

CLIENT EDUCATION HANDOUT

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NEONATOLOGY IN CAMELIDS

Overview

Neonatology is the study of all the physiological and pathological processes that occurs in the first 3 weeks of life. The neonate has to quickly adapt to the extra uterine life after birth. Any abnormalities during the process of fetal development, birthing or in the first few hours after birth expose the newborn camelid to host of complications. The majority of neonatal losses occur in the first week of life with close to half of the losses occurring in the first 3 days of life. Most neonatal losses are due to congenital defects, complications due to difficult birthing (asphyxia) or inadequate protection (nutrition, and exposure to infectious agents). Prevention of neonatal losses requires good management of the expecting dam, good practices for assisting delivery and an initial examination and care of the neonate and the dam.

Species and Animal Groups Affected

Newborn camelids less than 3 weeks of age.

Some diseases encountered later in life may stem from neonatal disorders

Signs

Healthy camelids should be able to stand and nurse within 2 hours of birth. They should have a heart rate of 80 to 120 beats per minutes after birth and 60 to 100 bpm after a few hours. They should produce urine and pass meconium within the first 12 hours of life. Birth weight should be adequate for the species and breed.

Inability to stand is generally due to poor oxygenation due a difficult birthing, prematurity or severe congenital defects.

Premature animals are recognized by their appearance (floppy ears, silky hair coat, lax joints, and lack of suckling reflex)

Neonates with severe congenital defects may show open mouth breathing, rapid respiration and rapid loss of tone.

Neonates may appear healthy initially but then crash due to lack of energy (inadequate colostrum intake or abnormal gut function).

Signs of septicemia include injected mucous membranes, diarrhea, inflamed joints or navel.

Causes

Causes of neonatal compromise or loss include: prematurity, dystocia, failure of passive transfer.

Risk Factors

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Abnormal pregnancies, abnormal parturition, inadequate lactation, unsanitary birthing conditions.

Treatment

Normal healthy neonates should be monitored for behavior and adequate colostrum intake in the first 12 hours of life. Neonates that are not able to nurse on their own or whose dam does not have adequate colostrum production should receive another source of colostrum.

Any neonate that is not displaying normal behavior should be immediately presented to a veterinarian for further evaluation.

Neonates that are straining should be evaluated and treated for meconium retention

Compromised neonates may need additional therapies such as plasma transfusion, antibiotics and fluid therapy

Management Considerations

Proper management of pregnant females: adjustment of nutrition for pregnancy demands, proper vaccination in the last 6 to 8 weeks of pregnancy, proper parasite control.

Pregnancy length is extremely variable, females should be monitored of external signs of approach of parturition (development of the mammary glands, relaxation of the pelvic ligaments).

Provide a clean are for birthing.

Have a protocol for initial care of the neonates: Record weight, temperature, respiration, colostrum intake. Weight should be recorded daily for the first 10 days.

Make sure that the neonate receives adequate quantity and quality of colostrum (check IgG).

Have colostrum replacement on hand.

Owner should be familiar with signs of birthing and duration of each stage of labor. Because of the type of placentation any complication during labor becomes an emergency. Avoid spending too much time trying to resolve a dystocia

Call a veterinarian if labor is not progressing normally or if the neonate does not follow the normal physiological adjustment after birth

Expected Course and Prognosis

Prognosis is very favorable if problems are detected and addressed early. Severely compromised neonates require hospitalization and intensive care. Severe congenital defects have poor prognosis and humane euthanasia should be considered.

Notes

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Blackwell's 5-Minute Veterinary Consult: Ruminant 2nd Ed.

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