

**HERD HEALTH PROGRAM**  
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via Palmetto Goat Assoc., January 1994

- I. Kids (at birth)
- A. Colostrum: for 2 - 4 days at least 2 pints (mycoplasma free). **Heat treated colostrum or cow colostrum within 1 - 2 hours of birth.** Note on cow colostrum - make SURE the herd you get your colostrum from is Johne's free! While Johne's is not usually a problem in goats, it can be started in a herd from unsafe colostrum.
  - B. Vitamin A, D, E.; 1/4 cc IM
  - C. Selenium: 1 cc L-Se SQ. **1 cc BoSe within 24 hours of birth - CAUTION: Selenium overdosing can be fatal! Go through your vet for more information.**
  - D. Dip navel w/inorganic Iodine. **I've read where some breeders dip feet as well.**
  - E. Separate from dam.
  - F. **Give necklace with ID tag to each kid for easier identification when tattooing later.**
  - G. **Dry kid thoroughly. A hair dryer works great!**
  - H. **Check for abnormalities: double teats, cleft palate, etc.**
- II. Kids (at 7 days)
- A. Tetanus antitoxin, 200 units, IM **Some breeders dose at birth or next day, some breeders dose at 2 weeks.**
  - B. Disbud and castrate **Some breeders have successfully disbudded at up to 3 weeks of age.**
  - C. Check for fleas and lice.
  - D. Tattoo
  - E. Add Sulmet to milk to prevent diarrhea. Each feeding-3 cc per 12 oz. Have also read a theory that suggests that cool or chilled milk causes kids to drink slower, thereby reducing instances of scours. Sounds logical to me.
- IIA. Kids (at 4 weeks)**
- A. **CDT 2cc SQ in armpit**
- III. Kids (7 - 8 weeks)
- A. Toxoid
  - B. Tetanus: 1/2 cc, IM 1st dose.
  - C. Perfringens CD Toxoid, 2cc SQ (armpit) 1st dose. **Needless to say, if you already dosed with CDT at 4 weeks, you can call this section the second dose since CDT seems to work better when spaced at 4, 8, and 12 weeks.**
- IV. Kids (12 - 14 weeks)
- A. 2nd Dose
  - B. 2nd Dose tetanus toxoid. 1/2 cc. IM
  - C. Perfringens CD Toxoid, 2cc SQ (armpit) **See note above, and consider this the third dose of CDT.**
- V. Kids (3 weeks post weaning)
- A. Check for parasites and worm
  - B. If sore mouth is present administer contagious ecythyma vaccine (not less than 3 weeks before 1st show) **USE CAUTION WITH THIS. I have read that this is something that should not be administered unless absolutely necessary. Check with your vet.**
- VI. Pregnant Does (30 - 60 days pre-parturition) **(Kidding, for us non-Latin speakers!)**
- A. Tetanus Toxoid Vaccine, 1/2 cc IM
  - B. Clostridium perfringens CD Toxoid, 2 cc SQ (armpit)
  - C. Selenium: BoSe 1 cc/40 lbs, SQ **1 cc MuSe or 5 cc BoSe SQ** - if you are in a Selenium deficient area. Overdosing can be fatal.
  - D. Leptospirosis: 5 way vaccine, 2 cc (armpit)
  - E. Enterotoxemia: 1 - 2 times per year
  - F. **Some of our breeders have better response doing A, B, and C before breeding.**
  - G. **Trim feet before doe gets too large to stand comfortably.**
  - H. **Clip udders, tail area and rear ends. Makes cleanup a lot easier.**
- VIA. Post Kidding Does**
- A. **Offer mother warm water with a little molasses for extra energy and to help replace fluids.**
  - B. **Watch for milk fever and ketosis.**
  - C. **Worm the mother about 3 - 5 days post-kidding.**
- VII. Bucks
- A. Worm 2 times a year. **Watch the bucks condition. More frequent worming may be necessary.**
  - B. Selenium Bo-Se 1 cc/40 lbs SQ. Selenium shots can cause temporary infertility. Administer before breeding season.
  - C. Keep feet trimmed.
  - D. Vitamin A & D two weeks prior to using for breeding

- E. Enterotoxemia
- F. Grain feed during breeding season (1 lb/day) Special note: All goats in the herd, including bucks, should receive at least two doses of toxoid annually.

