

Brand New Kids

By Maggie Leman

Holy Cow! We have babies! Aren't they just adorable? As they are working on getting their legs under them and propel themselves towards their first meal you can look for abnormalities. Are the legs reasonably straight? Does the head look symmetrical, no cleft lip or palate? Are they equipped with an anus? More than likely lively kids have everything they need for a long and healthy life. Have you checked yet? Is it a boy or girl?

Take a moment now if you haven't done so and check to be sure the doe has milk and that the teat plug is expelled from the teat opening. Milk a squirt or two from each teat. This is not really milk but the vital fluid called colostrum. It contains the nutrients and antibodies the kids need to survive. Is it sticky and yellowish? It should be. No clumps or bad odor? Good! Is the colostrum thicker than milk but not so thick as to be difficult to milk or suck out? Great, she is all set to feed her kids. The first kids should nurse within 30 minutes and no more than an hour of the last kid being born. Some does are reluctant to nurse before they pass the placenta (they are still having mild contractions). Sometimes kids can be urged to suckle while the doe is still lying down and a teat is conveniently exposed. We often feed newborns their first meal by tube feeding colostrum to buy some time and let mom recover at her own rate.

A first time mom may take to mothering right away and actually encourage her kids to come under her and search for a teat. But sometimes she is so curious about what the kid is doing back there she keeps turning to look at and lick the kids, inadvertently preventing them from finding a teat and suckling. Gently hold the doe against a fence or wall and guide the kid underneath facing the udder, scratch the kid on the tail and back end like mom would do to nuzzle it and the kid's instinct will usually make it the start seeking a teat. Remember when you milked out a little colostrum to be sure the udder was ready to go? It left a scent that to the kid says "dinner". Once a kid has found a teat on its own it will be able to find it whenever he feels the urge. Mom will also find the sensation of the kid nursing to be pleasant. It releases hormones to help her uterus return to normal and relieves the pressure of a full udder.

At about 10 hours old we give each kid an enema unless it is clear that the first feces, called meconium, has been passed. If the kid's feces are yellow, then the meconium has passed and the kid's digestive system is fully functioning, and no enema is needed. The meconium is the dark black to dark green sticky tar like feces that is the left over cellular debris from the developing digestive tract. These should be passed within this time to insure the digestive system starts moving and functioning properly. Kids can die from the complications of being constipated. If the meconium is not passed and the newborn becomes constipated, they soon get sick and stop feeding although they may "go through the motions" at the urging of their dam. The digestive system stops moving, setting them up for enterotoxemia, a digestive disease that is very painful usually fatal. They will appear bloated and will lay off to themselves often flat out trying to relieve the pressure that is building. They get too weak to defecate, become dehydrated and hypoglycemic (low blood sugar) from not eating. They become cold and soon die. This happens all because they became constipated. So we like to be sure they learn the joys of pooping at a very early age.

To give an enema we use a teat cannula or small feeding tube attached to a syringe and inserted up to 2 inches into the anus, a bit of Vaseline makes this more comfortable. We give about 6 cc of warm water and lube mixed half and half. Usually the kid will have a big bowel movement within a minute or two.

If a kid has become constipated and is getting weak, we give the enema and also give SQ Ringer's Lactated fluids to help with the dehydration that is really the most critical complication. To do this you want to warm the Ringer's Lactated fluids to close to body temperature, about 103 degrees, it will feel very warm but definitely not hot. Inject 10 to 20 cc, depending on the size of the kid, pygmy or standard sized, dividing the dose in half, in the loose skin over each shoulder.

Just a hint! Normal newborn kid poop is bright yellow and can be very sticky for the first couple of days. It is usually kind of pasty too, not formed. This is from the colostrum that has a somewhat laxative effect. See Mother Nature knows that meconium needs to move out quickly too! A good coating of cooking spray on the baby's behind and tail will help keep it from sticking so bad. Do watch for kids with a big dried on glob of poop, it can block the way. Some mothers don't always clean up all of the kids. She's not being a bad mom, she just doesn't want any more poop in her mouth!

A kid with liquidy yellow feces may just have nursed too much colostrum from a high producing dam. Lots of does really get after those kids to eat and eat, sometimes overfeeding them. A dose of Kaopectate (a few cc) may help until they can regulate their consumption. If the diarrhea continues or gets worse, the kid is under 3 weeks old and is acting very sick and has a fever, it could be an infection by salmonella or E. coli. These infections are pretty rare in goats but they do occur. Scour Halt or Biosol, both piglet scour medications, can be useful in treating these infections. Give the piglet dosage. Scours after 3 weeks of age may be coccidiosis, an infection by an intestinal protozoan. The most effective medication for this is a sulfa drug, such as Albon or Sulmet 12.5% Drinking Water Solution used undiluted and given orally for 5 straight days at 1 cc per 5 pounds.