

RESULTS OF ROTORUA VET CLUB

SURVEY OF CERVINE DYSTOCIA

<u>TOTAL NUMBER OF DYSTOCIA</u>	86
% <u>Male</u> Off-spring	71%
% <u>Fawns</u> Alive at time of delivery	33%
% Of <u>Mixed Age Hinds</u> assisted	62%

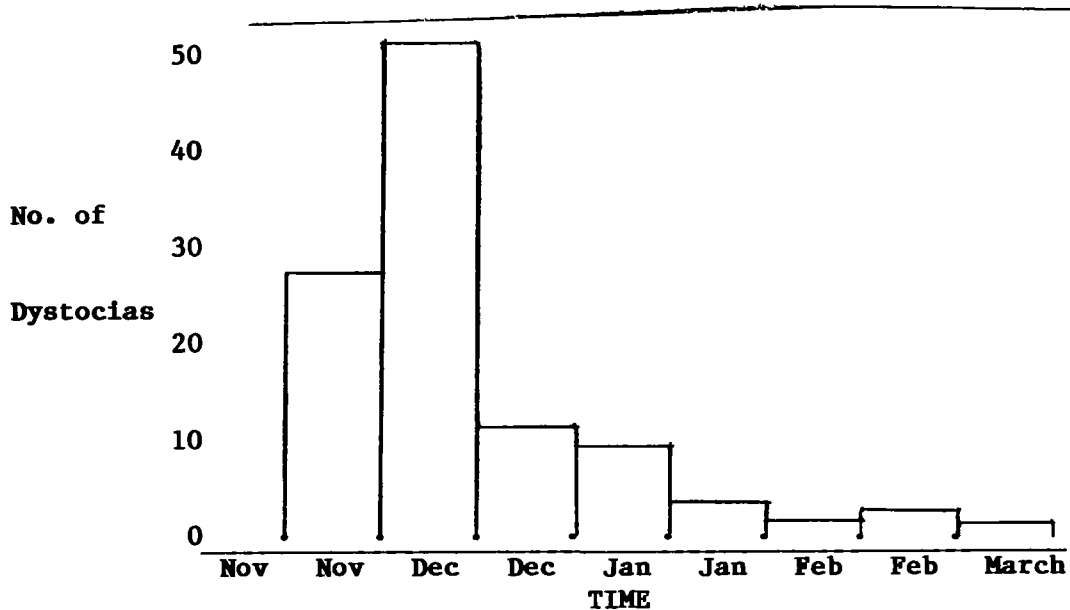
### A SURVEY OF CERVINE DYSTOCIA

D W Lawrence

We have a mixed practice in Central Southland where approximately 30% of our work is with deer. It is a three man practice which services approximately 180 deer farms.

The following results are of 106 dystocias on 45 different farms where we assisted directly. In addition a significant number of dystocia problems were resolved by farmer clients. We estimate that a further 80-100 cases of dystocia would fall into this category. Data was collected for the 1985-86 season.

#### CHRONOLOGICAL OCCURRENCE OF DYSTOCIAS



In this histogram of our survey results we have divided our time into half monthly intervals. As can be seen, the peak of problems occurred in the month from mid-November to mid-December. This period accounted for 74% of our cases.

#### EFFECT OF AGE, SPECIES AND CONDITIONS

HIND	AGE	28% 1st calvers
	HISTORY	8.5% repeat problems
	SPECIES	71% Red 14.5% Hybrid 14.5% Wapiti and Elk
	CONDITION	5% light 40% medium 55% overfat

In this survey 1st calvers made up some 28% of all dystocias but with respect to time this group did not vary significantly from the general distribution. The number of 1st calvers involved seems high. However, we should remember that with the present growth in the deer population there must be a disproportionate number of hinds in the bottom end of an age distribution curve of the national herd. Of interest to note was that nine hinds or 8.5%, represented repeat problems, ie: where in previous years they had had a caesarian/traction or manipulative assistance.

The proportion of hinds in each species category we feel is the probable distribution of the species as a whole in our practice.

