Typical Kidding Season Supplies

Check off which supplies your mentor usually has on hand. Record their suggestions of other supplies to have on hand or particular brands they like to use, etcetera.

For the Birth

___ Vet’s phone number* - in case of emergencies or questions
___ 7% Iodine tincture* - to dip cords, can also tie off cord with dental floss or sterile fish line
___ Old towels or rags* - to dry kids fast in cold weather; clean straw, newspaper also work
___ Mild soap or disinfectant scrub - internal exam, clean udder
___ Thermometer* - to check health of kids and does - best are digital, waterproof w/flexible tip
___ Disposable plastic sleeves or gloves - internal exam, handling of abortus & placenta without being exposed to contagious diseases – women of child bearing age especially!
___ Sterile Lubricant - internal exam; dish washing soap also works
___ Clean bucket & hot water - internal exam, clean udder
___ Collar & lead rope - tying doe if you need to assist birth or assist kid to nurse
___ Baby nasal syringe or basting syringe - for clearing mouth and nose
___ Flashlight
___ Baby monitor/walkie talkie/cell phone
___ Lamb puller (head snare), nylon twine, or plastic coated wire – last two are less preferable but will also work to keep head straight during difficult births

For Ailments of Very Pregnant or Recently Kidded Does

___ Procaine penicillin G or other effective antibiotic – to treat illness, retained placenta - (have your vet prescribe dosages and meat and milk withdrawal periods as label may be incorrect for goats
___ Propylene glycol or a recipe and supplies for homemade ketosis remedy – to treat ketosis
___ Calcium Gluconate – to treat milk fever
___ Mastitis treatment tubes – to treat mild mastitis
___ Teat dip – when milking for mastitis prevention
___ Paper towels – milking; clean rags or washcloths also work

* These are often your most essential supplies
For Ailments of Newborn or Very Young Kids

___ 50% Dextrose or glucose solution - weak kids, IP injection- you will be diluting it to 20%

___ Tubing syringe kit, stomach tube, 60 cc dosing syringe* – tubing weak kids

___ Clean jar, bowl or pail - for milking or milk storage

___ Colostrum* - for emergencies (have some frozen colostrum from a disease free-no CAE or Johnes - doe or cow obtained within a few hours after kidding/calving or purchase the dried product)

___ A way to warm up hypothermic kids* - warming box, heating pad, blow dryer, sink

___ Plastic or glass 10 to 16 oz soda bottle* - for bottle feeding orphaned or in-house kids

___ Variety of nipples* - bottle feeding

___ Pepto-Bismol or Kaopectate – to treat temporary or mild diarrhea

___ Baking soda - to treat acidosis, floppy kid

___ Electrolyte solution - to treat mild dehydration

___

Health and Record Management Equipment

___ CD &T vaccines* - to help prevent enterotoxemia and tetanus

___ BoSe injections or other Se supplementation* - to prevent selenium deficiencies, white muscle disease in kids and does-must be accompanied by prescription from your vet

___ Syringes (3cc, 12cc) and needles (20 gauge 1 inch)*

___ Official Scrapie Identification tags and eartagger*

___ Tattooer, green ink, appropriate numbers and letters - to ID registered goats

___ Barn record sheets or notebook*

___ Scale or weight tape

___ Appropriate dewormer for adult does

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Other Suggestions or Comments about Supplies:

* These are often your most essential supplies
SIGNS OF KIDDING OR LAMBING (SOMETIMES!)

- Doe physical signs
  - Ligaments around base of tail loosen, tail bone becomes prominent
  - Vulva and udder enlarge
  - Udder becomes rosy and shiny, teats appear stiff and full
- Doe behavior signs as she goes into labor
  - Introspective, may stand apart from the herd or act like she is listening intently →
  - Noisy, bleating or nickering continually →
  - Appropriating a “spot” and defending it →
  - Pawing and restless, making a nest
  - Temporary loss of interest in food - rare

