Management of Metritis/Endometritis "Handling the postpartum cow"

Gordon Plotts, *DVM*
Lynden, WA 98264

By way of introduction, I am from a 11 person group practice in the Northwest corner of Washington State. Our practice area has approximately 300 dairies ranging in size from 100 to 2000 cows. 90% of the dairies that we work with have some sort of scheduled Herd Health program that varies from simple to the more comprehensive, including nutritional consultation and records analysis.

Our herd programs emphasize prevention as the primary focus. We attempt to help clients control those factors that are important to insuring a healthy, "ready to eat" "ready to milk" post partum cow. While this is not the topic of this brief talk I wanted to be clear that we believe that prevention is the goal. We are convinced that it is almost impossible to recover lost efficiency due to significant post partum metritis. **Sending the cow to the dry pen in the correct body condition, a properly managed dry cow period, and attention to detail during the immediate pre-partum period are imperative to success.**

Having said that, our emphasis is on prevention and admitting that the battle is already lost once a cow is significantly ill, we still believe in treating the metritis cow aggressively. Our goals here are maintaining dry matter intakes, preventing excessive weight loss, and regaining reproductive health.

We try to work with producers to accomplish early detection of the metritis cow that deserves veterinary attention. If we could have our choice, each producer would have a fresh cow string that would allow close monitoring of the post partum cow for significant metritis. Our definition of significant is any cow that is febrile, dehydrated or becoming so, partially anorexic with a fetid vaginal discharge. Mildly affected individuals are monitored and allowed to go through the involution process untreated.

Early and adequate use of systemic antibiotics is the cornerstone of turning a metritis cow around. We also believe large quantities of oral fluids are important and teach our producers to safely administer oral fluids. In the case of the early post partum cow with a fluid filled uterus, we feel we achieve considerable benefit from evacuation of that endotoxin-laden fluid. We use uterine lavage on some of those cows, utilizing a soft, small bore tube and a tamed iodine or chlorhexidine solution. Others will receive a half dose of Lutalyse or Estrumate for four consecutive days. In our experience one or both in combination will usually empty out the uterus, allowing the first post partum estrus to occur more quickly. In addition to the fluids, antibiotics, and uterine lavage/prostaglandins, we also use systemic anti-inflammatory drugs occasionally.

Once we have the cow through the immediate post-partum period and back on feed, we monitor the uterus on subsequent visits and still infuse selected cows with oxytetracycline. We realize that this mode of therapy is being debated and that many believe it to be an outdated and unnecessary treatment. We do agree that to make uterine infusions the cornerstone of metritis treatment would be a mistake. We are attempting to infuse as few cows as possible, but still find the individual cow that we feel benefits from infusion. If we select a cow for infusion, we like to have that cow receive a series of treatments rather than a one-time infusion. As soon as we feel we have a functional corpus luteum, we will begin prostaglandin induction of estrus. We would like the metritis cow to have at least two relatively normal estrus cycles prior to her first insemination.

I believe that my responsibility is to use whatever treatment method fits the individual case and not to dogmatically reject or hold on to any particular treatment technique. I also do not believe in the " one size fits all" concept as it relates to treatment of metritis. The regimens that call for every post-partum cow to receive GNRH or prostaglandins during the first few post-partum days have not worked well in our hands. Routine infusion of most post-partum cows is also without merit, in my opinion. I do believe that in certain post-partum cows and in some more chronically-infected individuals, I can make a positive difference with infusions.

We continue to read and respect those opinions that call for us to continually evaluate how we treat cows with metritis. We are also attempting to be responsible in the area of residue avoidance and are trying, to first of all, prevent the problem and secondly, when forced to treat, to do so without antibiotics if possible or to use them in a responsible manner.