

CALVING EASE

June 2006

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Dystocia Calf Care

During a recent presentation on calf management, Franklin Garry from Colorado State University quoted figures on mortality related to assisted deliveries (dystocia calves). The calves were grouped depending on the amount of assistance the dam received at delivery: Group 1 = no assistance; Group 2 = one person assistance required, not mechanical; Group 3 = two or more people required to assist, and/or mechanical or surgical intervention.

The study collected information on 6684 calvings. Forty-eight percent of first lactation heifers required some assistance. Cows second lactation and greater, needed assistance in thirty percent of the calvings.

For calves less than 48 hours old, mortality went up as assistance level increased. Group 1 (no assistance) calves had 2 percent mortality; Group 2 (one person assisted, not mechanical) calves had 5.4 percent mortality; Group 3 (substantial assistance) calves had 36 percent mortality.

Between days 2 and 120, the same relationship was true. That is, higher death rates were associated with higher assistance scores. Group 1 calves had 8 percent deaths; Group 2 calves had 8.5 percent mortality. However, Group 3 calves had a 14.6 percent death rate. That is more than 70 percent greater than Groups 1 and 2!

Sickness rates had the same relationship to degree of assistance (dystocia). Group 3 (substantial assistance) calves had 17 percent more scours treatments than Group 1 (unassisted). More importantly, Group 3 calves had 56 percent more respiratory infections than Group 1 calves (38 percent compared to 24 percent). [Study reported by Tomlinson and others from Colorado State.]

What to do with dystocia calves at birth?

If you have a hand in delivering calves, take steps to reduce trauma to the calf. This may mean turning the calf 45 degrees as soon as the head and legs are out. This strategy will match the shape of the calf's hips with the dam's pelvic structure.

Direct manual dilation of the dam may make a big difference in calf trauma, also. Always scrub the vaginal area as well as your hands. Manually stretching the vaginal tissues may require five to ten minutes of steady effort.

As soon as the calf's chest is out of the dam, it is not too soon to start oxygen supplementation. Oxygen supplementation may be continued after the calf is on the ground, too.

Calf stimulation as soon as the calf is out of the dam is vital to survival. Use a clean bath towel to rub the calf "fluff dry." Concentrate efforts especially around the neck and shoulders. Those areas best stimulate strong breathing responses. Get the calf standing as soon as possible.

Consider spending the extra time to encourage all dystocia calves to nurse rather than routinely using an esophageal tube feeder for colostrum.. Nursing is much more stimulating for the calf than being tubed.

Remember, if you have to provide substantial assistance at calving, reducing trauma and spending extra time to stimulate the calf thoroughly can drastically cut 48-hour mortality rates.

Caring for dystocia calves for the first two weeks

If you are not caring for newborn calves set up a reliable way to find out if a calf had an assisted delivery (dystocia calf).

Flag dystocia calves. Using a method that fits your situation, mark calves that have difficult births. Some farms mark the hutch or pen. Duct tape is a common marker along with shower curtain rings. Other farms mark the calf. The most frequently used method is an all weather livestock marker (Paint Stik, Twist Stik). Just one color is used to mark dystocia calves.

Watch flagged calves more carefully. Did she drink all her milk replacer this afternoon? Is she congested or have a snotty nose? If scouring, has it continued more than two days? Working with the herd veterinarian, work out an antibiotic therapy strategy for dystocia calves.

Remember to watch especially carefully for symptoms of respiratory illness. The first behavioral signs are slower than normal drinking at feeding time and incomplete consumption of milk or milk replacer. Timely treatment is essential for successful therapy.

References: Franklin Garry, "Calf Management Strategies", presentation in Batavia, NY on May 9, 2006. Tomlinson, S., J. Lombard, F. Garry, & V. Khunkhun, "The Relationship between dystocia and dairy calf morbidity and mortality" at www.cvmb.colostate.edu/ilm.

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