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Now that I have your attention, I thought I'd dig up a few illustrations of kidding problems. Don't read this at breakfast. I decided to use the illustrations from the Dunn book as they are a little clearer.

**DELIVERY PROBLEMS IN SHEEP AND GOATS AND METHODS OF CORRECTION**  
 by Thomas R. Thedford, 1984 Internation Stockmens School Sheep & Goats Handbook, Vol 4.  
 Illustrations from The Goatkeepers Veterinary Book by  
 Peter Dunn  
 Thedford article from NDGA Caopri-zette, Dec 1993

An understanding of the proper way to assist a doe or ewe in the birth process is a basic requirement for those who work with sheep and goats. Many times an adjustment of a leg or the head of the fetus is all that is needed to complete the birth process. Four things that every producer should know before assisting the female are:

- What is normal. How the fetus should be normally presented.
- How long you should wait until giving assistance.
- How much assistance should be given, and the proper technique for giving it.
- Most important of all, when you should stop or what your limitations are.

Each of these points will be discussed.

**NORMAL BIRTHS**

In small ruminants, the fetus may be delivered in two normal presentations. The anterior presentation (fig A) is head first with the legs extended out of the birth canal (over 60% are born in this position.) The tip of the nose should be approximately at the knees. The fetal spine should be toward the dam's spine.

The posterior presentation is with the rear legs extended out of the birth canal with the fetal spine next to the dam's spine (fig B).

If the fetus isn't too large, or the maternal pelvis undersized, the fetus being presented in either of these positions should deliver with little or no difficulty.

Further problems in the delivery process may be caused by the posture or position of the limbs of the fetus. The fetus, however, must be in one of the two described positions before it can be delivered.

**Note: the cardinal rule for the delivery of a malpositioned fetus is to change it to a normal position.**

**HOW LONG SHOULD I WAIT?**

Once the ewe or doe enters stage 2, when the straining (abdominal pushes) starts, it is very important to watch her closely. This straining phase should never last over about 2 hours for the doe and not over 3 hours for the ewe. It is recommended that does never be allowed to strain hard for more than 30 minutes; many times they will stop straining and the uterus may contract around the fetus.

On the other hand, many ewes may remain in this stage for about 1.5 hour before assistance is required.

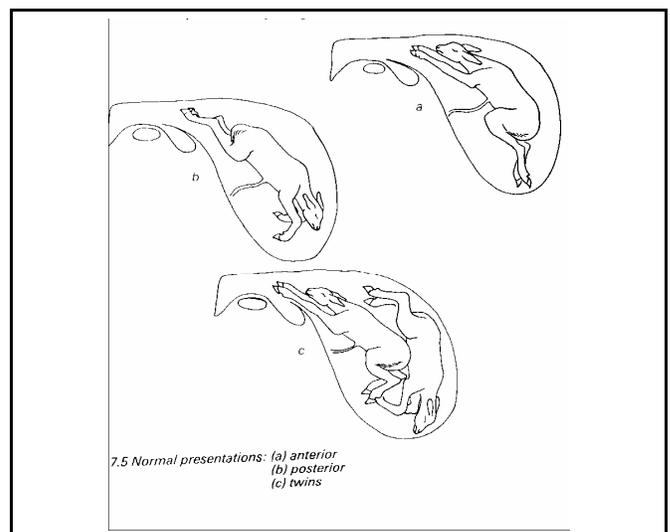
If the recommended time lapses, the female should be examined to see if the fetus is having difficulty coming into the birth canal.

**HOW MUCH ASSISTANCE AND HOW?**

The amount of assistance that most female small ruminants can tolerate is about 20 minutes to 30 minutes of manipulation, with no more pull than one strong man can apply with one arm. Any more pressure than that and the female will probably be damaged.

