

Milk Fever

NOT a fever

Also known as hypocalcemia, lambing sickness, and parturient paresis

Milk fever is a metabolic disease affecting periparturient females. It is caused by a deficiency of calcium in the blood. The deficiency can be triggered by a variety of factors including insufficient calcium intake, increased calcium requirements, or inability of the ewe/doe to mobilize calcium from their bones. Milk fever can occur anywhere from 6 weeks before to 10 weeks after parturition but occurs most commonly in late gestation (unlike cows). It may affect individuals or a percentage of the flock/herd.



Symptoms

- Sudden onset
- Lethargic, lags behind
- Ataxia
- Abnormal postures
- Rapid breathing and foaming
- Progressing to bloat
- Recumbency
- Death possible

Treatment

- Slowly administered IV injection of calcium solution (response is usually rapid)
- Early cases can be given calcium orally or via subcutaneous injections.

Prevention

- Proper nutrition during periparturient period
- Sufficient and balanced intake of calcium and phosphorus (2:1)
- Adequate vitamin D in diet
- No sudden changes in diet
- Avoid stress

Sheep vs. goats

In sheep, the highest requirement for calcium is during late gestation, due to fetal growth. Thus, ewes carrying multiple births are most at risk for milk fever. In goats the highest requirement is during early lactation. High producing dairy

does are usually at the greatest risk for milk fever.



Differential diagnosis

Pregnancy toxemia (low blood glucose) is a differential diagnosis.

The two diseases may occur concurrently. A tentative diagnosis can be made based on the response to calcium administration. Diagnosis can be confirmed by testing serum calcium concentration.