



Farm Vet News

Endell Farm Vets Blog

Endell Vets Sheep Team

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Are your Ewes fit for lambing?



INTRODUCTION

Lambing is all about preparation, whether it's ensuring ewes are in good body condition scores (BCS), utilising vaccines or managing your singles, twins and triplets appropriately. Good management over the whole year is vital for the success of spring, ensuring ewes are best prepared for lambing so all your hard work pays off.

The average gestation of a sheep is between 144 - 152 days but at 100 days the foetus is less than half the weight it will be when the ewe lambs, meaning that up to 70% of fetal growth occurs in the last 4 to 6 weeks. Udder development requires more energy whilst the increasing fetus size within the abdomen decreases rumen capacity. These factors mean the ewe is fighting an uphill battle, and therefore requires more nutrient dense feed to maintain her condition. It's important to consider not just how feeding will affect the ewe, but also how this negative energy state will affect future lamb growth, as nutrition will directly affect the quantity and quality of colostrum and milk. Inadequate nutrition in ewes will produce smaller lambs, which have a higher susceptibility to disease and therefore a lower rate of survival.

This article discusses the most common diseases seen around lambing time and how we can avoid these, often solved by correct management and feeding practices.

“70% of fetal growth is in the last 4 to 6 weeks of pregnancy”

METABOLIC DISEASES

Twin Lamb Disease

As the name suggests, Twin Lamb Disease (TLD) occurs most commonly in ewes carrying twins or triplets. When a ewe is no longer able to meet the demands of the growing fetuses she will break down her body fat reserves, releasing ketones into the blood stream. This disease causes ewes to be dull, lose weight, become inappetent and can leave them unable to stand. On top of this, advanced cases can display involuntary movement of eyes from side to side, known as nystagmus.

Methods to prevent TLD include:

- Regular assessment of BCS
- Scanning ewes so that single, twin and triplet groups can be managed and fed separately
- Limiting moving, mixing and treating ewes in the last month before lambing
- Keeping feed intake high by ensuring feed is accessible and palatable

To meet the increased energy needs during this period, it is usually necessary to feed concentrates (grain). If forage quality is low, it may be necessary to provide a supplemental source of protein and calcium. Blood sampling your ewes prior to lambing can be performed by a vet to estimate the nutritional status of your flock.

Hypocalcemia

Calcium deficiency can occur around lambing due to the increased demand from fetal growth and milk production. Unlike in cattle, it is normally seen pre-lambing, presenting with signs including dullness, inappetence, an inability to stand, bloating due to poor rumen function and can lead to death within 72 hours.

Risk factors for hypocalcemia include:

- Feed changes or moving ewes less than a month pre-lambing
- Errors in home-mix rations
- Poor mineral supplementation
- Stress events e.g. dog attacks
- Very high magnesium diets

Administration of calcium under the skin often results in a rapid recovery, when cases are identified and treated quickly.

MASTITIS AND MILK PRODUCTION

Mastitis is inflammation of the mammary glands, commonly caused by a bacterial infection. The cost of mastitis to the UK sheep industry is estimated to be in excess of £120 million per year (AHDB, 2018). The short-term effects of mastitis include an increase in drug costs, poor udder function and can result in death of the ewe. The long-term effects include reduced growth rates of suckling lambs and increased culling rates. Cases are typically treated with anti-inflammatories and injectable antibiotics. There is no one specific antibiotic which is best for every case, therefore this should be discussed with a vet prior to treatment. Factors which increase the risk of ewes developing mastitis are shown in table 1.

Risk Factors for Mastitis	Prevention Methods
Damaged teats, poor udder conformation or udder injuries	Regular assessment of udder and teat conformation
Poor hygiene	Hygienic lambing area
Ewes aged over 4 years old	Focusing attention on older ewes
Lambing in barns	Keeping indoor areas clean
Not separating ewes with mastitis from the rest of the flock	Quick identification, isolation and treatment of cases
Thin ewes with a BCS of < 2.5	Maintaining ewe BCS between 2.5-3.5

Table 1. A summary of the risk factors and preventative measures which can be employed to decrease the risk of mastitis, adapted from Cooper et al. 2016. and AHDB 2018.

PROLAPSES

Vaginal Prolapse

Vaginal prolapses may occur in sheep in the last month of pregnancy and ideally should not occur in more than in 1/100 ewes. There are many factors which increase the risk of vaginal prolapses, however the following steps can help to reduce the incidence:

- Maintaining appropriate ewe BCS of 3-3.5 at lambing
- Avoiding very high fibre diets
- Preventing lameness which may result in sheep laying down
- Avoiding docking tails too short
- Preventing hypocalcaemia

Not only does a prolapse require time for replacement, but it can lead to abortion, ring-womb and potentially death if dead fetuses result in an infection. Any ewes which have suffered a vaginal prolapse have a high risk of re-prolapsing the following year, so should be culled.

Uterine Prolapses

Uterine prolapses should not occur more than in 1 in 1000 ewes during lambing, and occurs directly after lambing, or within 48 hours.

When replacing a uterine prolapse it must be replaced correctly and fully inverted or the ewe will continue to strain and likely re-prolapse. Unlike vaginal prolapses there is very little evidence at future lambings this ewe is more likely to re-prolapse, however there are anecdotal opinions that the slackened ligaments make a prolapse more likely.

Prolapse replacement

Both forms of prolapse are treated by anaesthetizing the area with an epidural which is commonly performed by a vet. The prolapsed tissue can then be cleaned, lubricated and replaced. In addition to this NSAIDs (e.g. Loxicom) should be given to reduce any swelling

and make the ewe more comfortable.

With severe contamination, antibiotics may be required. Once replaced additional methods may be required to reduce the risk of re-prolapsing. These including:

- Prolapse harnesses
- Prolapse spoons
- Buhner sutures (veterinary procedure)

It is always advisable to seek veterinary advice when dealing with persistent cases of prolapse.

Intestinal Prolapse

In rare cases, ewes near to lambing can suffer a tear in their vaginal wall, leading to protrusion of the intestines. The risk of this is increased with excessively high BCS, triplets and very high fibre diets. Maintaining an appropriate BCS of 3 at tupping will help prevent this from happening as there is no treatment and ewes should be euthanised without delay.

SUMMARY

A successful lambing period relies on good ewe condition. Those provided with enough energy, protein and calcium will support themselves and their lambs. Grouping ewes by number of lambs due and managing them separately in the last month prior to lambing avoids excessive weight gain in single groups and decreases the risk of metabolic diseases in twin groups.

PRE-LAMBING VISIT

As January comes to an end this is a great time to work with a vet to discuss considerations for lambing and the future. Lambing vaccinations, parasite control and veterinary medicines to scanning results and ewe nutrition planning this is essential in maintaining high lamb growth rates and hitting target scanning percentages for next year, whilst keeping your flock healthy and happy. Please contact our office on 01722 333291 for more information and we wish you a successful 2020.