



## **DYSTOCIA**

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Dystocia. The word alone is enough to send shivers down the spine of horse breeders and keep them awake at night. The term dystocia refers to an abnormal or difficult birth. Dystocia occurs in approximately 1 to 2% of foalings and are more common in mares during their first foaling than in mares that have had multiple foals. The most common cause of dystocia in the mare is an abnormal alignment of the head or forelimbs of the foal in the birth canal.

Foaling is usually a rapid and forceful event. As a general rule, once a mare has broken her water and is in active labor, the front feet and a nose should be visible at the vulva within 10 minutes. Complete delivery of the fetus is normally accomplished within 20 to 30 minutes after the mare breaks her water. If no progress has been made by 15 minutes, a vaginal examination should be performed by an experienced individual to assess position of the fetus. A veterinarian should be consulted if no progress has been made by 20 minutes after the water has broken, if labor has stopped completely or if the normal progression of foaling has been interrupted. A delay in labor may result in compromise to the health of the fetus when oxygen delivery is decreased as the placenta begins to separate from the uterus of the mare.

The goals in managing a mare with a dystocia are to save the life of the foal, save the life of the mare and to preserve the future fertility of the mare. It is important that a brief physical examination be performed to identify the obstetrical problem, determine if the fetus is alive and to formulate a plan. Caution should be used if a mare experiencing a dystocia is to be examined in stocks, because many foaling mares try to lie down during vaginal examination. Veterinary intervention may include sedation of the mare, an epidural anesthetic to decrease pain and straining and/or general anesthesia to facilitate safe evaluation of the mare and correction of the problem.

Choices for relieving an equine dystocia include vaginal delivery, cesarean section surgery or fetotomy. The final decision may depend on the status of the fetus, duration and severity of the dystocia, economic value of the mare and fetus, clinician expertise, client preference, facilities available and other considerations. If a fetus is alive, a vaginal delivery may be attempted with the mare awake. If significant progress is not made in 15 to 20 minutes, the mare may be put under general anesthesia and an assisted vaginal delivery attempted. If progress toward a vaginal delivery is not forthcoming, a cesarean surgery is often performed.

Elevation of the hindquarters of an anesthetized mare may be beneficial to increase space in the caudal abdominal cavity and therefore make it easier to reposition fetal body parts that are not aligned properly in the birth canal. Liberal application of obstetrical lubricants along all sides of the fetus and within the uterine cavity will greatly enhance repositioning and extraction of the fetus.

It is critical that careful traction be applied to the fetus once it has been confirmed that the limbs and head are correctly aligned within the birth canal. It is recommended that the amount of traction used to pull an equine fetus not exceed that provided by two people. In addition, mechanical devices should never be used to pull an equine fetus. Traction should only be applied when the mare is pushing and traction should be released when the mare stops straining.

Resuscitation equipment should be available on farms that foal out a lot of mares and farm personnel should be trained in the proper care and use of the equipment. The 'Foal Resuscitator' ([www.mccullochmedical.com](http://www.mccullochmedical.com)) is a simple-to-use device that can be safely applied to foals by farm personnel to help stimulate breathing in a newborn foal.

Special immediate attention must be given to the foal following a dystocia. The foal is at high risk of many neonatal diseases including, neonatal maladjustment syndrome, failure of passive transfer, ruptured bladder and trauma, such as rib fractures. The mare should also be examined in due course following resolution of a dystocia. It is common for the placenta to be retained following a dystocia and preventative treatments are often instituted after a dystocia has been relieved. Finally, the reproductive tract of the mare (i.e. perineum, vagina, cervix and uterus) should be carefully examined for trauma that may limit her future reproductive performance.