Placentitis: Effect on Neonates
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As the 2007 foaling season approaches, the health of the newborn foal is at the forefront of everyone’s mind. One common reason for the birth of an unhealthy newborn is placentitis.

Veterinarians and human medical doctors from private practices and universities, including Drs. Michelle LeBlanc and Bonnie Barr from Rood & Riddle, participated in a workshop in 2005 sponsored by the Havemeyer Foundation that compared placentitis in mares and women. Along with placentitis, participants discussed several issues regarding the outcome of foals born to mares with placental disease. They determined that the most commonly noted diseases in newborn foals of mares with placentitis are:

-Prematurity—Defined as a newborn foal with the following physical characteristics: low birth weight, small size, thin, poor muscle development, and joint laxity. Oftentimes, these foals require only close monitoring and no intensive hospitalization;

-Septicemia—Generalized bacterial infection that may localize in single- or multiple-organ systems, such as the lungs or joints. Foals with septicemia usually require intensive treatment; and

-Neonatal maladjustment syndrome—A condition of foals that causes clinical signs associated with the central nervous system, such as circling, depression, or seizure. A majority of foals with neonatal maladjustment syndrome require hospitalization, but the outcome usually is good as long as no secondary complications arise.

Dr. Barr reviewed the cases of 30 mares with placentitis and their resulting foals that were hospitalized at Rood & Riddle. From these cases, the most commonly reported clinical signs of placentitis were premature udder development, premature lactation, and vaginal discharge. All but one of the foals was born alive. Evidence of neonatal disease was present in 45% of the foals, which required moderate to intensive treatment. The other 55% required minimal treatment. Of the foals with evidence of neonatal disease, 53% went on to start in at least one race.

Dr. Jon Palmer from the University of Pennsylvania's New Bolton Center emphasized the importance of recognizing the signs of placentitis and beginning treatment as early as possible. In his work, Dr. Palmer has found that mares treated for placentitis are eight times more likely to have foals without neonatal problems than mares left untreated.

At Rood & Riddle, mares with placentitis commonly are treated with broad-spectrum antibiotics, nonsteroidal anti-inflammatory agents (Banamine), pentoxifylline, and a double dose of Regu-Mate.
"Prior to implementing treatment, the mare should be examined by ultrasound to determine fetal viability and to look for evidence of placental disease—thickened placenta, placental separation from the uterus, and exudates," Dr. Barr advised.