

KIDDING

One of the most important issues in rearing a healthy kid is to be sure the doe is treated correctly prior to kidding. If the doe is healthy; then, she is less likely to have problems. She is more likely to have adequate milk, and do a better job rearing, and mothering her kids.

In our part of the country, goats do better if they are on pasture, and supplemented according to stage of pregnancy, body condition, and pasture condition. If does have green small grain fields, they need mineral, salt, and maybe some dry hay to slow down that green stuff. If they are on dry winter pasture, they need more, and adequate minimum nutrition is critical to body condition. If a doe is thin, she may not make enough milk to feed her newborns. If she is too thin, she may abort her pregnancy. Use common sense, and look at the does and their condition.

Two to three weeks prior to the earliest date of expected kidding I vaccinate does with Cavalry-9, 1ccSq (a 9 way Clostridial vaccine) that has Enterotoxemia types C&D, and Tetanus, Super Poly Bac B Somnus (pneumonia vaccine) .5cc SQ booster , and worm them.

An easy way to calculate the earliest kidding date: Mark the date you put the buck in. Assuming that some doe was bred on that day, you back up 5 days, and add 5 months. So if you put your buck in on October 5th, the earliest expected day for a kid to be full term would be March 1st. Mark your calendar to do this doe care on Feb. 15th or so. This give adequate time for the doe's immune system to put antibodies in the colostrum that will protect the kids from infection until they are old enough to vaccinate.

I normally let the does do the work themselves, but invariably, there is a problem, and the real challenge is to save the kids, and the does. Hopefully, the does will rear the kids themselves.

Kidding area: I kid in a small pasture in most cases, so I can keep track of kids, and tag them at birth. Also, young first time kidders will need watching, in case of kidding problems. Short grass is preferable to long grass. If the grass is too long, kids get wet and cold with dew on cold mornings, and can become hypothermic. Young does can loose kids in pastures that have grass that is too long. They should have access to shelter. Cold wet weather is responsible for more kid deaths than any other factor than worms. Nothing is worse in my opinion than kidding in a cold rain.

THE CHILLED KID

In winter, cold and especially cold wet conditions can cause hypothermia in the newborn kid. A newborn's life depends on two things: Getting warm, dry, and getting energy (nursing) to survive. If that kid can be out of the wind, a full belly will go a long way toward it's survival.

FLAT COLD KID

If possible, I put the kid in a jumbo zip-lock bag, with its head out, then immerse the kid's body in hot (110-115 degrees) water. The normal temp for goats is 102-103, so water any cooler than 110 feels cold. Do not get the kid wet, as this washes away the maternal birth odor, and may cause mis-mothering, by a confused doe; that doesn't recognize the new kid, because the odor is gone. I have put a wet chilled down kid in the floor of the truck, and turned the heat on high, with the blower on the floor. A kerosene heater, commonly used in barns and shops will dry one out quickly. Heated towels, or frozen packs warmed in the microwave may be used to warm a kid. If this method is used, be sure to put one hot pack on the kid's head to wake up his brain. He will respond faster. I give the kid 3-5cc of 50% dextrose by mouth before I put it in the hot water, and usually the kid will start 'squeaking' in 10-15 min. Once the kid is moving around, and making more noises, I tube feed it with 2 oz of its own dam's colostrum.

ENERGY:

As soon as the kid is warm enough to wake up, I put it with the doe, so she can mother it. A stall that is dry is usually enough, as long as out of the wind, but some people use heat lamps. I never remove a kid from its dam any longer than necessary to make sure it can survive. If necessary, I tie the doe, and help the kid to nurse. Once the kid knows how to find the teat, it will have a good chance of survival. Cold kids often do not have much suck reflex. If you tickle the kid's tail, you stimulate the suck reflex, and the kid should root around to hunt for the teat. I usually tickle the tail, then hold the kid to the teat, put the teat in its mouth, and milk a little colostrum into the mouth. Most kids will begin to suck, even if it can't stand long. Check to be sure the kid is nursing every few hours. A hungry starved kid is usually humped, hollow, and its tail is down.