BASIC CARE AT KIDDING OR LAMBING

- Try to be unobtrusive in your handling to insure good bonding between the dam and newborns. Far less intervention is normally needed in moderate or warm weather as compared to cold weather.
- Allow the dam to birth in a quiet place without a lot of interruptions. Keep dogs away. Avoid loud noises or out-of-the-ordinary activities that may frighten her.
- Keep in mind that in moderate weather, the birthing fluids actually help keep the newborn warm for the first few minutes of its life until the dam gets around to licking it.
  - If the dam has multiple offspring or refuses to lick them off in extreme cold, dry offspring vigorously with towels, rags or clean straw to warm him/her up and to trigger the sucking instinct – pay special attention to ears and legs to prevent frost bite.
- Make sure nose and mouth are cleaned off, and that the kid or lamb is breathing and has a warm-to-the-touch mouth. If not breathing, swing him by his hind legs while supporting his head, clean birthing fluids out of nose/mouth (basting or nasal syringe may help), and rub ribcage, chest and face vigorously.
- Dip navel in 7% iodine and note sex and abnormalities. Record litter size, weights, etc. for farm records.
- If unsure they are getting milk, strip wax plugs out of dam’s udder and check for mastitis or blind teats.
- Check on offsprings’ activity level (healthy kids or lambs will usually stretch when they get up and immediately look for a teat to nurse on) and stomach distention (signs of successful nursing).
- Make sure the dam has easy access to water and forage; watch for milk fever or ketosis.
- Observe whether the afterbirth is expelled and whether the dam has a hearty appetite.
- Administer BoSe shots subcutaneously to newborns if this is part of your S and Vit E routine.
- If necessary, use coats (can cut the ends off of tube socks or sleeves off of old sweaters), warming boxes, and warm water baths, heating pads or hair dryers to thoroughly dry and warm newborn.
- If using a heat lamp, make absolutely sure that there is no way it can fall over and cause a barn fire – try to avoid leaving heat lamps or warming boxes unattended.
- Put the dam and offspring in a jug or small pen if the dam is having difficulty bonding.
- Tie dam up snugly in jug (making sure she cannot jump wall and choke herself) if she is refusing to accept offspring or you are grafting an orphan onto her. Assist to nurse frequently until accepted.

BASIC TIME TABLE FOR KIDDING

Water sac or fluids appear → 30 minutes later → hard labor or examine → 30 minutes later → newborn #1 or examine → 30 minutes later → newborn #2 or examine → 1 hour later → placenta (considered retained after 8-12 hours). Dams birthing for the 1st time may progress through the first stages slower than this, but it is still a good idea to cleanly and carefully examine dam if progress becomes very slow or stops.
KID OR LAMB POSITIONS

Determining front or back legs – if the kid is being delivered right side up, the soles of the hoof point down on the front feet while the soles of the hoof point up on the hind legs. Regardless of whether the kid is right side up or upside down, the pasterns and fetlock joints on a kid’s front legs always bend the same direction as the front knees while the pastern and fetlock joints on the hind legs bend the opposite direction of the kid’s hocks.

Upside down kids – Do not pull a kid out upside down. Instead, flip the kid over while simultaneously pulling slowly on his legs to bring him out.

Figure 1. Normal Presentation

Figure 2. One Leg Back*

Figure 3. Both Forelegs Back - head will swell up and the kid die if a front leg is not retrieved quickly.*

Figure 4. Elbow Lock – pull alternately on front legs to unlock.

* Follow the kid’s head down to its chest and armpit to locate a front leg that you are sure belongs to that same kid. Reach under the kid’s armpit and use your finger to hook the leg at elbow or knee and bring it forward into birth canal. Retrieve kid’s second front leg if possible. Pull alternately on each front leg to bring out the kid. Keep in mind that you can often deliver a kid with one front leg back by pulling simultaneously on the front leg that is forward and on the dome of the kid’s head. Pull out and down in an arc.
**You may need to put the doe on a downhill or have someone lift up her hind legs in order to push the kid back in far enough to retrieve the head. Sometimes the cervix may feel tight not because the doe is “too small” or has not dilated but because she is tense and fighting you. A veterinarian may give the doe an epidural (lidocaine - xylazine) to relax her muscles and make it easier to push the kid back in. You may need to use a lamb puller or twine noose to keep the kid’s head from falling back again as you start bringing the kid out again. **Do not attempt to pull a kid out with his head back!**
KID AND LAMB POSITIONS CONTINUED

Figure 9. Twins - Front and Back- one of the normal ways twins are delivered.

