Dealing with postpartum complications

How to recognise and prevent common postpartum complications seen in mares

Postpartum complications in mares occur in a relatively low percentage of cases. Often these complications are serious, or even lethal. Although assisted parturition is good practice and may prevent some of these complications, often these complications will occur despite human intervention. Assisted parturition has the advantage that these complications are noticed during, or soon after, birth and can therefore be addressed soonest.

The postpartum complications below are the most commonly encountered complications where veterinary input is required.

Vaginal/cervical trauma

Vaginal trauma is generally the result of either a foal delivered in an abnormal position, or where the foal is in a normal position but oversized for passage through the pelvic canal. This can lead to intrapelvic peri-vaginal bleeding, resulting in haematoma formation. Large haematomas can be drained two to three days postpartum, after clot formation has occurred.

If haematomas do not regress or do not become progressively firm, abscessation should be suspected

If haematomas do not regress or do not become progressively firm, abscessation should be suspected. Abscesses should be incised and drained as long as they are retroperitoneal. These structures can be easily diagnosed through vaginal ultrasonography. Occasionally, large haematomas can leave permanent lumps of scar tissue that are palpable in the pelvic canal.

In cases of dystocia, severe disruption of the mucosa of the vagina can lead to infection and can often result in the formation of scar tissue. This scar tissue contracts and can lead to deformity and even narrowing of the vaginal cavity. The contraction of the scar tissue can disrupt the normal functioning of the cervix, leading to future conception failures and abortions.

Cervical lacerations are most commonly sustained during parturition. They may be associated with dystocia or induced parturition but can also occur with normal births. Assisted vaginal delivery and inadequate lubrication can increase the risk of a cervical tear.

Periparturient haemorrhage

Haemorrhage from the middle uterine, utero-ovarian or external iliac arteries is a significant cause of peripartum colic syndrome and death. This can occur prior to parturition, during parturition or postpartum. It can present as a subtle or profound condition depending on the severity of the blood loss and the location of blood loss (abdominal, broad ligament, into the uterus or uterus wall). The clinical presentation may vary from haemorrhagic shock, abdom-