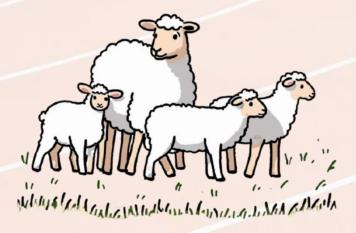
GETTING READY

FOR LAMBING AND KIDDING



Due to the demands of fetal growth and milk production, **extra nutrition** is needed during late pregnancy, especially for ewes/does carrying multiple fetuses. The female's rumen capacity is also decreasing, making a more nutrient-dense diet required. This usually involves feeding some grain, especially in high producing flocks/herds.



Selenium (Se) and vitamin E are both critical nutrients during late gestation. Low levels of selenium and/or vitamin E are associated with poor reproductive performance and retained placentas. A selenium and/or vitamin E deficiency can cause white muscle disease in lambs and especially kids. Since selenium is passed from the placenta to the fetuses during late gestation, it is important that enough selenium be in the late gestation diet. Dietary supplementation is preferable to injections (Rx).

Lambing/kidding is the most important time of the year on a sheep/goat farm. For the sheep and goats, too. So, it is important to be prepared. Preparations include managing and feeding properly during late gestation, getting facilities ready, and gathering necessary supplies.



Calcium intake is important in late pregnancy. Calcium requirements increase throughout pregnancy for goats and peak for sheep in late pregnancy. Milk fever can be caused by not enough calcium in the diet (sheep) or too much (dairy goats). Legume hays and limestone are good sources of calcium. Phosphorus is also important.

Vaccinating ewes/does for clostridial diseases (with CDT or Covexin™-8) in late pregnancy will maximize the immunity lambs/kids receive via colostrum.

Ewes/does should be vaccinated 4 to 6 weeks before their due date. Lambs/kids should receive their first vaccination at 6 to 8 weeks of age.





Daily **exercise** is recommended for pregnant ewes/does. "Fit" females have fewer birthing problems. You can get ewes/does to exercise by separating their feed, water, and/or mineral feeders.



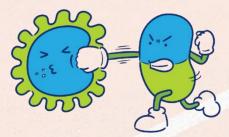
Approximately 70 percent of fetal growth occurs during the last 4 to 6 weeks of pregnancy.

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Ewes/does suffer a temporary reduction in immunity to internal parasites (worms + coccidia) around the time of lambing/kidding. Their higher egg counts become the primary source of pasture contamination. There are numerous strategies for coping with the periparturient egg rise. It is no longer recommended that all periparturient females be dewormed. Targeted selective treatment is now advised.

It is important to minimize the stress of pregnant females. There are many potential sources of stress including weather, change in diet, handling, predator worry, transportation, and introduction of new animals to a stable group.



You can feed antibiotics to ewes in late pregnancy (VFD) to help reduce vibrionic abortions caused by Campylobacter fetus infection.

It might be a good idea to feed a **coccidiostat** (Rx) to females during late pregnancy. It should reduce the number of coccidia oocysts being shed into the environment. It can also help to prevent abortions caused by toxoplasmosis.

It is recommended that (wooled) ewes be sheared prior to lambing, though not too close to their due date. Four to 6 weeks before lambing is a good target for shearing. Crutching is an easier alternative. It involves removing wool



The birthing barn or area should be cleaned and/or freshly bedded in preparation for lambing/kidding. The drop area should provide 12 to 14 square feet per ewe/doe. Females and offspring are usually put into individual pens (called jugs) after birthing is complete. The general rule of thumb is to have 1 jug per 10 females, more if birthing is more concentrated. The size of the pens varies by the size of female and number of offspring, but 5 ft. by 5 ft. is common. Use a clean, well rested pasture for pasture lambing/ kidding, with access to some sort of shelter. Have jugs available for females with problems. Lambs/kids can be gathered every few weeks for marking.



Some of the supplies you should have on hand at the time of lambing/kidding are a rectal thermometer, latex gloves or OB sleeves, OB lubricant, esophageal feeding tube, prolapse harness (and/or retainer), halter, bottles and nipples, needles and syringes, Your medicine cabinet should have navel dip, antibiotics, propylene glycol, calcium borogluconate, 50% dextrose, and Bo-Se®(Rx). Be sure to get some colostrum (and/or a colostrum replacer), and species-specific milk replacer ahead of time.