

## A CASE OF VERTEX POSTURE CAUSING DYSTOCIA IN A BHARAT MERINO EWE

G.K. DAS

North Temperate Regional Station, Central Sheep and Wool Research Institute  
Garsa (Via- Bhuntar), Kullu- 175241, H. P., India.

### ABSTRACT

A case of vertex posture (butt presentation) with bilateral shoulder flexion causing dystocia in a Bharat Merino ewe reared under sub-temperate climate of India is recorded.

**Key Words:** Ewe, Dystocia, Vertex posture, Butt presentation, Postural defects.

### INTRODUCTION

The most common cause of dystocia in sheep are fetal malposture/ maldisposition i.e. postural defects and foeto-pelvic disproportion (Hay, 1991; Noakes *et al.*, 2001). Among maldisposition/ malpostures, unilateral or bilateral shoulder flexion is more common (Hay, 1991; Noakes *et al.*, 2001). Most dystocia of foetal origin can be corrected by gentle retropulsion, manipulation and traction on limbs and head (Hay, 1991). In the present study, a case of ovine dystocia due to vertex posture (butt presentation) with bilateral shoulder flexion is reported.

### CASE HISTORY AND OBSERVATION

A Bharat Merino ewe reared at Central Sheep and Wool Research Institute was presented for obstetrical assistance with the history of difficulties in producing birth. History revealed that the animal started labour at 9 a.m. and the water bag came out within half an hour after the initiation of labour. However, no foetal parts appeared till 3 hours since the labour initiated only except some parts of foetal membrane were hanged down from the vulva. The ewe was showing restlessness and very frequently sitting down. Initially, it was thought that there might be incomplete dilatation of cervix as it is very common in the said species. Consequently, the animal was treated with mifex followed by lutalyse (double

injection @7.5 mg at 1.5 h interval) in order to achieve cervical dilatation and potentiate the contraction. Following that the animal was kept under clinical observation. The animal did not show any signs / symptoms of delivering the foetus till half an hour after the second PGF<sub>2α</sub> injection. Obstetrical approach to relieve the dystocia was initiated afterwards.

Pervaginal examination revealed a downward deviation of the head with the nose on the pelvic brim and the brow is directed to the pelvis without any foetal extremities in the birth canal. Gentle repulsion of fore head towards uterus revealed flexing of both fore limbs at shoulder joints and presented beneath the body. The condition was diagnosed as vertex posture (Butt presentation) with bilateral shoulder flexion (Arthur *et al.*, 1982; Benesch and Wright, 2001, Noakes *et al.*, 2001; Roberts, 1971). Pelvis was too small to reach the limbs for mutation. However, with the help of fingers the fetal chin was drawn upwards and the muzzle was brought in line with the birth canal. Foetus was felt as dead.

### TREATMENT

Forced traction was employed by holding the head and the foetus was removed (Fig). Fetal malposture/ maldisposition i.e. postural defects and foeto-pelvic disproportion are the most common cause of ovine dystocia. Among maldisposition/ malpostures, unilateral or bilateral shoulder flexion is more common (Hay

\* Senior Scientist, Animal Reproduction Division, I. V. R. I., Izatnagar-243122, U. P.

1991; Noakes *et al.*, 2001). In the present study, dystocia was caused by postural defects and was corrected by mutation i.e. repulsion followed by forced traction.

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**Fig :** Ovine dystocia due to vertex posture with bilateral shoulder flexion.