



The weather these last few weeks has been incredible; hopefully the snow has passed us by this year, and we are not being lulled into a false sense of security! We recently ran our 2nd lambing course of the year with our smaller flocks and smallholders in which we discussed management of the neonatal lamb and common conditions at lambing. If you were unable to attend, some of the key points are summarised below:

Lamb Care and Colostrum

Limiting lamb mortality is crucial for productivity in flocks – whatever their size may be! As a bench mark for a typical indoor lambing lowland flock, losses should be well under 6% of lambs between birth and turnout. Ideal lamb birth weights are 6kg, 5kg and 4.5kg respectively for singles, twins and triplets in lowland breeds. Lambs born above 6kg are at higher risks of dystocia (incorrect position/oversized for pelvic canal). Triplets below 4.5kg have a reduced survival rate due to hypothermia exacerbated by lower brown fat reserves and larger surface area to weight ratio increasing heat loss.



This year, we challenge you to take control of colostrum intakes. A good habit is to weigh lambs – this can easily be achieved with a canvas bag and a hand-held luggage scale! Find out what birth weights you are achieving to identify how much colostrum is needed per lamb. Any lambs suffering from swollen tongues or heads from a protracted lambing and lower birth weight lambs are typically slower to stand and suck.

These lambs need assistance to ensure they have had an adequate 1st feed of colostrum.

Colostrum is 'liquid gold' and this first feed is crucial for lamb survival. Any fit ewes with singles can be used for

#ColostrumIsGold

colostrum collection on farm; surplus colostrum can be stored for up to 1 week in the fridge and 1 year in the freezer providing a ready supply on hand for assisted feeding. We recommend:

- Lambs need 210ml/kg of colostrum within the 1st 24hrs of life
- 1st colostrum feed within 2 hrs of birth
- Administer 50ml/kg of colostrum – tube feed 250ml total as 1st feed

Within 24hrs a typical 5kg lamb will need more than 1 litre of colostrum to achieve antibody transfer. This first feed is also crucial for providing energy to maintain body temperature. Should lambs fail to suckle or remain wet, hypothermia can set in. **Clinical hypothermia is LESS THAN 39°C** – if you find lambs standing hunched or recumbent, use a thermometer to check.

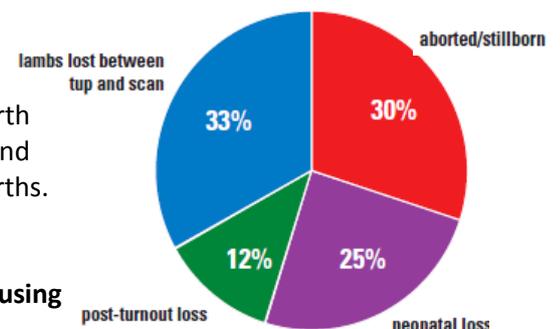
- < 6 hours old - Still have brown fat reserve. If weak but has suck reflex – stomach tube with warm colostrum 50ml (ideally from mother) & place in warming box and monitor
- > 6 hours old - Brown fat reserves have depleted – lamb needs energy source urgently. Inject intraperitoneal glucose **FIRST** (20g of glucose powder in 100ml cooled boiled water = 20ml injection). **SECOND** place in warming box. Once swallow reflex returns – tube 50ml colostrum. *If you are unsure of the lamb's age, ALWAYS assume they are older than 6 hours to avoid risk of creating a diabetic coma.*

Abortion Investigations

Whilst outright abortions are the most obvious sign of an infectious agent at play on your farm, still births and lambs that die shortly after birth are all indicators of infectious disease. On average, for a typical UK lowland flock, up to 30% of total lamb losses are attributed to aborted and stillbirths. This figure is well worth paying attention to; without diagnosis we can't implement effective changes to reduce losses for next year.

Here is a refresher of some of the most common infectious abortion causing diseases:

- **Toxoplasma:** Toxo infections are caused by the parasite *Toxoplasma gondii*. Cats are involved in its lifecycle with infection spread occurring through feed contaminated by cat faeces containing infective oocysts.