USING A LAMB PULLER

A lamb puller is useful for delivering a kid or lamb whose head has slipped backwards. Push the kid or lamb all the way back into the dam so that you can straighten out his head. Put the noose of the lamb puller over your 3 middle fingers. Gently put your hand back into the dam and slide the noose over the dome of the offspring’s head so that it rests behind his ears. See if you can get one or both front feet into the noose.

If you cannot get the feet into the noose, just put the noose over his ears and through his mouth or at least under his chin. Tighten the lamb puller (an assistant can do this most easily while you hold it in place). Use the lamb puller to hold the head steady while you pull the kid or lamb out by pulling down and out in an arc on his front legs. Disinfect your lamb puller between uses.

It is a good idea to fool around with your lamb puller earlier and learn how to tighten the noose automatically by pulling on the other end.
GETTING READY TO ASSIST IF NEEDED

1) Clip your finger nails.
2) Wash hands and arms with recommended disinfectant.
3) Tie up dam if necessary and wash under tail with recommended disinfectant.
4) Put on latex or plastic gloves, especially women of child bearing age, and also to protect the dam from infection.
5) Lubricate your hand or glove and the inside of dam’s vulva with a recommended lubricant or dish washing soap.
6) Brush tail aside with one hand, cup the fingers of your other hand, locate vulva, and gently enter at a slightly uphill tilt.
7) Be clean, gentle, and use lubricant or liquid soap.
8) Take the time to orientate yourself and figure out what parts of the kid or lamb you are feeling.
9) Reposition the kid or lamb if needed. Once offspring is in a proper position, carefully and firmly pull the kid or lamb down and out in an arc timing your pulls with contractions if possible.

Meconium: If the kid or lamb is stressed during delivery, it will often excrete the meconium (tar-like first bowel movement) while being born. This will cause the birthing fluids to be stained dark yellow. This sign of stress signals that now is good time to assist the birth and help the kid or lamb out quickly.
FEEDING A KID OR LAMB BY STOMACH TUBE

Needed: an 18 French feeding tube, 60 cc (cc = ml) syringe, water, colostrum

1. Only if kid is able to swallow and has a body temperature of >99ºF. If kid is unable to swallow, administer an IP dextrose injection (see next page). If kid is cold, warm promptly (monitor temperature so kid does not get overheated) and then tube feed. Note - Giving 50% dextrose orally sometimes revives weak but conscious kids enough to start swallowing.

2. Measure the feeding tube from the tip of the kid’s nose straight to the level of the last rib and mark. This length from nose to rib is the amount of tube you’ll want to insert.

3. Sit with the kid on your lap facing away from you. Hold his head so his mouth is level with his eyes. Pass the tube straight down the mouth past the cheek teeth down the esophagus and into the stomach. Some resistance is normal. Stop at mark.

4. You want the colostrum to go to the stomach and not choke the kid by going to its lungs instead. If the tube is in the correct place - in the esophagus rather than accidentally in the trachea (windpipe) - you will be able to feel it by rubbing your fingers along the neck between the trachea and the neck bones.

5. Indications that it went down the wrong pipe (trachea) are: kid coughing or unable to bleat, inability to see and feel the tube, tube stopping far short of the mark, or hearing breathing when you listen in tube.

6. Remove the tube if you are in the trachea and go through steps #3 - #5 again.

7. When you know the tube is in the correct place (i.e. you can feel the tube), inject 5 cc (cc = ml) of warm water into tube.

8. If the water doesn’t flow, try pulling the tube out slightly, as you may be against the stomach wall. Reposition the tube back to pre-measured mark. If still no flow, remove tube and measure again.

9. Once flow into the stomach is confirmed, fit a 60 cc dosing syringe on the stomach tube. Be sure that the colostrum is at about 102 - 104ºF. Check with your wrist. Colostrum can be delivered by gravity, using the barrel of the syringe as a funnel, or can be injected slowly with the plunger of the syringe. Be sure to warm up colostrum carefully using a hot water bath or double boiler set up rather than putting it directly on stove or in microwave because colostrum readily turns to cheese at high temperatures and antibodies will be destroyed.

10. Rinse tube while tube is still in kid by injecting 5 cc of warm water into it.

11. Kink the tube by folding over the end and then pull it out of the kid while keeping the kid’s head elevated.

12. Place the kid in an upright position. Prop kid up on its chest floor with a rolled up towel if necessary. (steps #11 and #12 are to avoid aspiration pneumonia).
GIVING AN INTRAPERITONEAL (IP) DEXTROSE INJECTION TO A NEWBORN

1. This procedure is for very young kids that appear alive but comatose or far too weak to swallow. It is not indicated for older, severely weakened kids.