Check the doe's udder to be sure the teats are open. Occasionally, there is a wax plug in the teats that prevents the kids from nursing. You will have to milk that wax plug out. Always assess the udder: Is it soft, and pliable? An udder with mastitis may be hard, or have hard areas. The milk may smell bad, or be abnormal in appearance, with blood in it. If so intervention will be necessary immediately to supplement kids, and treat the infection.

Starvation is a major reason for death in a newborn, and some of these chilled down kids are 'dummies'. If kids are born in extreme cold, getting the kid to nurse immediately is the best possible scenario. I put the doe in a stall, and get the kids on the teat immediately. The suck reflex is very strong within the first 15 minutes of life, so if that kid fills its belly, or at least sucks some, it has a chance of survival with no other intervention.

If a kid is so cold that it is a 'dummy', I usually give it 500mg Thiamin, and 2cc of Penicillin orally, and then 5cc of 50% dextrose oral. This will get the dummy un-dummied pretty fast.

Some people recommend iodine on the umbilicus at birth. I do not do this, as I usually kid in the pasture, and once that umbilicus touches the ground the Iodine is too late. The worry is "navel ill". In 27 years, I have had 2 cases of Navel Ill, and no iodine was used.

Navel ill is an infection that invades through the umbilical cord at birth. The best preventative is kidding on clean ground. Dirty barns or lounging areas are the primary vector for infection of all types. The infection invades joint of the knees and hocks causing edema (swelling) and the kid is painfully crippled. I have posted kids that died of navel ill, and found pus around the heart that was as hard as semi soft plastic.

If the kid with joint ill is not treated aggressively, and promptly, it is permanently stunted, and crippled.

GRAFTING KIDS

There are several methods which work. I like to use a dark room. I tie the doe, and allow the kids that need a mother to fill up on her milk. I put the doe and kids in the dark area, and make sure the doe has as much alfalfa, and feed as she can eat. The light needs to only be 3-5%. The doe needs to only have enough to barely see the feed, hay, and water. I usually catch the doe, and tie her at least twice a day, to allow the kids to fill up. It usually takes only 24-48 hours for the doe to decide the kids are hers. The smell from her milk comes through, and she is isolated in that dark room with no other company. Goats are herd animals, and if the only company she has is that set of kids, she will bond faster to them. After all, there are 'goat eating monsters' in the dark.

Another method that works: you have a dead kid, and a doe that needs a kid, so you decide to graft a triplet to the doe with no kid. The dead kid can be skinned, and the hide put on the graffee. I usually cut the head and legs off of the hide, but leave the tail. I make slits in the hide to put the kid's legs through. Put the kid with the doe that will be it's mother, and if necessary, tie her until the kid is full.. Usually, it only takes 24-48 hours for complete bonding to take place. I then remove

the hide, and leave them penned for at least another day. If there is a kid already on the doe, taking some of the colostrum feces from her kid, and smearing it on the tail area, belly, and a stripe down the top of the head of the grafter, will help with bonding

FLOPPY KID

Floppy kid syndrome usually occurs between 3 days and birth. I have seen it occur in kids only a few hours old, and kids as old as 3 weeks. Rarely do I see it in kids older than 3 weeks..

I have seen it in dam raised as well as bottle raised kid. I have seen it in pasture raised kids, and kids on Rumensin feed with their dams.

If caught early, it is very easy to cure.

I see it most often when the mornings are cool and damp, and then the day warms up by 10 am or so. It can occur any time of the year, but I see it most frequently in spring. I have rarely seen a floppy case in winter.

First symptoms are a wobbly, ataxic drunken type gait. If you see a kid crossing his back legs as he travels, he likely has floppy. He may walk or run a few steps, and stumble or fall. Often, I see the kid eating dirt (pica), before it actually comes down with floppy kid. Often the kid has a wet or damp nose, and may have a respiratory rattle. Floppy kid is often mistaken for pneumonia. Dam reared kids usually look hollow and hungry. The kid will approach it's dam, and attempt to nurse, but simply can't. The doe may be standing over her kid with a distended udder. Often, a comatose kid with floppy is mistaken for a starved kid, and tube fed. These kids and bottle kids have a belly full of milk, and sound like they are sloshing. Peristalsis ceases (the gut shuts down), and the milk does not move down the digestive tract. Bloat can also be a miss-diagnosis for floppy kid. I usually give at least 10cc of Pepto to kids that look bloated.

