Breeding your mare...

RETIRED PLACENTA

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Retained fetal membranes, known also as retained placenta is a very common post partum problem in the mare. The condition describes a failure of passage of all or part of the placenta after foaling. When managed correctly it is unlikely to have any serious consequences, however there are recognised complications that could affect future breeding or result in a debilitating lameness or even death.

The placenta is composed of the fetal membranes namely the amnion and allantoic chorion. After the foal has been delivered the mare should pass the placenta during the so-called third stage of labour.

The process is facilitated by uterine contractions, in which oxytocin plays a role, along with the weight of the freed placenta. It is usually uneventful; however some mares can appear colicky due to the powerful uterine contractions. It is important to differentiate this from ‘real colic’, as mares that have just foaled may lead to serious complications developing in draft breeds and in mares that have had dystocia (or difficult births).

Causes and Risk Factors

The portion of placenta that is typically still attached is in the non-gravid horn, which is the part of the horn not containing the pregnancy. It is here where the placenta is thicker and has deeper attachments.

Mares that are at risk of retaining the membranes include: sick mares, mares in poor condition, mares in which labor was induced, caesareans, prolonged gestations and older mares.

Retained placentas can occur in any breed or circumstance however the chances of serious complications developing increase in draft breeds and in mares that have had dystocia (or difficult births).

Most cases of retained placenta are non problematic. There are times however where other problems can develop such as: metritis, septicaemia, laminitis, breeding problems or even death.

Signs that laminitis may be developing include a pottery gait, reluctance to walk, increases in the digital pulses or heat in the foot and shifting of weight. This condition can be debilitating to the horse.

Retained placentas can be painful in some mares, causes uterine contractions and can help push out the tissue. Although uterine contractions can be painful in some mares, oxytocin given in reasonable doses doesn’t usually have many side effects.

I would recommend early oxytocin therapy in older mares or mares that have previously had retained membranes. Oxytocin causes uterine contractions and can help push out the tissue.

In uncomplicated cases the treatment that is needed is minimal. These are cases in which the foetal membranes pass in a timely manner or with minimal effort.

I also recommend tying up the hanging placenta to avoid it being stood on or caught around the mare’s legs. Do not cut the placenta as the weight will give gentle traction, which aids in removal. Care must be taken when handling these mares in this area as some mares are very foal proud or their temperament may lead them to kick out, which can cause harm to the mare, foal, or any person nearby.

In cases in which the membranes are retained for prolonged periods or in high-risk cases such as draft horses, more intensive therapy is required. The treatment can be divided into two groups - local treatment of the uterus and placenta, and systemic therapy.

Localised treatment consists of removal of the placenta and removal of bacteria and toxins from the uterus. Removal of the membranes should not be forced. If they are not removed relatively easily it is better to wait and give appropriate medication.

Excessive traction can tear the placenta, cause severe haemorrhage or more inflammation that can be more problematic than the initial problem.

There are various techniques available for removal and the approach used will vary depending on the personal preference of the veterinarian. The uterus may also be flushed to help reduce the bacterial load. This can be augmented with intra-uterine antibiotics.

Systemic treatment describes the use of various drugs such as non-steroidal anti-inflammatory drugs (eg. ‘bute’ or flunixin), antibiotics, oxytocin and fluid therapy in severe cases. Tetanus prophylaxis should be ensured.

Retained Placenta... What to do

• Call the vet if the membranes have been retained for longer than 3 hours
• Don’t pull on the placenta. This may cause the placenta to tear or cause haemorrhage
• Tie the placenta together to keep out of the way if the mare’s temperament allows this to be performed safely. Dangling pieces of placenta may cause the mare to kick out if she is agitated
• Don’t cut the placenta - its weight helps removal
• When the placenta is passed keep it in a bucket away from wildlife and dogs and for assessment
• Watch for laminitis
• Wait for the infection to be resolved before attempting breeding

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If the horse is not suffering from laminitis and the foal is healthy, exercise of the mare can help in removing the membranes.

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