

**Periparturient Conditions of Ewes and Does**  
**Kevin D Pelzer DVM, MPVM**  
**Virginia Maryland Regional College of Veterinary Medicine**

**Ringwomb**

Definition: failure of the cervix to dilate at parturition.

Cause:

- a) failure of secretions of hormones that control labor
- b) failure of tissue response to hormonal secretions

Epidemiology:

- a) Highest occurrence is during the last 2 weeks of February
- b) Usually observed in multiparous ewes carrying multiple fetuses, majority of cases occur in ewes 2 years of age or older
- c) Usually occurs at the expected lambing date or the ewes are up to 2 weeks past the expected lambing date.

Clinical presentation:

- a) No noticeable swelling of the vulva or loosening of the pelvic ligaments.
- b) Early signs: labored breathing while lying down and abnormally large amounts of thick, clear, vaginal mucus discharge during the last 3 weeks of gestation.
- c) Usually do not show signs of first stage labor.
  - Do not seek isolation from the rest of the flock.
  - Continue to eat.
- d) Udder development is slow but normal.
- e) Appearance of fetal membranes without signs of labor
  - although may see straining in some cases
- f) Vaginal exam findings: undilated cervix, can insert 1 or 2 fingers through the cervix into the uterus.

If left alone for several hours, no change occurs.

In nonproductive labor, cervical ring starts to close 2 –3 hours after partial opening.

g) Spontaneous labor will occur after the fetus dies, usually 48 hours after the onset of labor. Fetuses are dead and rotten.

h) Most cases ewe will breed the following season.

Consecutive cases of ringwomb usually doesn't occur

Treatment:

- a) Administer Penicillin
- b) C- section
- c) If truly ringwomb, dilation of the cervix usually will result in rupture of the cervix/uterus resulting in peritonitis and death.

Causes

Appears to be in many cases an inherited condition of a recessive gene

- appears in bloodlines

- determined by the genotype of the fetus

Prevention:

- a) Cull affected ewes
- b) Cull females from affected ewes
- c) Cull service sire

**Prolapsed vagina** – more of a problem in ewes than does.

- Causes – poor quality feeds, have increased rumen fill to meet energy demands and the vagina is pushed out due to intraabdominal pressure. Phytoestrogenic forages such as legumes may cause laxity of the vaginal supportive structures resulting in prolapse. Body condition score less than 2 and above 3.5 . Overcrowding at the feed bunk which causes increased abdominal pressure. Previous history of vaginal prolapse or previous trauma during parturition.

- Treatment – replace the vagina after cleaning with a mild soap. Epidural is helpful in replacing and keeping the vagina in place. May administer a NSAID for pain and inflammation. Antibiotics may be indicated depending on the integrity of the cervix and vaginal wall. Can place a purse string suture around the vulvar lips similar to the Buehner Technique in cattle. A “ewe saver” a plastic prolapse retainer may be used. The spoon shape blade is placed in the vagina and the ends of the retainer are tied to tags of wool. The ewe can lamb over the retainer.

Prolapse Truss. Using a harness method, a piece of twine or small rope is doubled over. The midpoint of the rope is placed on top of the neck’s base. The ends of the rope are crossed over and passed between the two front limbs. The ends are brought up under the elbows, over the ribs and then crossed over the back of the ewe. The ends are then passed between the udder and the hindlimbs and carried back up and crossed over in the area of the vulva. The two ends of the rope are then tied to the rope where it crosses the back. The pressure that the rope applies to the back and the area of the vulva will prevent the ewe from straining, keeping the vagina in place.

Need to break the cycle of straining with epidurals or NSAIDS. Some ewes will continue to strain resulting in death of the lambs and absorption of toxins. These ewes need a c-section, guarded to poor prognosis.

**Uterine prolapse** – may occur several days after parturition. The uterus is cleaned off and the ewe/doe’s hindquarters are raised and the uterus replaced. Pouring 5 gals of water into the replaced uterus will help ensure the tips of the horns are unfolded. Antibiotics should be given as well as 20 IU of oxytocin. Purse string suture around the vulva is optional. Check tetanus status and booster if necessary.