

# OB tips and tricks

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Dystocias can be one of the more frustrating technical skills to learn. Each dystocia is a little different and it's difficult to truly get much experience "under the belt" prior to graduation. That being said, there are a few tips that can be used to help increase confidence in the new practitioner.

Epidurals are always recommended for animals in labor. This provides relief for the cow and easier manipulation for the practitioner. Epidurals are usually given in the sacrococcygeal space using a 1.5" 18-gauge needle using the "hanging drop" technique. The accepted starting dose for adult, mature cattle is 5 cc of lidocaine. Additionally, other anesthetics such as xylazine and butorphanol can also be included in the epidural to provide a modicum of sedation as well as increased analgesia.

Epinephrine (10 mg in an adult mature cow) can also be utilized to help increase relaxation of uterine tone, allowing for increased room for fetal manipulation. Administered IM or IV, the effects of epinephrine are short-lived (20-30 minutes) and follow the law of diminishing returns, as repeated doses have shorter and less dramatic effects on uterine tone.

While calvings are never "clean", we should do all we can to protect ourselves and the cow during dystocias through use of iodine scrub, cleaning the vulva, tail and surrounding perineum of the cow. Use of gloves and OB sleeves is also recommended.

The supplies required for most calvings are minimal – a stainless steel bucket, chains and handles, water and lubrication. Other supplies such as a wire threader, detorsion rod, calf jack and embryotomy knife also come in handy for more complicated calving presentations.

Evaluation of the presenting animals helps the practitioner to decide which steps should be taken next. Initial evaluation includes an exam of the cervix; is the cervix open, closed or partially open? Is the calf viable and what position is it in? Once that information is collected, then a plan for successfully resolving the dystocia can be made. During this time, it's important to consider the next 2-3 steps to ensure safety and efficiency.

As previously stated, each dystocia is different and there are a number of fetal presentations that may lead to a dystocia. Normally, a calf should exit the vagina via the anterior, dorso-sacral extended position. This means the calf is coming with 2

front feet, a head, with both front limbs extended forward in a "diving" position. A dystocia that presents with a "normal" presentation should be evaluated for maternal-fetal mismatch as well as failure of the cervix to dilate. The cervix can be encouraged to open with pressure from the practitioner's hand or, if room allows, a head snare can be used on the calf's head to provide additional pressure against the cervix. Calves that present in the "wrong" position should be corrected prior to completing delivery. Manipulation of the fetus into the correct position can be done with strategic chain placement and leverage.

Once the calf is in the correct position, it can be delivered vaginally. If use of a calf jack is needed, it is important to remember that a calf jack can exert up to 900 lbs of force on the calf, compared to the 165lbs of force that a cow normally uses to expel a calf in normal delivery. For appropriate use of the calf jack, plenty of time, lubrication and patience is needed for safe delivery of the calf and optimal recovery by the cow. Alternating between increasing tension on the calf and downward pressure, with plenty of time (30 seconds) in between can help alleviate damage to both cow and calf.

If the fetus cannot be manipulated into the appropriate calving position within 25-45 minutes, then a cesarean section or fetotomy should be considered. Fetotomies should only be performed on dead calves and cesarean patients should be selected carefully. Cows that are dehydrated, down or extremely exhausted may not be viable surgical candidates and euthanasia should be considered. Laboring cows should not be considered for sale barn or other meat processing facility.

Post dystocia, postpartum cows should be considered for NSAIDs, steroids, fluids and/or antibiotics. Many practitioners have their own post calving cocktail recommendation, and the cow comfort, likelihood for infection, and hydration status should all be considered when determining what medications are administered post calving.