Thiamin and glucose are responsible for the electrical signal going from brain to body part (autonomic as well as voluntary systems). The electrical signal travels from cell to cell through glucose and thiamin. If there is thiamin deficiency, then all systems gradually shut down. Voluntary muscle function stops first, then the autonomic system also ceases, death occurs.

These kids become lethargic, unable to stand, nurse, and hold their heads up. If not treated quickly, they die. Any time a kid stops nursing, and becomes flat, floppy should be suspected.

TREATMENT:

I treat with 500mg thiamin and 2cc longacting Penicillin orally in the same syringe, once a day for three days. Penicillin does not work systemically, but topically to kill bacteria that are causing the problem in the gut. If the floppy is caught early, the kid will usually stand and nurse in 6 or so hours. If the kid is semi comatose; or, comatose, I give 5cc of oral 50% dextrose. If the weather is hot, and the kid is dehydrated, I give 15cc water, or electrolytes mixed with 5cc of 50% dextrose orally. Keep the kid in the shade if it is hot, and warm if it is cold. If the kid is flat, prop it up on it's brisket, do not allow it to lay flat. Do not tube feed, or give a bottle for at least 6 hours after the first dose of thiamin, and the kid is up and around. If it nurses it's dam, it is ok to do so, it won't nurse until it can.. On day two, the kid will probably be back almost to normal. On day three, it will be hard to catch. On day 4 I recommend a dose of live probiotics to re start the gut.

For pasture kids found without the dam present: I move the kids to the water lot, in the proximity of the water trough, to treat them. Their dams should be able to find and identify their kids.

ENTEROTOXEMIA

A kid that bloats suddenly cries out in pain, stands humped: Suspect Enterotoxemia.

Vaccination of the dam 2-3 weeks prior to kidding should prevent this, but no vaccine is 100% effective, and not all animals have the same immune system.

This is an emergency. I treat with Pepto Bismol 15-30cc orally (depending on body weight). Pepto has an antacid, an antibacterial (bismuth), and an anti-gas product. I also give a kid 5-7cc Sq of CD Antitoxin SQ, 5-7cc SQ of longacting penicillin, 5-7cc orally of Penicillin(to topically kill bacteria in the gut), and Banamine 1cc/100lbs IM a one time dose. I usually see improvement very quickly. Repeat the Penicillin SQ and CD antitoxin on day two. The first symptom of Enterotoxemia is usually death. If you see the beginning of the symptoms, you have a better chance save the kid.

BOTTLE FEEDING KIDS

Be sure milk replacer used has milk protein as a first ingredient. Measure milk powder separate from water, or scouring can occur. Start young kids off with 6-8 oz 3-4 times a day. Increase time interval between feedings, and increase volume. I add Calf Pac (an excellent live probiotic product) to one bottle per day, and make sure bottles, nipples, etc are clean.

I also give 2cc Polyserum SQ mixed with 3cc CD antitoxin to all bottle kids every 10-14 days. Bottle kids nibble at the ground and everything else, and it dose not matter if the dam was vaccinated, they are more susceptible to Enterotoxemia and to Pneumonia than dam reared kids.

SPRADDLE LEGGED KIDS

This is most often seen in triplets, but can be seen in any birth number. If your area selenium deficient, give the dose for your area, plus 400 IU of vitamin E oral per day for 5-7 days. E and selenium are synergistic, and both must be present in adequate amounts for either to work. Some kids will stand in hours, and some may take several days. They are usually weak on back legs, but all legs can be affected. We are not selenium deficient in our area, so I give 400 units of vitamin E per day and that is all it takes. I use the people product, and just puncture the capsule then squirt in the kid's mouth. Injectable products have too much vitamin A and not enough E to be useful in a baby kid.

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