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When to Help

Recognize signs of dystocia and know when to intervene.

by **TROY SMITH**, *field editor*

Murphy's Law — commonly stated as “anything that can go wrong will go wrong” — is said to have been uttered first by an engineer, not a stockman. It's just a guess, but a proverbial philosopher named O'Toole, the wag credited for declaring, “Murphy was an optimist,” might have been a stockman or a veterinarian.

Veteran veterinarians and longtime cow folks — those with ample experience in midwifing a bovine beast through a difficult birth — usually recognize the truth behind both warnings. While teaching at Colorado State University, Robert Mortimer offered veterinary students opportunities to see the truth, through participation in teaching labs hosted on various western ranches. Timed during calving season, these off-campus sessions exposed students to large numbers of cows and heifers, especially heifers.

Aspiring veterinarians learned, firsthand and sometimes shoulder-deep into their work, that calving difficulty, or dystocia, takes many forms.

Students learned that Murphy's Law applies, because every cow-calf operation will experience incidents of calving difficulty, in varying forms. If it can happen, it probably will eventually. They learned that O'Toole is correct, too, because some situations can go from bad to worse rather quickly.

“That's why I believe in early intervention,” states Mortimer. “When an animal is in distress, it's too late to be looking in the book. You need to have some carry-around knowledge to be prepared.”

According to Mortimer, dystocia remains the most common reason for calf losses. The more difficult its birth, the greater the risk that a calf will contract infectious disease, usually diarrhea or respiratory disease.

Stress from dystocia also hampers the calf's ability to maintain body temperature, and its ability to absorb antibodies in colostrum. It can also delay the dam's return to estrus and subsequent rebreeding.

Recognize the signs

While many producers, and perhaps some veterinarians, assume that successful dystocia management is achieved when a calf is delivered alive, Mortimer disagrees. He maintains that truly successful dystocia management optimizes calf survivability and reproductive performance of the dam.

“The first thing is to recognize dystocia, and that means you have to know what ‘normal’ is,” says Mortimer, noting that normal calving is a continuous process consisting of three stages. “Dystocia occurs when any stage is slow developing or fails to progress normally.”



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Stage 1

Mortimer says Stage 1 of labor begins with contraction of muscles of the uterus and ends when the cervix is fully dilated and the fetus begins entry to the birth canal. Uterine contractions first occur at intervals of about 15 minutes, quickening to intervals of about 3 minutes by the end of Stage 1. As contractions progress, they may cause the cow to arch her back and strain slightly.

The normal duration of Stage 1 is two

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— Robert Mortimer

to six hours, but it often lasts longer in heifers.

Visible signs of labor typically include restlessness of the dam, attempts to separate from the herd and a tendency to lie down and get up again frequently. Generally, there is an increase in vaginal discharge. Symptoms of anxiety and discomfort, including kicking at the belly and tail-wringing, are often most evident among first-calf heifers, but may be less evident or absent among mature cows.

“Too often Stage 1 is ignored, but this is when heifers will show you things that a cow often won’t,” says Mortimer. “A heifer is naïve. She doesn’t know what’s going on, so she gets anxious, and it shows.”

Stage 2

Stage 2 of labor begins when the cervix is fully dilated and the second amniotic water sac plus fetal parts enter the birth canal, stimulating stronger contractions. The unbroken water sac is often forced through the vulva and becomes visible, making this observation the most practical indication that Stage 2 is under way.



Pains associated with uterine contractions in Stage 2 will cause most cows to lie down.

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According to Mortimer, Stage 2 is when the calf is actually delivered. It is characterized by a series of frequent abdominal presses, with short intervals of rest, culminating in expulsion of the calf. Stage 2 may last only 30 minutes for some mature cows; it may take up to four hours for a first-calf heifer.

Stage 3

Stage 3 of calving involves expulsion of the placenta or fetal membrane, which typically occurs within 12 hours following the birth of the calf. Intervention may be necessary if this does not occur, but Mortimer warns against forced removal of the placenta, as this may be detrimental to the dam’s subsequent reproductive performance. Contact your veterinarian for

proper management of retained placenta. The success of assistance at calving typically depends on the frequency of cow or heifer observation and the ability to recognize when assistance is needed.

Time to assist

Mortimer says dystocia should be suspected and intervention is advised if the
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dam has been in Stage 1 of labor for more than eight hours. If she has entered Stage 2, intervention is indicated when any of the following conditions are observed.

- The water sac is visible for two hours but the dam is not trying to deliver.
- The dam has been trying for more

than 30 minutes without making progress.

- Progress ceases and the dam has stopped trying for 15-20 minutes.
- The calf is showing signs of excessive fatigue, such as a swollen tongue.
- When observation determines that

the delivery is abnormal from the standpoint of presentation, position or posture of the calf.

“Over 90% of assisted deliveries are due to oversized calves,” says Mortimer, explaining that the calf is too large relative to the dam’s pelvic area. “About 5% of the time, assistance is required because



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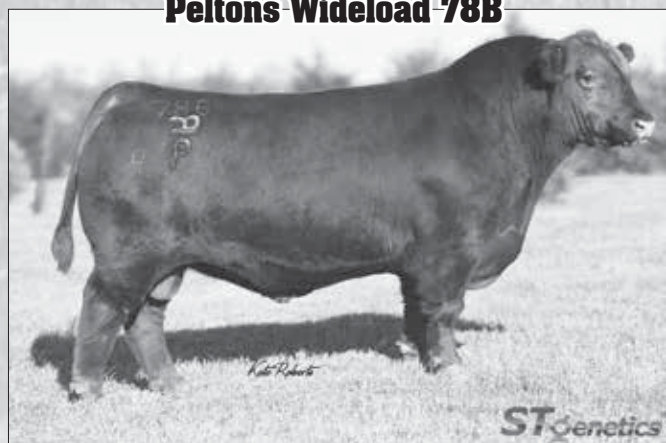
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Labor is not finished with the birth of the calf. Expulsion of the placenta typically occurs within 12 hours following the calf’s birth.

of abnormal presentation, position or posture.”

