



Signs of Kidding and Care During and After Kids are Born

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Introduction

One frequent question that centers around kidding and always seems to surface as that time approaches is, “How do I know when I need to assist a doe who appears to be having a hard time delivering?” This is a difficult question to answer as it carries with it such a large variety of circumstances that could complicate the answer. Since we are dealing with biology, no single answer will fit every circumstance, and some circumstances may be remedied through various means. However, the answer to this question does not necessarily have to be very complex if one understands the various parts of the parturition (kidding) process and recognizes some basic signals which does will usually exhibit for each of the stages of the process.

Signs that Parturition Is Approaching

Perhaps the first sign that a doe is going to kid soon is that she separates herself from the bulk of the herd. This correlates with the beginning of the first stage of the birthing process. Some of the physical changes that take place perhaps even before the doe actually enters “labor” are that the vulva will usually have a swollen appearance and almost appear to be inflamed. The udder will also become “tight” or engorged, with the teats sticking out and some milk may even drip as the labor process actually commences.

There are three (3) stages in the birthing process¹.

Stage 1. This initial stage can last anywhere from 1 to 8 hours. However, please note that it may last longer in first-time mothers. Stage 1 is often accompanied by one or more of the following symptoms:

- Uneasiness
- Kicking at the belly with the hind hooves
- Pawing the ground (Nesting) similar to building a nest area
- Laying down and getting up frequently in an attempt to get comfortable
- Frequent attempts to urinate
- Some vaginal discharge and obvious uterine contractions may or may not be seen

Stage 1 ends when fetal parts enter the vaginal/birth canal. If, after 8 hours of Stage 1 behavior one does not see signs that Stage 2 has commenced, possible intervention/assistance may be warranted.

Stage 2. This second stage of the birthing process may last only 1 to 2 hours. This stage begins with the appearance of the amniotic (water) sac protruding out of the vulva. The fetus’s legs will appear next and will be followed by delivery of the kid. Where multiple births are anticipated, this process will repeat itself about every 15-30 minutes for each kid delivered.

The delivery of the last kid is the end of Stage 2. If the doe continues to act like she is pushing and signs that Stage 3 is not occurring, there may be a

final fetus that she is having trouble delivering. If this is the case, she may need to have some assistance.

Stage 3. The final stage of parturition can last anywhere from 1 to 3 hours after the final kid is born. This stage is indicated by delivery of the placenta or afterbirth.

Note: It does not hurt for the doe to eat her placenta as it is high in the hormone *Oxytocin*, which helps initiate lactation and also helps the uterus to contract and more rapidly return to its original size and shape.

So, tell me again, when do I need to help deliver the kids?



Figure 1. Normal Presentation: Front Legs and Head Forward.

1. The doe has been in Stage 1 for more than 8 hours.
2. The doe is in Stage 2 and has been straining for more than 30 minutes without the process progressing.
3. The water sac is seen for more than 1 hour, but the doe is not straining or pushing.
4. The doe is fatigued, or bleeding from rectum; or the kids tongue can be seen and is swollen showing that the fetus is under severe stress.
5. You can see that the kid is being delivered abnormally.
6. Placenta is not expelled after 12 hours post-delivery.

Assisting with Delivery

The following steps must be taken to be successful in assisting with delivery:

1. Clip excess/dirty hair from around anus and vulva. This can happen a few weeks prior to commencement of kidding season as a regular husbandry technique to decrease contamination and increase sanitation during kidding.
2. Clean the area around the vulva and anus with a dilute solution of chlorhexidine (Nolvasan). Soak OB sleeves in solution. Re-clean area whenever the doe defecates.
3. Scrub hands and arms. Keep fingernails trimmed short to prevent tearing birth canal.
4. Put on sleeve and apply lubricant. (You cannot use too much lube!) **DO NOT IGNORE THIS STEP!**
5. **Do not rush!** Hurrying as you are assisting can cause damage to the doe and actually cause as many problems as it helps. Proceed slowly and methodically so you don't miss a step.
6. Shape hand into a wedge shape. Insert slowly into birth canal, between uterine contractions.
7. Determine the presentation, position and posture of the kid.
 - a. Presentation – Normal (front feet and head first); Backwards (breech/rear legs first); Sideways.
 - b. Position – right side up or upside down.
 - c. Posture – where legs are relative to kids' body.
8. How the feet flex as they are coming down the birth canal will help you determine what the presentation, position and posture of the kid is.
9. How do I tell if the kid is alive or dead?
 - a. Pinch between the toes of the kid and it should pull its leg back.
 - b. Place finger in mouth and see if the kid sucks your finger.
 - c. Gently poke your finger in its eye and see if the kid moves its head.
10. Call for professional help if the following happens:
 - a. No progress is made in 30 minutes of effort.
 - b. You cannot determine the correct presentation, position and posture.

Procedures to Assist with Delivery of Abnormal Presentations, Positions and Postures

Follow steps 1-7 above.

Backwards/Normal Position and Posture

1. Rotate the kid 45° to 90° before attempting to remove it.
2. Apply upward pressure (toward doe's tail) until kid's hips are into canal.
3. Rotate back to original position and then pull rapidly backwards so the kid doesn't suffocate.