Clinical signs of Toxoplasma infections are broad, with barren ewes and reabsorptions common during early pregnancy. Later on, mummified aborted fetuses and

still births are also common, but lambs may be born weak and fade within a few days of birth as well.

Vaccinate: Toxovax is available as a preventative vaccine to be given pre-tupping and is the **only** robust way of preventing Toxoplasma abortions.

Treatment: Unfortunately, there is **no** effective treatment to prevent further abortions during the **current** lambing period. While Toxoplasma is infectious, it is **NOT** passed directly from ewe to ewe – ewes need to consume contaminated feed to become infected.

• **Enzootic Abortion:** Enzootic Abortion (EAE) is caused by *Chlamydophila abortus*. The bacteria are usually introduced through bought in stock, but wildlife play a roll in contaminating feed too. Naive flocks can experience dramatic abortion storms with over 25% of stock affected. However, existing farm infections can result in 5% abortions rates each year. Importantly, infected ewes become carriers meaning abortions can occur again the lambing season after initial infection. Abortions typically occur in late pregnancy; aborted material and lambing fluids are

What to do in an abortion outbreak:

If you are experiencing abortions or stillbirths of 2% or more, this should prompt urgent investigation. Please take samples as soon as possible to help diagnose any infectious causes – the fresher the better!

- **Isolate and mark the affected ewes** – especially important with suspected EAE!
- **Remove aborted material / contaminated bedding** - hygiene is crucial to limit spread

SAMPLE COLLECTION:

- **Collect freshly aborted whole lambs/foetus** – we need to sample organs, foetal blood and stomach contents
- **Collect fresh placenta with cotyledons 'buttons'** – as clean as possible please!
- **Pair lambs with their placentas** - two to three lambs & placentas are usually needed to fully diagnose a whole flock abortion issue as more than one disease may be present within the flock.

If foetuses or placentas are unavailable, blood samples can be taken from the ewe to check for Toxoplasma and Enzootic abortion; other abortion causes are not easily diagnosed without foetal abortion samples. **Please DO NOT use blanket antibiotic treatment without diagnosis.**

PLEASE NOTE:

Wear gloves and handle all problem ewes and aborted material with care – many of these diseases are ZONOTIC and are therefore harmful to human health.

PREGNANT WOMEN SHOULD NOT BE IN CONTACT WITH ABORTED SHEEP / ABORTED MATERIAL.

To protect our staff, please bring samples to the practice in a sealed bag/container and **leave them in your vehicle**. Let reception know that you have abortion samples for submission and one of the Farm Team will collect the sample from you at the post mortem room door. **Thank you for your understanding.**

highly infectious and remain infectious to other ewes for a number of weeks.

Vaccinate: Enozvax is available as a preventative vaccine to be given pre-tupping. This is the **only** way to provide effective flock protection.

Treatment: Culling of aborted ewes diagnosed with EAE should be considered due to the latent nature of the infection and potential for continued bacterial shed on farm. Antibiotic use may be beneficial to limit abortion numbers based on **confirmed diagnosis**.

• **Campylobacter & Salmonella:** Both these bacteria are capable of causing abortions in ewes. Infections are spread through carrier and infected animals or due to ewes eating feed contaminated by wildlife. Ewes with Salmonella infections may be obviously unwell before any abortions occur.

Vaccinate: There are currently **no** vaccines available in the UK for either of these bacteria.

Treatment: Antibiotics may be used in hope of reducing the impact of these infections but are not typically rewarding on a flock level.



WATERY MOUTH INVESTIGATION

There is now FREE testing for March as part of a APHA's '**Watery Mouth Project**'

Any lamb deaths suspicious of watery mouth are eligible; post mortems are needed for sample collection.

Your farm will need registering via APHA's testing service if you are interested in taking part.

For more information speak to us at the practice.

MASTITIS – ARE YOU CHECKING UDDERS?

With the poor weather last year, we saw a higher number of mastitis cases within the practice.

Hopefully, you will have screened your ewes pre-breeding for signs of chronic mastitis, however, lumps and milk deficits may only become obvious with new lactations.

Please regularly assess your ewes and monitor for signs of hungry lambs. Affected ewes should be marked for cull and lambs will require supplementary milk feeds.