



# VET NOTES

March 2008

## Previous VET NOTES

- January 2008 - Preparing your mares for the breeding season
- January 2008 - Proximal hind limb suspensory desmitis: (PSD): Part II: Treatment
- December 2007 - Pleuropneumonia - when shipping fever turns into a nightmare
- November 2007 - Proximal hind limb suspensory desmitis (PSD): Part I: Diagnosis
- August 2007 - Intramuscular injections
- June 2007 - A hard pill to swallow
- April 2007 - The advantages of high fat/low carb diets
- March 2007 - Bandaging
- February 2007 - Single screw compression V. Screws and wire (Transphyseal bridging)
- January 2007 - The dental health of young performance horses
- December 2006 - Neonatal Isoerythrolysis in foals
- November 2006 - Upper respiratory infections of young Thoroughbreds in training
- October 2006 - Eastern equine encephalitis—time to vaccinate!!
- September 2006 - Gastroscopy

## The use of Oxytocin in the post-partum mare

One of the causes of infertility in the mare is endometritis or an infection of the inner uterine lining. The mare has two basic defense mechanisms to defend itself against this infection; her immune system and physical clearance of her uterus. Both of these mechanisms are important, but it is thought by many that the loss of the ability for physically clearing (or cleaning) the uterus may be the most important and is the first to “have problems” and not function properly. This clearance is achieved by the muscular wall of the uterus going through a series of contractions that actually “milk” the contents of the uterus out through the open cervix. As mares age and have more foals her uterine muscles work less efficiently, her uterus enlarges, and the broad ligament stretches, all of which contribute to a partial or total failure of this clearance mechanism. As you can imagine, this process is really challenged in the post foaling mare, which is why a certain percentage become infected and have a visible discharge soon after foaling.

Over the years, we have established an inexpensive therapy in the post-partum mare that we feel has significantly reduced this problem. The mares are started on 20-40 units (1-2cc) of oxytocin intramuscularly once daily starting the day after foaling. This is continued up until the mare is bred on foal heat or until she goes out of her foal heat if she is not bred. If excessive discharge from her uterus is noticed, you can increase the oxytocin to two times per day and have your veterinarian examine her to see if more aggressive therapy is required. Mares that have to be kept in the stall after foaling are at more risk (won't clear as efficiently) and we will often automatically increase their dosage to twice daily.

It has been our experience that this treatment regimen has greatly reduced the cases of post foaling endometritis. This translates to more pregnancies and reduced veterinary costs.

J. Kevin Hahn, DVM

- August 2006 - Rhodococcal pneumonia
- July 2006 - Managing limb deformities in foal with dynasplints
- June 2006 - Disaster preparedness
- May 2006 - Mare reproductive loss syndrome (MRLS)
- April 2006 - Exercise-induced pulmonary hemorrhage
- March 2006 - The use of high speed treadmill to diagnose upper respiratory tract disorders
- February 2006 - Common medications used to assist breeding, cycle regulation and pregnancy maintenance of the mare
- January 2006 - Managing high risk pregnancies
- December 2005 - Affording the unhealthy horse

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