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Care & Management of the Growing Foal (Newborn): Part 1

This is the first of two articles on the young foal from birth to weaning. The purpose of the first article is to take a short journey from the separation of the umbilical cord through the first week of life. I touch on some of the important points of care and common problems you should be on the lookout for. One recurring theme is to observe the young foal carefully, and promptly discuss with your veterinarian any questions that come up. I advise my clients to be careful not to dive in to treat foals themselves unless they are confident in what they are doing. Sometimes well-meaning owners do more harm than good when they try to help their young foals.

Horse people intuitively know that the foal's first days of life are a critical time. This is an exciting and idyllic time for both foal and owner. Behind the scenes, every part of the young foal is developing rapidly and adjusting to life outside of the mare. The young foal's body systems are very fragile and sensitive during this period. Problems like diarrhea, colic and infected joints can progress rapidly in the young foal and quickly become life threatening if not treated appropriately. Improper management or nutrition may lead to irreversible problems.

In the growing foal, other problems like Developmental Orthopedic Disease (DOD) may be subtle and might go undetected if owners are not on the lookout for these problems. Good management and an understanding of the common problems that can arise in this age foal can help ensure that the young foal grows normally and reaches weaning strong and healthy.

It's 2 a.m. and with a final hard press from the mare, the newborn foal (a colt) lies near its mother in the clean, fresh straw. Its face is free of the placenta, and it is already trying to get its head up and roll on its chest.

It's best not to rush in unless you know there's a problem. The mare will get up in a minute and she will likely break the umbilical cord then, as nature intended. Cutting the umbilical cord sharp or too close to the foal's body can result in umbilical disease later. It's also not advisable to treat the umbilical stump with strong antiseptics. Many foals end up with umbilical infections from overzealous treatment of the umbilicus with strong antiseptics. I advise treating it once only, with a dilute antiseptic (chlorhexidine) solution.

It's 3 a.m. and after a dozen tries, the foal has gotten up on his own and he is now

nursing.

Most baby foals are up within an hour of birth but some can take a little longer. They should nurse within another 30 to 60 minutes. The mare should have passed her placenta by now. Placentas are considered retained after three to four hours. A retained placenta is an emergency and must be resolved quickly by your veterinarian.

It's now 5 a.m., the foal has been up and nursed multiple times, and is now laying down sleeping.

The first day of the newborn's life is an eventful one. The normal pattern for the young foal is to nurse frequently and then nap, with much of the time spent sleeping.

It's 9 a.m. and the little colt is already bouncing around the stall and nursing vigorously. He stops, lifts his tail and seems to strain and push.

Constipation of the first manure (meconium) is common enough in the first day of life that many breeders give a routine enema. Meconium impaction is more common in colts than fillies. It is important to discuss this straining with your veterinarian when he or she arrives for the exam. He or she will likely give the foal an enema and ask you to monitor the foal closely to ensure that he continues to pass manure normally. Most minor impactions resolve with an enema.

Diarrhea is also a common problem in the newborn foal and is potentially fatal. It is usually caused by bacterial infection. If you notice diarrhea in the foal at one to five days of age, immediately communicate with your veterinarian.

Your veterinarian arrives and does a careful examination of mare, placenta and foal. The mare is healthy and the placenta is complete and normal. The veterinarian is now examining the foal, with an assistant handling the foal.

Foal handling is an art. It should be easy on the foal, mare and on the handlers. Gentle but firm and correct handling of the foal at this stage can pay great dividends later on. Many owners "imprint" their foals at this time. My suggestion to horse owners about imprinting is to do it right or don't do it at all. Poor handling can be stressful to the foal and might get your relationship off to a rocky start. There are plenty of books and resources out there that can help you learn the proper techniques of early foal handling.

I recommend a veterinary exam for every newborn foal. When the foal is 8-24 hours old, I do a careful examination of the mare, the placenta and the foal. In the foal exam, I look carefully at attitude and general health. I listen to its heart, lungs and abdomen. I inspect the umbilical stump, joints, mouth and eyes. I carefully examine the foal's legs. I do not believe in giving vaccinations, vitamins or antibiotics to newborn foals unless I know they are ill or are at risk for a problem.

Importantly, I take blood to check for antibody levels (IgG) that was absorbed from the

first milk (colostrum). All foals must ingest good quality colostrum within the first hours of life. A change in the intestinal lining, called closure, takes place in the foal's intestine after 18 to 24 hours of life. After that, the foal can no longer absorb the colostrum's vital antibodies from its intestine. Failure to ingest this antibody is called Failure of Passive Transfer (FPT). FPT is a common problem for foals and must be treated correctly and immediately. If the foal fails to nurse normally, it must ingest good quality colostrum from its dam or another mare by stomach tube or bottle within hours of birth. Failing that, it must be treated with intravenous plasma containing the necessary antibody. If the foal does not receive adequate antibody, it will be incapable of fighting disease and will usually not survive. Commercial colostrum supplements are no substitute for adequate colostrum.

Your veterinarian comments that your foal has flexor tendon laxity and mild angular limbs.

You had noticed earlier that his rear fetlocks seemed to sag almost to the ground and his toes come off the ground slightly. This is a very common problem in young foals. It can occasionally be serious but usually resolves quickly on its own, as the foal gains strength.

The opposite problem of the tendons being too "tight" is also fairly common. This is called flexural deformity and usually means that the affected joints are over-flexed, or too upright. The most common area for this problem is the lower limb, either the fetlock or the foot itself. It is important to discuss any limb problem with your veterinarian right away. Early and appropriate treatment is critical for getting good results.

"Angular limbs" is a term that refers to abnormal deviation of the foals limbs when viewed from the front or back. In the first few days of life, many normal foals have very crooked looking limbs. Your veterinarian can advise you as to what is normal and what is not. Most angular limb problems resolve on their own, but others require treatment and may involve stall confinement, splinting and even surgery. Surgical procedures mostly rely on impeding growth on one side of the limb while the other side continues to grow normally, thus straightening the limb. Within weeks, the bones of the lower limb stop growing in length and treatment may be impossible.

It's Day 7 and you are thrilled with your young colt. He is bright and alert and looks great. You notice that he has watery diarrhea and you are concerned. Otherwise he seems normal, nursing, napping and playing vigorously.

"Foal Heat Diarrhea" is a normal diarrhea that occurs in foals at one to two weeks of age. The mares' "foal heat" (the first heat after foaling) usually coincides with this period of foal diarrhea, however the diarrhea is probably not caused by the mare being in heat. Your veterinarian will likely ask you to just watch the foal and ensure that he continues to nurse well and act normal. You may also be told to smear some Vaseline or A&D ointment under the foal's tail and down the hind end to prevent scalding. Usually this diarrhea resolves spontaneously. Occasionally, a foal has persistent or more serious diarrhea. In those cases, I try to diagnose a cause and start treatment.

We have taken a short journey with our newborn foal from birth through his first week. In [Part 2](#) of this article, we'll follow him along through the period from two weeks to weaning.

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