2. Prepare a 20% dextrose solution in a sterile 60cc syringe at a dose of 10 ml/kg body weight. (There are 2.2 lbs in a kg.) For example, an 11 lb kid (5kg) needs 5kg x 10ml/kg = 50ml of 20% dextrose solution. However, generally you will have a 50% dextrose solution. Since 20/50=0.4, you multiply 0.4 x 50 ml= 20 ml of 50% dextrose. You will dilute the 20ml of 50% dextrose with 30ml of boiled water to get 50ml of 20% dextrose. An 8 lb kid needs about 35 – 38 ml of solution (14 ml of 50% dextrose to 21 cc of boiled water) in a sterile 35 cc syringe. A 5 lb kid needs about 25 ml of solution (10 ml 50% dextrose to 15 ml of boiled water).

3. Warm solution to ~104°F.

4. Hold the kid up by its front feet and let kid hang from your arm or between your legs.

5. Locate your targeted injection site, 1inch below and to the left of the umbilicus (where the umbilical cord enters belly) and clean if visibly dirty. You can use a marker to circle the site.

6. Using a sterile 19 or 20 gauge 1 inch needle (not on the syringe), enter the peritoneal cavity at a 45º angle aiming down towards the pelvis.

7. If blood, colostrum, or other fluids leak out of the needle hub, you have probably gone through an abdominal organ rather than into the intraperitoneal cavity. Pull out, get a new needle, and try again.

8. Please note, there is a risk for the kid of infection when you put the needle in alone because air can escape down into the body cavity. If you are sure the kid has not eaten, it is probably better to put the syringe directly on the needle. The disadvantage with this method is that if you pull back on the syringe and there is blood or colostrum in it, you will contaminate the dextrose solution and need to start over with a new batch and a new sterile syringe.

9. Once the needle is inserted without fluids being seen, attach the syringe to the needle and gently pull back to double check for blood, etc. Inject warm solution at roughly a 45º angle towards the rump (if a lump forms, the needle is only under the skin and needs to be deeper). Afterwards -warm kid up and give warm colostrum or milk, whichever is appropriate, when he/she revives.

10. To discourage possible infection from the IP dextrose injection, treat the kid with antibiotics SQ afterwards based on your veterinarian’s recommendations.
Caring for Weak Kids and Lambs – hypothermia flow chart

Take temperature

Below 98.6°F (37°C) (severe hypothermia)

98.6°F - 102°F (37°C-39°C) (Mild hypothermia)

Under 5 hours

More than 5 hours

Dry and warm animal, then

Dry and warm animal

Encourage to nurse off of dam or bottle

If not sucking, continue treatments

If sucking, return to dam and continue to monitor

Determine cause of hypothermia

Able to hold head up and swallow

Unable to hold head up

Able to hold head up and swallow

Unable to hold head up

Feed with stomach tube, then

Feed with stomach tube

20% glucose intraperitoneal injection (10mL/kg)

Administer antibiotic, then

20% glucose intraperitoneal injection (10mL/kg)

Administer antibiotic

Feed with stomach tube unless will nurse well from dam or bottle

For more information on how to give intraperitoneal injections and place stomach tubes see http://www.ansci.cornell.edu/4H/goats/CaprineOuting2010/MorningHandsOnPracticals/TubingAndIPinjections.pdf
TAIL DOCKING

Elastrator bands - apply at a few days of age. The lamb will show discomfort by getting up and down or assuming abnormal postures for 20 to 30 minutes. The tail falls off 10 days or so later.

This picture shows the band in place at the end of the caudal tail fold and the prongs of the applicator that was used to stretch the band, to get it into position on the tail.

A Burdizzo can be used to crush, then cut with blade on the distal side. Use a temporary gauze bow or suture if the stump bleeds. Push as much skin as possible toward the body before applying the instrument so that this skin will be available to cover the stump. Read a pdf on how to dock with the Burdizzo. Use a cattle-sized Burdizzo, rather than the little one you should be reserving for castration.

Electric docker - burn from the ventral side of the tail. Start slowly while cauterizing the blood vessels, then finish more rapidly.