We subjectively assessed the hind's condition into three categories. The 55% in the overfat category was due to a particularly good spring in the South, coupled with clients failing to take appropriate management steps to control feed intake. The hind condition factor we consider plays a big part in dystocia. In fact, in our assessment of the cause of dystocia, we felt hind condition was primarily responsible, or a contributory factor in approximately half of the cases.

Some interesting observations emerged when we analysed the parentage of the fawns involved. 71% of cases occurred where there was parity of species between stag and hind.

Conversely 29% involved a disparity of species between stag and hind, eg: Hybrid x Red/Wapiti x Red/Elk x Wapiti etc.

The much bandied-around belief that calving difficulties result from using Wapiti/Hybrid sires over Red hinds was in our survey only valid in 9% of cases.

#### OUTCOME OF DYSTOCIA CASES

FAWN	<u>Sex</u>	- Stag	63%
		- Hind	37%
	<u>Viability</u>	- Alive prefawning	54%
		- Died during delivery	8%
		- Alive post fawning	46%
	<u>Mothering Success of Surviving Fawns:</u>		
		- Successful	69%
		- Failed	31%

The expected bias towards stag fawns is confirmed.

It should be stressed that the mothering-on success after "interfering" varied greatly from farm to farm. The overriding factor to the success of this phase undoubtedly rests with the individual farmer. We generally rub the hind's muzzle with afterbirth and encourage her to eat some. In many cases at this point it is appropriate to collect some colostrum. We routinely use a human breast pump and can normally collect approximately 300-500 ml. Certainly this procedure is facilitated if the hind is sedated. (We try to avoid sedation if the fawn is assessed to be alive prefawning).

The hind and fawn are left in a pen together.

Observation at this stage readily establishes appropriate behaviour of the hind towards her newborn. However, it is best to leave them alone and check back in a few hours. Some hinds require simply to be "stood over" to allow their fawn to suckle, others may need mild tranquillising with 1/2 - 1 ml "Stresnil." Usually within a few days the pair can be let into a small paddock where it can be observed that bonding has occurred satisfactorily.

#### DYSTOCIA PRESENTATIONS

		% of cases
<u>ANTERIOR 66%</u>	- head back or down	43
	- normal	33
	- elbow lock (1 or 2)	10
	- one leg back	6
	- other	<u>8</u>
		100%
<u>POSTERIOR 33%</u>	- normal	72
	- dorso-ilial (upside-down)	20
	- stifle lock	<u>8</u>
		100%

Included in the "other" category were head and legs down/head and one leg back/dorso-ilial and head back/feet through uterus. This year we considered that 10% of cases were unnecessarily premature interference by the farmer. While this is down on previous seasons, reflecting farmer education, there were still a number of "new" deer farmers.

#### OTHER OBSERVATIONS:

There have been a number of interesting situations noted during this last fawning season.

#### Relating to the fawn:-

- (1) Congenital blindness - animal is still alive and well but blind.
- (2) Monster - this fawn continues to survive, but in the last two months (to June) has actually lost 6 kg live weight.
- (3) Hydrocephalus - there were no known teratogenic agents which the hind came into contact with.

#### Relating to the hind:-

- (1) Uterine prolapse - this hind was in quite gross condition. Replacing the uterus was straightforward and she recovered successfully. Whether she has successfully mated this year is unknown to date.

- (2) Urinary incontinence:- this appears obvious when the hind runs and urine is discharged in uncontrolled fashion. It would appear to self correct with time.
- (3) Udder swelling:- two instances where the udder swelled to approximately 4-5 times normal size. The hinds appeared well in themselves, were afebrile and eating. In both cases the udder returned to normal subsequent to tetracycline therapy and diuretics, although this took some weeks. The fawn that survived had to be hand-reared.
- (4) Post-calving infection:- routinely after assisting a hind we administer pessaries, long acting tetracycline and oxytocin. However in several cases, weeks later, the perineum and hocks became urine stained. In some instances further antibiotic therapy has failed to effect a cure. Although we have only had the opportunity to autopsy one case, the results are worth consideration. The hind had a perforated bladder. The latter had an obvious chronic cystitis. Culture of bladder debris yielded a pure culture of Proteus which was resistant to tetracycline.