

Assisted-Birth Calf Care Checklist

Have you selected the appropriate procedures? Do they provide the opportunity for your employees to work to their full potential in providing quality calf care at calving?

Let's consider your procedures for calf care at calving time. When making this evaluation I like to use these scores: 1=never, 2=seldom, 3=often, 4=usually, and 5=almost always.

- _____ 1. I provide a clean, dry place for the calf at birth and see that her navel is dipped.
- _____ 2. I feed 3.5 to 4 litres of clean, high quality colostrum as soon as possible after birth, certainly within the first 6 hours.
- _____ 3. For assisted births, I make certain the calf can breathe by clearing her airways. Normal behavior is the first breath within 30 seconds.
- _____ 4. For assisted births, I do NOT hold calves upside down more than 90 seconds. Most of the fluid draining after this length of time comes from the abomasum rather than the airways. Further, an extended upside down position interferes with normal diaphragm action for breathing.
- _____ 5. For assisted births, if necessary I help the calf onto her chest and keep her there. This maintains normal pressure in the lungs. Normal behavior is to first lift the head and then to roll onto the chest within 2-6 minutes. Moderate-pull calves may take from 5-8 minutes. Hard-pull calves may take from 6-12 minutes. Over 20 minutes to lift head and roll onto chest is an indicator of very high mortality.
- _____ 6. For assisted births, I use a towel to dry the calf and to rub her for stimulation. Rubbing in the neck and head areas is most effective for stimulating breathing. For ideas for doing a good job on these calves go to www.calfacts.com, click on Metric Calf Facts and scroll down to "Drying Off A Calf" resource.
- _____ 7. For assisted births, I am prepared to diagnose fractured ribs. Given that 1 in 5 assisted births results in fractured ribs [40% in vet assisted deliveries], I know how to get a calf on her chest and feel for symmetry (not fractured) and folding (fractured).
- _____ 8. I identify high-risk calves as early as possible and immediately begin support measures. "High risk" calves include (a) premature delivery, (b) birth trauma, (c) premature placental separation, (d) meconium staining, and (e) fractured ribs.
- _____ 9. I give supplemental oxygen to high-risk calves. Shortage of oxygen in the blood (hypoxemia) is present in nearly all newborn calves. High-risk calves may be very hypoxemic and benefit greatly from oxygen supplementation. There is no evidence that oxygen supplementation has detrimental effects.

_____ 10. Working with my veterinary surgeon, I have injectable respiratory drugs on hand to treat high-risk calves.