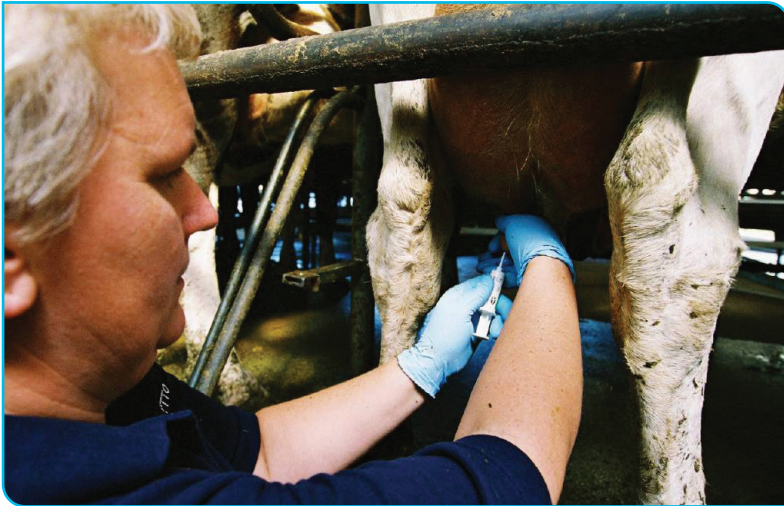


## Intramammary Antibiotic Tubes



Unfortunately, the situation with intramammary antibiotic tubes just keeps getting worse. The following products are NOT AVAILABLE, and won't be back for the foreseeable future:

**Synulox/Combiclav, Mastiplan, Multiject, Tetra Delta**

**Ubro Yellow is also off the market however this is a permanent change as they have stopped production of these tubes.**

This leaves only a small number of products on the market. Please speak to one of the vets if you have questions about what you can use and pay very close attention to the instructions on the box, and the withdrawal periods. It is worth remembering that if you use a tube differently to the instruction on the datasheet, a statutory 7-day milk with-hold must be applied as this classifies as 'off-licence' usage. If you would like to discuss mastitis treatment, give any of the vets a ring or leave a message with the office and someone will ring you back.

## Emergency Slaughter Certificates

Slaughter certificates are available to use for cases when 'an otherwise healthy animal must have suffered an accident that prevented its transport to the slaughterhouse for welfare reasons'. This means things like broken bones, dislocations or nerve damage as a result of slips/falls. For the animal to be of any value it needs to be slaughtered with hours of the injury as the damage to the tissue is significant.

The longer a cow is down and unable to stand, the more tissue is damaged due to the weight of the cow lying on the same leg. Hip-lifting – though useful for getting cows up after things like milk fever – actually leads to significant tissue damage too and can on occasion lead to the abattoir needing to trim away most of the hind-quarters, and you getting much less for the animal. We would advise ringing to check with one of the vets if a cow would be eligible for a certificate to avoid an unnecessary visit.

## BVD Stamp it Out Scheme



We are currently accepting more farms onto the BVD Stamp it Out scheme, which provides access to funding for vet visits, BVD lab testing and PI hunts. To be eligible you must attend one of the meetings below. (If you are unable to make either of these dates but would still like to join the scheme, please let the office know and we will do our best to accommodate you.)

**25 March 11am @ Wright & Morten Holly Tree Farm Office, Lower Withington, SK11 9DT**

**22 April 11am @ Wright & Morten Holly Tree Farm Office, Lower Withington, SK11 9DT**

**Places are strictly limited, call the office on 01477 571000 to book yours now.**

## Calciject for Sheep



I'm sure many of you will have heard that unfortunately Norbrook no longer produces the blue top 20% Calciject for sheep. We can currently only source green (40% Calcium only) or red top (40% Calcium + Magnesium), which are not direct equivalents to the blue top, and do not contain the same active ingredients. There are also no equivalent products in existence, so it is worth speaking to one of the vets for advice on what you can give to ewes you would normally treat with blue top calcium. It is worth noting that Ewe-go – our twin lamb drench – does also contain calcium so can be used in treating calcium deficiency as well as twin-lamb disease.

## Preparation for lambing success

Many farms will be well underway with lambing but for most sheep farms now is the perfect time to check everything has been prepared for the best success this lambing time.

A pre-lambing check at 4 – 6 weeks allows you to identify lean or overfat ewes and feed accordingly. Although care is needed not to underfeed ewes as 75% lamb growth occurs in the last 6 weeks of pregnancy. This also ties in with giving a clostridial vaccine such as Heptavac P-Plus, Covexin 8/10 or Bravoxin 10. A clostridial vaccine is recommended for all flocks. If using heptavac, it should be given as two initial injections of 2ml 4-6 weeks apart under the skin followed by yearly boosters. If the heptavac booster is given 4-6 weeks before the start of lambing the immunity in the ewes' colostrum will be boosted as well.