Presentation, notes Mortimer, refers to whether the calf is coming forward, backward or transverse (sideways). Position refers to whether the calf is right-side-up or upside-down, while posture refers to the relationship of the calf’s legs and head to its own body. Most desirable is a frontward presentation, right-side-up position and a posture where both of the calf’s front legs enter the birth canal first, followed closely by its head.

“Once the decision is made to intervene, you must make an examination and determine what the problem is, and decide if you can handle it. The next important decision may be to call for help,” advises Mortimer.

“You need help when you don’t know what the problem you’re dealing with is, or when you know the problem and what to do, but it’s beyond your ability. You also need help when you know what to do, and you have tried but made no progress. If you have tried for 30 minutes and made no progress, get help!”

The handling of most dystocia problems is within the capability of most stockmen. Mortimer recommends they become familiar with methods for addressing abnormal presentations, positions or postures. They must be aware that surgery — either Cesarean section or fetotomy (dissection and removal) — is the best recourse for some causes of dystocia. Mortimer says five major indications account for 90% of all C-section or fetotomy procedures:

- oversized calf;
- incomplete dilation of the cervix;
- irreducible uterine torsion (twisted uterus);

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Recommended after-care

Don't hang a newborn calf upside down. It's a fairly common practice, following an assisted birth, to lift a newborn calf up by its hind legs — supposedly to encourage the draining of fluids from the calf's lungs. Veterinarian Robert Mortimer calls that notion a misconception that has been perpetuated for generations.

"You'll get some fluid out alright, but the fluid is coming from the calf's stomach and not its lungs," says Mortimer, explaining that hanging a calf upside down causes the weight of other organs to press against the calf's diaphragm. This hinders lung expansion. In other words, the calf can't breathe easily.

"Just get the newborn calf sternal (on its chest), and that allows both lungs to expand," Mortimer adds, warning that calves aren't saved by the "upside down treatment." They just survive in spite of it.

Do administer colostrum.

Calves suffering distress due to dystocia may be weak and unable to stand and nurse. A calf needs to consume 3-4 quarts of colostrum within the first six hours of life to gain not only nutrients but immunoglobulins necessary to jump-start the calf's immune system. Mortimer recommends stockmen administer colostrum after every assisted birth.

"Go ahead and milk out some colostrum and give it to the calf with an esophageal feeding tube. A quart or a quart and a half is usually enough. You want to get some colostrum in the calf to strengthen it, but leave it hungry so it wants to stand and nurse," says Mortimer.

Don't "dip" the navel. Since the umbilical cord is the lifeline between the dam and her unborn calf, it's not hard to understand that many blood vessels lead from a newborn calf's navel to its entire circulatory system. That's why navel infections can become serious. Despite best premise sanitation efforts, a calving barn or other frequently used facility typically presents increased opportunity for navel

infection. Hence the practice of disinfecting navels following assisted deliveries.

However, Mortimer does not recommend dipping the navel in iodine solution,

reasoning that the disinfectant solution may not come in contact with the area where it is needed most.

Instead, Mortimer recommends using a small

disposable syringe to apply iodine solution to the inside of the calf's navel.

"The navel is a tube, and dipping it may not get any iodine inside the tube,"

explains Mortimer. "You only need to put some up there an inch or so to create a barrier to infection."

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- fetal deformity; and
- uncorrectable abnormal presentation, position or posture of fetus.

According to Mortimer, C-section is the method of choice when calf survivability is to be optimized. In cases where the calf is already dead, fetotomy

is less invasive and optimizes cow survivability.

“It has been my observation that the success of a surgical procedure has been more due to the timely decision-making (of the stockman) than to the surgical skills of the veterinarian,” offers Mortimer, emphasizing, again,

the importance of making dystocia management decisions in a timely fashion.



Editor's Note: Troy Smith is a freelance writer and cattleman from Sargent, Neb.

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Tips for dystocia

Let her stand at the start. Mortimer says internal examination and assessment of dystocia problems may be easier when performed while the cow or heifer is standing. Typically, manipulation to correct abnormal presentation, position or posture of the calf is performed more easily while the dam is standing.

Lying down is better for delivery. When the dam is lying down, the pelvis can spread more easily to aid delivery of her calf. Mortimer says it is preferable that she be laying on her right side so the rumen (located on her left side) is up.

Obstetrical (OB) chains are best. When pulling a calf, Mortimer prefers OB chains to ropes or straps because they are easily cleaned and sanitized. He believes a chain also restricts blood flow to a lesser extent than does a rope or strap.



PHOTO BY HEATHER SMITH THOMAS

To attach a chain, loop it around the cannon bone (above the fetlock) and then take a half hitch below the fetlock, making two points of attachment. Position the chain such that it goes over the calf's hooves. Then, as pressure is applied the sharp tips of the hooves are pulled away from the dam's vaginal wall.

Pull straight. Generations of stockmen have been advised to apply pressure downward, toward the dam's hocks, when pulling a calf. Mortimer says it usually requires less pressure — about 30% less — when pulling straight back.

Keep things slippery. Mortimer says dealing with a case of dystocia often becomes more difficult due to a lack of natural lubrication. He recommends liberal use of obstetrical lube to help hasten the process.