Dystocia (Hard Delivery) Calf Care

- **For dystocia calves at birth the first priority is to stimulate breathing.**
- **Feed plenty of high quality colostrum within the first 2 hours.**
- **As practical, continue stimulating the calf during the first hours of life until she stands on her own.**
- **For the first 2 weeks of life, take extra time to identify and observe dystocia calves carefully for infections.**
- **Background facts on dystocia births and risk for death and sickness.**

What to do with dystocia calves at birth?

1. 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 5 to 10 minutes of steady effort.

2. As soon as the calf's chest is out of the dam, it is not too soon to start oxygen supplementation.

   Welding-grade oxygen will work if medical-grade is not available. Start oxygen flowing through a small plastic tube. Adjust the flow to get a gentle flow on your cheek. If you do not have a mask slip the tube up into the calf's nose roughly the width of your hand. If you can tape the tube in place fine. As a general rule of thumb, keep oxygen flowing until the calf is too active to keep the tube in place.

3. Calf stimulation as soon as the calf is out of the dam is vital to survival. Use clean bath towels to rub the calf "fluff dry." Concentrate efforts especially around the neck and shoulders. Those areas best stimulate strong breathing responses. Work at getting the calf standing as soon as practical. A resource on drying off calves is at www.calffacts.com, scroll to "Drying Off a Calf."

4. Feeding colostrum? It is fairly common for calves with unassisted deliveries to nurse within 1 to 2 hours. If there is a lot of swelling in the tongue and mouth that clearly prevents nursing and you cannot feel any suckling response within 2 hours, go ahead and use an esophageal tube feeder to feed colostrum. If there is a suckling response, work at getting the dystocia calf to drink from a nursing bottle.

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If necessary, come back several times in the first 3 to 4 hours. Compared to feeding with an esophageal tube feeder using a nursing bottle provides a good opportunity to persistently stimulate the calf. Use this opportunity to do more rubbing with a towel. Try to get the calf to stand.

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

Caring for dystocia calves for the first 2 weeks

If you are not involved with calving set up a reliable way to find out which calves have had assisted deliveries (dystocia calves).

Identify and mark dystocia calves. Using a method that fits your situation, mark calves that have difficult births. If practical show the degree of calving difficulty.

Some farms mark the hutch or pen. Duct tape is a common marker. Or, try shower curtain rings.

Other farms mark the calf. The most frequently used method is an all- weather livestock marker (for example, PaintStik, Twist Stik). Just one color is used to mark dystocia calves.

Watch dystocia calves in individual pens more carefully.

- How quickly does she get up and move at feeding time?
- Did she drink milk more slowly than usual?
- Did she drink all her milk replacer this afternoon?
- Is she congested or have a snotty nose – cloudy or discolored discharge?
- If scouring, has it continued more than 2 days?

In group pens have a checklist to be sure every dystocia calf is observed carefully at least 4 times a day, especially during the first 2 weeks of life.

- Look for signs of scours – wet soiled tail, slowness in getting up and moving around that might be a sign of dehydration.
- Look for signs of a respiratory infection – shallow breathing, more rapid than normal breathing rate, abnormal discharge from her nose – amount and color.

Working with the herd veterinarian, work out an antibiotic therapy strategy for dystocia calves.

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Background facts on dystocia births and risk for death and sickness.

- **Calves less than 48 hours old receiving substantial assistance at birth had 36 percent mortality compared to 2 percent for calves with unassisted births.**
- **Calves between 2 and 120 days receiving substantial assistance at birth had 70 percent higher mortality rate compared to calves with unassisted births.**
- **Calves receiving substantial assistance at birth had 56 percent more respiratory infections compared to calves with unassisted births.**

During an oral presentation on calf management, Franklin Garry from Colorado State University quoted figures on mortality related to assisted deliveries (dystocia calves). The nearly 7,000 calvings 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.

Forty-eight percent of first lactation heifers required some assistance. Cows second lactation and greater, needed assistance in 30 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 that Group 1 calves (38 percent compared to 24 percent). [Study reported by Tomlinson and others from Colorado State.]

References: Franklin Garry, "Calf Management Strategies", presentation in Batavia, NY on May 9, 2006. Staff at Integrated Livestock Management program http://csu-cvmbs.colostate.edu/vth/livestock/integrated-livestock-management/Pages/calving-and-calf-care-on-dairy-farms.aspx Accessed December 21, 2017 (or click HERE).

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