

DIAGNOSIS AND TREATMENT OF VARIOUS TYPES OF DYSTOCIA

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Dystocia due to abnormal presentation, position and posture of the foetus:

Different types of abnormal presentation, position and posture of foetus in anterior and posterior presentation are as given under:

1. In Anterior presentation :

- Dorso ilial / Dorso pubic position
- Deviations of head and neck
- Deviations of fore limbs
- “Hip lock”(Interlocking of maternal and foetal pelvis)
- “Dog sitting” posture (forward extension of hind limbs beneath the foetal body)

2. In Posterior presentation:

- Dorso ilial/ Dorso pubic positions
- Deviations of hind limbs
- “Breech presentation”(Complete retention/ extension of the rare limbs beneath the foetal body)
- “Hip lock” (in normal posterior presentation)
- Lateral deviation of head

3. In Transverse presentation/ Bicornual presentation:

- Transverse ventral presentation
- Transverse dorsal presentation
- Compound/ Rotated bicornual pregnancy

Factors causing dystocia due to transverse or bicornual presentation :

These are:

- (a) **Primary factors:** such as pregnancy in either horn; e.g. Mare, dog and commonly in cattle.
- (b) **Secondary factors:** that is at parturition the foetus at longitudinal presentation may deflect into opposite horn across the pelvic inlet. e.g. Sheep, cattle, dog and commonly in cat.

Important information: When a foetus wedge in the birth canal, the next foetus may forced into opposite horn across the pelvic inlet.

4. Foetal disposition causing dystocia due to the umbilical cord and placenta

Diagnosis and treatment:

Different types	Diagnosis	Treatment
A. Anterior presentation	1. Dorso-ilial/ Dorso pubic positions	Feeling of dorsum of the foetus to ilium/ pubis of dam A. 1. Forceps/ Manual grip 2. Manual/ mechanical rotation of foetus to dorso-sacral position 3. Forced extraction B. Foetotomy/ Cesarean section
	2. Deviations of Head and neck	* Fore limbs can be palpated * Right limb is less advanced (in right lateral deviation and vice versa) * Head- not palpable A. 1. Epidural anaesthesia 2. Repulsion at base of the neck; correction of head (holding at muzzle/ nostrils/ jaw by other hand). 3. Forced extraction if necessary.
	3. Deviations of forelimbs	* Fore limbs: not extend along with the head/ muzzle resting on the fetlock and hoof instead on the metacarpal bones/ * Elbow joints lie along side of thorax * Olecranon process of ulna are impinged at pelvic brim 1. Forced extraction of fore limbs (after cording the head) 2. If necessary (in severe forms)- secure the head & fore limbs and repel the foetus forward in the uterus.
	4. "Hip lock"	* Only head, fore limbs and a part of thorax extend through the vulva. A. In case of live foetus: Traction in an arc-like curve/ <i>first backward then downward</i> B. In case of dead foetus : Foetotomy
	5. "Dog sitting" posture	* Feeling of hind limbs alongside the foetal abdomen entering pelvic cavity. A. * Repelling hind limbs into uterine cavity. * Forced extraction. B. Foetotomy
	Mare: Large mare with small foetus	Mutation and forced extraction
B. Posterior presentation	1. Dorso-ilial/ Dorso pubic positions	Feeling of dorsum of the foetus to ilium/ pubis of dam A. Lubrication of birth canal confirm before correction: torsion of uterus B. 1. Rotation to dorso-ventral

	2. Deviation of hind limbs	- Feeling of flexed limb at tarsus - Hock-flexed posture at below or cranial to the pelvic cavity	Mutation: - repulsion of foetal buttock: cranial to one side - Grasping : flexed-hock - Repell forward & laterally into opposite flank and - Pull the foot cranially and medially through the birth canal. Gaurding of hoof or claw cupped in hand to avoid laceration to birth canal is essential
	3. Breech presentation	Feeling of only buttock and tail in pelvic cavity ; hanging of tail tip from vulva – occasional	A. Epidural/ general anaesthesia B. Mutation - Grasping- cranial aspect of tibia - Pull the foetal leg into “hock-flexed” - Hind quarter repell to forward and upward - Pull the foot – caudally & medially through birth canal Guarding of hoof or claw – to avoid birth canal laceration
	4. “Hip-lock”	Feeling of hind limbs lying in the birth canal	A. - Lubrication of birth canal - Repulsion - Traction to one or two rare limbs at a time & - Rotate and twist the hip as traction applied B. Foetotomy or cesarean
	5. Lateral deviation of head	- Hind limbs in birth canal - Feeling of muzzle or head lateral to the body of the foetus	A. - Mutation - Traction (moderately) B. Complete foetotomy.
C. Transverse presentation / Bicornual pregnancy	1. Transverse Ventral presentation	Head and varying no. of limbs present in the pelvic inlet	A. Epidural anaesthesia B. Conversion of posterior longitudinal (preferably) with dorso-sacral position. - Traction of hind limbs - Repulsion of cranial extremity - Dorso-sacral position - Gentle traction C. Foetotomy (carefully)

	Occurrence of “wry neck” with transverse ventral presentation is common in case of equine foetus		
	2. Transverse dorsal presentation	- Feeling of foetal back, withers, mane (In fole), lumber region, ribs in pelvic inlet - Head and limbs out of reach	A. Version of foetus into posterior presentation - raising the hind quarter - Pulling posterior limbs into birth canal - Forced extraction B. Foetotomy
	Occurrence in ruminant and carnivora: Due to sharp angle at which two horns leaves the body		
	3. Compound/ Rotated bicornual pregnancy	- Feeling of elongation of birth canal - Feeling of dorsum of the foetus - Feeling of foetus like ectopic pregnancy	Immediate cesarean operation
Dorsum of the foetus becomes ventral and vice-versa, foetal legs point cranially; rotation of pregnant uterus: 180 degree.			
D. Dystocia due to umbilical cord and placenta		- Cord being wrapped around extremity - Thick amnion	- Cutting of umbilical cord and make free foetal extremity - Incision to amnion

