

A very Happy New year from all of the team here at Daleside. We hope you had a wonderful Christmas and will have a very prosperous 2019.

#### **Locum TB Tester**

We have a locum vet,
George Kirileanu joining the
farm team from February
until the end of April to help
with TB testing workload.

We are sure you will all make him feel welcome as part of the team.

If you need any additional help moving cattle on a TB test, or for any other reason, we have Huw Roberts available to help, just contact the practice for more details.



**JANUARY 2019** 

# Social Media at Daleside

We now have dedicated farm animal twitter (@DalesideFarmVet) and facebook (@dalesidefarm) pages. Please visit these for up to date practice news and relevant herd and flock health information.

#### Responsible Use of Antibiotics Meeting

We are working with farming connect to host a meeting focusing on antibiotic use in farm animals, on Tuesday 12th February 7.30pm. We'd love to see you there. Please call to confirm your place.

# Beef finishing discussion group

If anyone is interested in being involved in a new discussion group in the area focusing on finishing beef cattle, let us know.



### Herd and Flock Health Planning

As many of you are members of the Farm Assured Welsh Livestock scheme, you may be aware that they are now asking for herd and flock health schemes to be submitted online.

In order to make your herd or flock health plan visit run as smoothly as possible, please make sure that you register with them for your health plan in advance of your vet visit. The health plan section does not have to be completed by a vet; you may fill this in yourselves.

However, a vet does have to do an annual review of this plan. We are always happy to help you produce a herd health plan. Please ask a member of the team should you be interested in herd/flock health advice.

# Lambing 2019

With Spring only just around the corner and with some of you already having started lambing, January seems like the perfect time to discuss how to prepare for lambing and common diseases of ewes around lambing time. In next months newsletter, we will cover the stages of labour, neonatal lamb care and neonatal lamb diseases.

# **Ewe Nutrition in Pregnancy**

Nutrition requirements in ewes change throughout their production cycle. Hopefully, your ewes will have been in good body condition score at tupping time. It is important that feeding does not change dramatically during the first three weeks of pregnancy as this is when embryo implantation occurs and the pregnancy is most vulnerable. It is also important to note that no additional energy is required during the first 4 months of pregnancy; overfat ewes are more likely to experience lambing problems.

Ewes tupped at the correct body condition score can actually safely lose up to half a body condition score during this period (or 5% of their bodyweight). This must, however, be done gradually. Ewes which have been tupped at a low



BCS should be allowed to slowly gain some weight during this period. NB: poor weather during this time leading to poor access to grazed grass can have unseen effects on lambs at this stage, therefore, also ensure that conserved forage is available to hand.

Ewes in late pregnancy (months four and five) will require extra energy. 70% of the lamb's birth weight is put on during this time and the udder is developing for milk and colostrum production. As such, a ewe's feeding requirements almost double during this time, but her appetite can fall, therefore nutrition density of the diet needs to increase.

Blood sampling ewes (6-8 multiple bearing ewes of differing body condition scores) can indicate if nutrition is adequate. Please speak to a member of the team who will be able to arrange this for you. We test for three things: BHBs (checks whether energy requirements are being met), urea (checks whether there has been a recent shortage of protein) and albumin (checks whether there has been a longer term shortage of protein) Whilst talking about nutrition, we cannot forget about how important water provision is. Water is a major part of nutrition. Housed pregnant ewes require a daily intake of 2.5L daily in mid-pregnancy and up to 5L in late pregnancy.

# Common Diseases of the Pregnant Ewe

## Pregnancy Toxaemia

- Occurs during the last few weeks of pregnancy
- Caused by inadequate supply of energy during high demand (i.e. last few weeks of pregnancy during which 70% of foetal growth occurs)
- Most common in ewes carrying multiple lambs
- Clinical signs; ewes may refuse feed, stand still or lean against objects for long periods of time, become separated from the flock, kneel or sit like a dog, are easily caught, may stagger with head pointing up, apparent blindness, twitching or trembling
- Treatment- as early as possible; as soon as refusal of feed is seen or any of the other signs
- Treatment- 160ml liquid Lectade and/or 50ml Propylene Glycol orally and repeat after a few hours. Repeat twice daily for two more days. Offer good hay and a little high energy palatable concentrate (if you have time, hand feeding can help). 50-80ml Calciject No 6 (blue top) under the skin daily for 3 days.
- Prevention:
- Analyzing feed to ensure adequate protein and energy content and adjusting the ration as appropriate.
- Consider giving high energy or protected energy self-help blocks.
- Grouping ewes into tupping date, lamb number, and body condition score
- If ewes do not want to eat inside, try to turn back out on grass and give more feed outside. Rehouse again when eating well.
- Correct feeding to meet requirements!!!!