The most common causes of dystocia are too-large fetus, a small maternal pelvis, or malpositioning of legs or head. If the presentation seems abnormal (next page figures A - D), proceed very carefully to place the fetus in a normal position and use the following procedures to assist in the birth:

- Wash the vulva well with warm water and mild soap, removing all grease or dirt. Wash your hands and arms similarly.
- Lather your hands well, using mild soap. Do not rinse as the soap serves as a lubricant.
- Gently push your hand into the vulva and examine the birth canal with your fingers.
- By feel, identify the parts of the fetus presented in the birth canal. Remember that multiple births are very common in small ruminants; therefore make positive identification of all



legs and make sure they belong to the fetus you are attempting to assist. Ideally, both forelegs should be extended and the head resting on them, with the chin near the carpus or knees. The fetus can, however, be delivered with one leg straight back, if the head and other foreleg are in the vagina and the fetus is not too large. Both rear legs must be in the vagina for delivery in the posterior position.

To help determine whether the legs presented are front or rear, remember the following: if the toes point upward, and if the next big joint (knee) bends away from the direction in which the toe points, it is a foreleg. If the toe points down and the next major joint bends the same direction, it is a rear leg.

-Reposition any abnormally positioned parts. A small nylon cord or a wire obstetric snare is very helpful in this procedure. Pull only with your hand and arm so as not to harm the female.

-After all parts are in their proper places, gently pull the fetus from the dam.

-Make sure all fetal membranes are cleared from the nostrils so that the newborn can breathe. If it is having some difficulty, tickle the inside of the nose with a straw to stimulate the breathing reflex. Dip the navel stump in 7% iodine. Make sure the newborn has nursed by the 3rd to 5th hour of age.

#### SPECIAL PROBLEMS

Breech and elbow lock are special problems that require extra attention or techniques.

The breech position (fig C) occurs when the fetal rump is pushed into the pelvic inlet and the rear legs of the fetus point forward. Only the hindquarters of the fetus can be felt; its tail is in the vagina. Push the fetal body forward so that one hock can be grasped. Raise the hock upward and outward, and while holding the leg in that position, reach down with 1 or 2 fingers and rotate the foot of the fetus toward the opposite side. For example, with the right rear leg, rotate the hock to the right and push the foot to the left and bring it backward until the leg is straight in the vagina. Repeat the procedure on the other leg, hock out and foot toward the inside. With both legs straight, deliver the fetus normally.

The elbow lock is especially common in sheep. This occurs when the elbows of the fetus are hooked on the brim of the pelvis of the dam (not shown but similar to previous page, figure A). The external indication seen by the producer is the tip of the nose lying on top of the toes. It is an easy problem to correct. Just gently pull one foreleg at a time while pushing back on the lamb's head. This will straighten the legs of the fetus so that the nose lies on top of the knees, and it can be delivered in a normal fashion.

A good recommendation to follow if you do not know how long the female has been in labor; if the female is straining and membranes or parts of the fetus are showing, make an examination. If the fetus is in proper position and the cervix is dilated, assist in delivering the fetus. If the female is straining when you find her and nothing is showing, wait 15 minutes to see if she progresses. If not, then examine her to see what is wrong; assist if possible and deliver the fetus.

**Note--While positioning the fetus, remember which way the joints normally bend.**

#### WHEN TO STOP.

After attempting all of the above manipulative techniques, or if you have spent 20 to 30 minutes in an attempt to deliver the fetus and have not been successful, it is time to get professional help. I realize that many commercial ewes are not sufficiently valuable to warrant a big veterinary bill. However, you should always consider the potential value for future breeding when making this decision. Remember, the degree of success that your veterinarian will have in delivering the fetus is directly related to the condition in which he receives it. What happens to the female also is dependent on this.

The final word is -- don't be brutal. If you are going to kill the female to save the offspring, do it mercifully and quickly, not as a result of your delivery assistance.

