normal leg conformation with these medicines.

Friesian foals often have extremely straight legs, especially in the front, with the fetlock joint perpendicular on top of the pastern. Surgery may bring relief when you don't see improvement quickly enough. By cutting the so-called check ligament of the deep flexor tendon just below the knee, the deep flexor tendon will stretch somewhat and get relatively longer. The foal will be able to drop his fetlock joint closer to the ground, and the foal's body weight will allow for additional stretching of the flexors in a regular ratio. Through controlled movements the foal can regain his natural leg conformation. Physiotherapy can help also.

It is important to verify if movement (pasture time) improves or worsens the situation and adjust your therapy accordingly.