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Living And Working In Your Community

March 2021

Hello and welcome to the March Newsletter. The weather has taken a turn for the better – good lambing weather, let's hope it lasts. The Triple Crown has raised spirits also! All we need now is for all of us to have the vaccine and return to normal. For many of us, things will not be normal again, with empty places around the table, loved ones missing but a bit of freedom and the ability to see family and friends can only improve things. Thank you very much to all of our clients who are helping with social distancing, PPE etc. It is a real drag!

Lambing has arrived at SWFV, Laura christened our new lambing table and it continues to earn it's keep. It certainly takes the hard work out of it – no manhandling a ewe onto the table, no grovelling on the floor. A ewe caesarean costs £99 plus VAT – in the current climate with such good lamb prices, it makes an early decision and intervention well worthwhile.

We have some good news at SWFV – Morgan is joining Rhian and myself as a company director from 1st March. It is unlikely you will see any difference – Morgan has been a very hard working assistant in Park and then SWFV since she qualified in 2011. We saw her potential as a student and snapped her up fast and she has not disappointed.

Fingers crossed for a good month weather wise. Stay safe and see you soon.

Mary

The post calving uterus

After a normal birth, a cow has to undergo a series of steps in order to be able to breed again. Within 24 hours of calving, the uterus should contract down in size, and expel all the fetal membranes (cleansing). This is followed by a second phase of contraction, beginning on day five, which results in the uterus fitting in the palm of one hand within three weeks. At the same time, ovarian activity restarts and cows should ovulate for the first time on day 14-17 (for dairy cows) or day 30-35 (for suckler cows). Any problems with this normal process can cause a delay in the cow getting back in calf.

Post calving infections (metritis) are a two stage process. Initially, there has to be damage to the lining of the birth canal, allowing an initial wave of infection. The initial infection is generated by *E. coli*, so in the early stage of infection the cow may present as off-colour, often with a high temperature. The characteristic foul smell and purple discharge only appear after opportunistic secondary

bacteria establish infection, which typically takes 3-4 days.

The risk of uterine disease increases if the cow is affected by any of the following: being a heifer (2x), assisted calving (3x), twins (5x), stillbirth (8x) and retained membranes (RFM; 34x). All of these factors increase the risk of damage during calving, making it easier for infection to be established. Calving in a dirty environment i.e. one full of *E. coli* also increases the risk as expected.

We now have a better understanding of what happens with RFM. After a normal birth, the cow's immune system recognises the membranes as foreign material. White blood cells move in and break down the attachment of the placenta, meaning the cow is able to expel it when her uterus undergoes its initial contraction.





Sian Fuller



Rachel Davies



Laura Grey



Sian Lloyd



Helen Dando



Tracey Huntley

However, this process can go wrong. The most common cause is 'feto-maternal dysmaturity', which simply means that the cow and calf have different ideas about when calving should occur. This mis-timing is often seen with twins (calving too early) and caesareans (calving too late), meaning that RFM is a common sequel. However, RFM become more likely in cattle with reduced immune function i.e. underfed or exposed to other disease challenges.

RFM has such a dramatic effect on the risk of metritis for two reasons. First, the regions where the placenta attaches (buttons, or caruncles) act as multiple regions of lining damage, allowing bacteria easy entry into the uterine tissue. Second, the membranes themselves act as a reservoir of bacteria, vastly increasing the load the cow is exposed to.

Cows with RFM need to be monitored closely – behaviour, appetite, milk yield, temperature – because of how often metritis occurs. Early treatment is important to minimise uterine damage. In the early stage, iodine-based pessaries can be used to control the bacterial load in the uterus. However, if the cow shows any systemic signs of illness, then injectable antibiotics, along with anti-inflammatories (e.g. Metacam, or Ketofen) have to be used, as the infection will be in all layers of the uterus. Antibiotic choice is important – Bimoxyl, Combiclav, Penstrep and Ceporex should be effective in treating the infection, whilst in most cases Alamycin and Tylan should be avoided.

Any cow affected by RFM, metritis, or any of the risk factors for uterine disease should be checked for ongoing problems after 3 weeks in dairy cows, or 3-4 weeks before the bull goes in suckler cows. Even after successful treatment, or if apparently unaffected, cows can suffer from endometritis ('whites'). This is characterised by pus in the uterus, which will delay cycling, and prevent the cow getting back in calf. Risk factors (with level of effect) for uterine disease

- Heifer: 2 times
- Assisted calving: 3 times
- Twins: 5 times
- Stillbirth: 8 times
- Retained fetal membranes: 34 times

For dairy cows, this is often seen as an increased calving interval (or days open), accompanied by a reduced conception rate and increased risk of early embryonic death. In suckler cows, the delay may be long enough that she is not able to get back in calf before the bull comes out, meaning that she presents as empty at scanning.

Checking for uterine disease is quick, cheap and easy. To discuss what method and timing would be best suited to your farm, speak to your regular vet.

Are you feeding your ewes enough after lambing?

We all know the importance of getting ewe nutrition right during pregnancy to prevent problems with lamb birthweights, twin lamb disease etc but what about after lambing?

Nutrient demands to support milk production rise rapidly after lambing with peak milk yield at about 3-4 weeks. For example, an 80kg ewe rearing twins will increase her daily energy and protein requirements by 60% and 44% respectively. If the ewe's nutrient demands are not met she will utilise body reserves in the short term. Given suitable body condition, ewes are able to recover from short periods of feed restriction in lactation (7-14 days) but any longer and milk production is permanently reduced. The result is not only poor lamb growth, increased risk of lamb hypothermia and predation but also increased rates of mastitis in ewes as the udder is traumatised by the hungry lamb

A plentiful supply of high quality grass is required if ewes are to eat sufficient dry matter to maintain milk production. Supplementation will be required for ewes rearing twins when sward height is less than 4cm. However variability in spring grass growth and pasture quality means careful monitoring of ewe body condition score and lamb growth rates is required. In many cases supplementation with concentrate feed will be required especially as lactating ewes have a high requirement for calcium, phosphorus and magnesium (used for milk secretion).