Figure 2. Backwards Presentation, and Posture

Normal Presentation & Position, but One or Both Legs Are Back

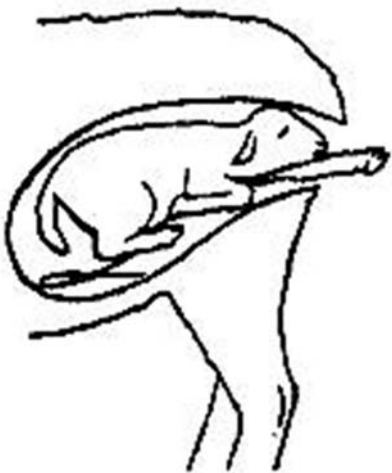


Figure 3. Normal Presentation and Position with One Leg Back.

1. Slip hand along kid's side and cup over the end of the kid's hoof to protect it from puncturing the uterus.



Figure 4. Normal Position with Both Legs Back.

2. If more space is needed, gently push the kid's head back into birth canal and pull the other hand with the retained limb(s) toward the rear to extract the kid.

Two Front Legs in the Birth Canal with Head Turned Back

1. The head can be to either side, straight back or down between the front legs. Kids in this position are usually either dead or very weak and may not survive.
2. When the position is identified, the head can be rotated into the correct position by placing fingers into the eye sockets or grasping the mouth. You may need to push the kid's body back into the uterus with one hand and move the head with the other.

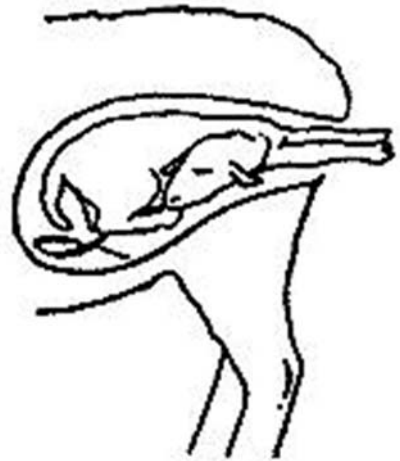


Figure 5. Head Back.

Normal Presentation, but Upside Down with Legs Retained

1. Find both front legs and pull them into the birth canal using above techniques.
2. Rotate to normal position by crossing the legs, apply pressure to upper leg/shoulder and hold and rotate head together with the body.
3. Once correctly positioned, deliver as normal.

Backward Presentation, Upside Down with Legs Retained (Breech)



Figure 6. Backward Presentation, Upside Down with Legs Retained (Breech).

1. Try to turn kid right-side up by grabbing a leg and pushing down and to the left or right. You may have to get the rear legs out (see next step for that procedure) and turn by crossing the legs and twisting.
2. Once the kid is in correct position, flex the legs at the hock, push it up toward doe's back, cup the hoof with your hand and pull it gently toward you until it is in the birth canal.
3. Once both feet are back, deliver the kid quickly, working with doe's contractions.

Backward Presentation and Right-side up, but Legs Retained (Tail Only)

Same technique as above without rotating the kid.



Figure 7. Backward Presentation and Right-side Up, but Legs Retained (Tail Only).

² Figures courtesy of the eXtension Goat Community of Practice.

Delivering Twins: If there are front and rear legs all coming out at the same time, or more than two legs coming at the same time, call for assistance. This type of delivery can be made, but extensive experience is required to attain success.

Common Mistakes:

1. Allowing the doe to be in labor too long before giving assistance.
 - a. Check does often. Assist if no progress is being made.
2. Trying to deliver a kid that is in an abnormal position without first correcting the problem. Never apply traction to a kid with the head or leg back without first correcting the problem.
3. Applying too much traction. No more force than the equivalent of two people manually pulling should ever be used.

Note: In most cases where assistance has been given, it is beneficial to administer antibiotics to the doe to help prevent potential bacterial infections. When questions arise, always consult a veterinarian!

What Do I Do Once the Kids Are Born?

- If you have assisted with the deliver: from kid's head
 - Suck mucous out of the kid's nose and mouth using a bulb syringe.
 - If the kid isn't breathing, take a handful of straw and rub the ribs rapidly to stimulate the breathing reflex. If necessary, perform mouth-to-mouth resuscitation.
 - Place the kid near doe's head so she can work on licking it clean.
- If you haven't already done so, place the doe and kid(s) in a kidding pen.
- Then, **CLIP, DIP** and **STRIP**!
 - **CLIP** the umbilical cord to a length of about 1"- 1½".
 - **DIP** the umbilical cord in iodine solution.
 - **STRIP** the teats to remove the wax plug in the teat canal and ensure milk is flowing.

- **Remember, CLIP, DIP and STRIP!**
- Help each kid get its first meal of colostrum (mother's first milk).

References

¹ Animal Health Publications. Lambing/Kidding and Difficult Births (Dystocia) C 460. [Electronic Publication] Accessed April 28, 2014.
<http://www.infovets.com/books/smrn/C/C460.htm>

² Goat Community of Practice. 2014. Goat Reproduction, Parturition/Kidding. [Electronic Factsheet] eXtension: America's Research-based Learning Network. Accessed April 28, 2014.
<http://www.extension.org/pages/19441/goat-reproduction-parturitionkidding#.VBoFCS5dVA>

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