

## DYSTOCIA IN GOATS AND ITS MANAGEMENT

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### ABSTRACT

Out of goats suffering with maternal or fetal dystocia (n=6 each), the survival percent of dam was 91.7%. From 15 kids delivered, seven (46.7%) were live and eight (53.3%) were dead and twinning was observed in 25% goats.

**Keywords:** Caesarean, Dystocia, Goat, Kid, Mutation

### INTRODUCTION

Dystocia is a major cause in goats leading to loss of kids and/or dam, hence, causing economic loss to the goat farmers. Dystocia inflicted trauma and infection decreases future fertility (Aziz and Taha, 1996). However, the successful treatment of dystocia depends upon correct diagnosis of cause of dystocia and treatment technique. The present paper on goats describes the management of dystocia due to insufficient cervical dilation by caesarean section and malpresentation by mutation.

### CASE HISTORY AND OBSERVATIONS

Twelve pregnant goats (age, 2-6 year) with dystocia for a variable duration (12-48 h) were included in this report. The vital parameters of dams like body temperature (101.5<sup>o</sup>-103.5<sup>o</sup>F), respiration rate (45-55/minute) and heart rate (85-95/minute) were within the acceptable limits. Six goats with complete gestation period (except one) were suffering from maternal dystocia from 24-48 h due to non-dilation (n=1) or incomplete dilation (n=5) of cervix, also known as ring womb. In all these cases, vaginal discharge was absent. Per vaginal examination revealed insufficient dilation of cervix in five goats and non-dilation in one goat. Ultrasonographic observations revealed that majority of fetuses were dead. The remaining six goats

with complete gestation period had dystocia from 12-36 h due to fetal maldisposition like deviation of head/neck or flexion of fore limbs. The vaginal discharge was present in these goats except one. Per vaginal examination revealed sufficient cervical dilation and ultrasonography revealed four live fetuses.

### TREATMENT AND DISCUSSION

The etiology behind incomplete dilation of cervix could be insufficient release of hormones involved in softening of collagen (Wu *et al.*, 2004). Goats with ring womb were subjected to caesarean section at left flank lateral and parallel to milk vein under local infiltration of 2% lignocaine hydrochloride. Intra uterine pessaries were administered before suturing the uterus. Fetal mutation to correct the malpostures and proper traction were the safe technique to relieve the dystocia (Taha *et al.*, 2005). In goats with fetal maldisposition, fetal mutations were carried out and the fetuses were delivered per-vaginally. In all the goats, during post-operative period, routine supportive therapy with ecbolics was administered for three days. From the operated goats, five single and a twin fetuses were removed. Out of these, only twin fetuses survived and only one dam failed to survive. From the goats subjected to fetal mutations, four single and two twin fetuses were removed. The fetuses of four goats were live and two goats (one with twin and one with single fetus) delivered dead fetuses, however, the

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survival rate of dam was 100%. The survival rate of kids delivered through surgery was reported higher, whereas, the survival rate of dam was higher following per-vaginal fetal delivery (Faraidoon and Talib, 2010). In brief, the effectiveness of the type of the treatment for delivering the fetus in goat dystocia depends upon the type of dystocia and its cause.

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