#### **Common Diseases of the Pregnant Ewe...**

#### Hypocalcaemia

- Caused by sudden drop in blood calcium levels due to high demands in late pregnancy and lactation.
- More common in older ewes
- Clinical signs; ataxia (not walk correctly), leading to recumbency, depression, bloat and then loss of consciousness. In the later stages, saliva or regurgitated rumen content may trickle down the nose.
- Treatment; ASAP. 20-40 mls of Calciject No 6 (blue top) should be given slowly in the vein if you are comfortable with IV injections. 100ml of Calciject No 6 (blue top) should also be given under the skin in 2-3 sites. If no response, call the vet.
- Prevention:
- Watch the flock after any movement and have calcium injections ready
- When moving sheep any distance provide hay and concentrates before leaving and on arrival
- In theory, keeping calcium concentrations lower than required until the last month of pregnancy then increasing the content in the ration should help in the control of the disease, much like in cattle, however, this is difficult to achieve in practice.

#### Hypomagnesaemia

- Nearly always occurs when rearing twins, at peak lactation.
- Can occur when grazing lush grass (low in magnesium and low in fibre)
- Can occasionally occur on bare pasture (insufficient food)
- Clinical signs come on rapidly and include; excitability, tremors which lead to convulsions and rapid death
- Rapid treatment is essential
- Treatment; Give 20ml 20% Calcium (Calciject 6 Blue Top) into the vein if you are comfortable with IV injections and 50ml

Magnesium (Magniject Silver Top) under the skin. DO NOT GIVE MAGNEISUM INTO THE VEIN!!!

- Prevention:
- Watch the flock after movement onto lush or bare fields and have magnesium injections ready
- If on lush pasture, move to poorer pasture until magnesium supplement has been added
- Feed extra magnesium (up to 14g
  Magnesium per ewe per day) via;
  magnesium enriched cake, magnesium
  enriched feed blocks or molasses licks (this
  is less reliable than above), magnesium
  boluses given just before turnout or risk
  period (these usually last 3-4 weeks) NB:
  cost of supplementation has to be weighed
  up against probable losses based on
  previous flock history or estimated risk.
- Give extra food to those which are underfed

#### **Vaginal Prolapses**

- Occur in the last three weeks of pregnancy more commonly in ewes carrying more than one lamb.
- If it happens once, it'll happen again...
  CULL THESE EWES OUT!!!
- Many possible causes including overcondition, multiple lambs and mineral deficiency
- Treatment- call the vet for advice!!! Mild cases can be cleaned with dilute hibiscrub, replaced and retained using a harness or spoon. More severe cases require veterinary attention ... if in doubt... call for advice!!!
- Always call the vet for the following types of prolapse;
- Post lambing vaginal/cervical prolapse
- Vaginal rupture/intestinal prolapse tear in upper vaginal wall, resulting in loops of intestine becoming visible through the vulva. Death is rapid, therefore, emergency caesarean/ euthanasia is required.
- Uterine prolapse

# Antibiotic Use at Lambing Time

Vets and farmers are all too inclined to place too much significance on pathogens (bugs) causing diseases.

The main problem comes from inadequate birth weights, dirty conditions and inadequate observation, isolation and treatment of individual cases. If lambing pens are cleaned and disinfected between ewes, kept dry and clean lambing techniques are used and there is no history of watery mouth there should be no need for preventative use of antibiotics (injection of penicillin/spectam at birth).

Farm assurance schemes have increasingly tougher standards and targets with respect to antibiotic use; all use now has to be recorded,

discussed with a vet and justified. There is no justification for giving every lamb born a dose of antibiotic unless advised to do so by a vet. Please speak to a member of the team about your antibiotic usage.

# **Bringing Sheep Caesareans to the Practice**

We have a purpose built lambing shed at our Penyffordd branch (27 Hawarden Road, Penyffordd, CH4 OJD) There is no visit fee if you bring a ewe to us to be lambed during the day, and a reduced visit fee out of hours.





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