

Udder Problems in Broodmares

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A few udder abnormalities that occasionally occur in mares are inverted teats, small nipples, or even extra teats. Extra teats generally do not cause serious problems, but inverted or small teats may make it difficult or impossible for the newborn foal to nurse, especially if the udder becomes very large or swollen. If a mare has this problem she should be watched closely when the foal is born, to make sure it is able to nurse.

If it cannot, the mare must be milked out and the foal bottle fed until the udder swelling reduces down to where the foal can nurse more easily.

A dirty udder can cause trouble sometimes—an accumulation of dirt, oil and sweat can build up between the teats and cause the mare discomfort or itching. She may rub her tail a lot (and you might think she has pinworms) just because this is the closest place she can try to appease the itch. A check of her udder will reveal the flakes of debris and accumulated material between the teats. Cleaning her udder periodically will solve the problem.

Mastitis (infection and inflammation of the udder) occurs occasionally in mares and can be very serious. Mastitis usually affects just one or two quarters, generally on the same side. Each half of the udder contains two partitions—the two quarters on a side feed into a single teat with two openings. Bacterial invasion of a quarter can cause it to become swollen, hard and hot. If the mare is lactating, her milk may become lumpy, thick or watery.

Mastitis most often affects lactating mares (especially at weaning when the mare has a full udder, and can occur any time up to eight weeks after weaning) but non-lactating mares occasionally get udder infections due to bruising or insect bites. Mastitis can occur in pregnant, barren or maiden mares, or even young fillies.

Many cases occur in summer, due to insect bites. Inflammation can be triggered either by fly bites or other external irritations of the teat opening that allow for infections. Mastitis in a non-lactating mare can also be due to abnormally high estrogen levels in her body, from lush spring pasture or legume hay—causing mammary development and secretion of milk, even in mares that are not pregnant and have never foaled. Hypothyroidism can cause false lactation and make



a mare more prone to mastitis. Furthermore, an injury to the udder (such as a kick) or bacterial contamination from dirty bedding can also lead to mastitis.

Udder infection may be obvious, or it may be difficult to detect, depending on the severity of infection and the amount of pain involved. A nursing mare may kick at her foal. Discomfort from mastitis may make the mare stand off-balance, resting one hind leg, trying to ease the swollen side of her udder.

She may hold the stifle out away from her body so the leg does not touch the swollen udder, or she may move stiffly in an effort to not bump the udder.

Some mares become depressed, feverish and go off their feed. The foal may avoid nursing the infected teat because the milk tastes different or because the mare kicks, and then that side becomes even larger and more painful. Some cases of acute mastitis create abscesses in the udder and nearby lymph glands, requiring surgical drainage. Occasionally, mastitis will completely destroy the udder tissue and result in death of the mare. Highly pathogenic bacteria can produce endotoxins, which lead to endotoxemia, shock and death—in both the mare and her foal (from drinking the infected milk).

If a mare has mastitis, your veterinarian may take tissue smears or samples of milk from the affected quarter, so as to both determine which pathogen is causing the infection and know what antibiotic will be most effective. She may need antibiotics systemically, and also inserted directly into the affected quarter through the teat canal. Treatment will include frequent milking of that side of the udder. Hot packs and non-steroidal anti-inflammatory medications such as Bute or Banamine can reduce the pain, swelling and fever. Mastitis is sometimes concurrent with uterine inflection, so you may need to treat both to get the problem solved.

In a serious case of mastitis, you won't know until the next foaling whether that quarter will produce milk again, even if it was treated immediately and cleared up—it all depends on whether the mammary tissue was damaged. As the mare nears her next foaling and the udder fills, you'll be able to tell. A damaged quarter that is not producing milk will not fill, and the udder will look lopsided. If more than one quarter has been damaged, the foal may need another source of milk.