Leading up to lambing, continue to monitor the ewes for signs of twin lamb disease (pregnancy toxemia) and hypocalcaemia (low calcium). Treat accordingly with a propylene glycol drench and calcium (e.g. Ewe go). If you require further advice please call the office or one of the vets.

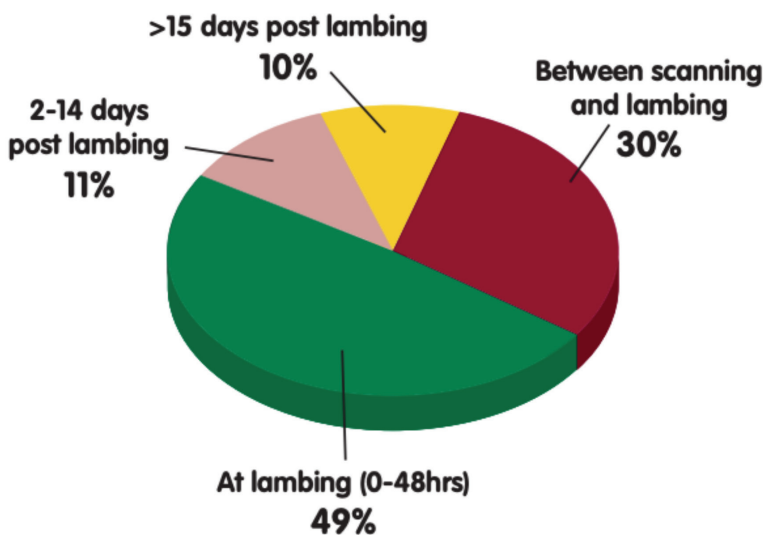
## Signs of twin lamb disease include:

- Isolated
- Does not come for feed
- Dull and depressed
- Blind
- Head pressing
- Fine muscle tremours of the head
- Weakness and recumbancy
- Death

Good hygiene is paramount for lambing success. Wearing long gloves for lambing reduces the spread of infection and risk of metritis. Dipping navels in strong iodine +/- surgical spirit asap and ensuring pens are clean, dry and draught free reduces the incidence of navel ill, joint ill and watery mouth. Disease spread can be limited by having one stomach tube for sick lambs and a separate for one for healthy lambs. Both tubes should be sterilised between uses.

Colostrum is a highly nutritious energy source that helps the lamb to maintain body temperature and is key for survival. It also contains antibodies that are vital to help protect the newborn lamb against disease. Low colostrum intake is caused by poor supply from the ewe, low birth weights, hypothermia, mismothering and multiple births.

## When do lamb losses occur (% of total losses)



Source: HCC lambing project 2010/11

All lambs must receive sufficient **quantity** of high **quality** colostrum **quickly**. They require 50mls per kg of bodyweight in the first two hours after birth and a total of 200mls per kg over the first 24 hours. All lambs should be checked for suckling in the first two hours. Average lamb birth weights are 4.5 - 6kg for a single, 3.5 - 4.5kg for a twin lamb and at least 3.5kg for a triplet depending on breed of both dam and sire. So a 5kg lamb would require 250mls colostrum in the first two hours of life, and 1L over the first 24 hours.

What are your lamb losses and why? The cost of each newborn lamb lost has been calculated at £20-£25 and this soon adds up. (See AHDB beef and lamb for more details.) Most lamb losses happen in the first 48 hours after birth. Losses from birth to turn out should be less than 6%.

If you have an abortion rate above 2% or a lower lambing percentage/high number of empty ewes despite your best efforts this may be worth investigating, as this may indicate an infectious cause (such as enzootic abortion, toxoplasmosis, campylobacter) or other disease, e.g. liver fluke.

So how successful are you? Good record keeping is the only way to know if you are improving year on year. Your medicine book is good for getting an idea of rates of disease. Identifying problem ewes (such as prolapsed, poor udders, chronically lame) by tagging them / marking them, may save you time and expense next year.

The New Zealand sheep farmers have a saying "The best shelter for a lamb is a well fed ewe" and this starts before the lamb is even born. Monitoring of body condition at tuppings, scanning (or mid-pregnancy) and lambing is vital. A metabolic check with blood samples can be used 3-4 weeks before the start of lambing to check that feeding is working for the ewes and detect risk of twin lamb earlier. As mentioned in last month's newsletter Norbrook are sponsoring nutritional profiles testing both protein and energy levels and are on a first come first served basis.

**Please ring Matt at the office on 01477 571000 or on 07816 440306**



### FARM OFFICES

#### Lower Withington

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Tel: 01477 571000 Email: [hollytree@wmvets.co.uk](mailto:hollytree@wmvets.co.uk)

#### Whaley Bridge Farm Branch

Block B, Ringstones Industrial Estate, Whaley Bridge, High Peak, Derbyshire, SK23 7PD

Tel: 01663 732564

 Like us on Facebook for up-to-date news and the latest events! Search 'Wright & Morten Farm Animal Services'