



FACTSHEET

Birthing Abnormalities

There are more problems with parturition in smallholder pigs than commercial pigs, not because there is anything wrong with their management, but pigs kept in small groups may not have such a strong hormonal pathway to initiate the correct farrowing sequence. Restraint may also be a problem, and for examination of the pig we strongly advise using a farrowing crate.

The scenarios likely to be encountered are:

- The first stage of labour has not been accomplished. The sow or gilt should be left alone and then revisited in approximately four hours. At that stage, if there have been no further developments the sow should be given an injection of prostaglandin.
- The second stage of labour has been reached but the cervix is not fully dilated. The rectal temperature should be checked for pyrexia (fever) and the mammary glands should be checked for any abnormalities. If any are found or there is pyrexia then the animal should be given antibiotics and NSAIDs. If all appears normal the animal should be given an injection of prostaglandin and revisited in four hours. If at that time there has been no further action then a very small dose of oxytocin should be given intramuscularly.
- If a piglet can be felt through the cervix, this should be drawn with gentle traction. There are polythene gloves available with small cord loops attached to the fingers, which can be useful if just the head of the piglet can be felt. Another small dose of oxytocin and antibiotics should be given.

Vaginal prolapse

This will occur before birthing, normally in the last few days of gestation. Sows will need to be in a crate for a vet to replace the organ and place a suture. This will normally be tied with a bow so that if the pig keeper thinks the sow is farrowing he or she can undo the suture without cutting it. When farrowing is complete the suture should be left in place for 48 hours and then removed. The sow should receive antibiotics and NSAIDs daily until the suture is removed. This condition is almost certain to reoccur at subsequent farrowings and so the sow should not be bred from again.

Uterine torsion

This condition is seen in parturient pigs but it is extremely rare. The sow will either keep straining and not pass any pigs or will pass some pigs and not be able to pass any more.

Farrowing fever complex often called Mastitis-Metritis-Agalactia (MMA)

This is most common problem found in parturient pigs. There are multiple presenting signs, including a slow parturition, inappetance, constipation, a hard painful udder, a failure to pass all the afterbirths and pyrexia. A vaginal examination may reveal piglets which will normally be dead and/or afterbirth. Any dead piglets and afterbirth should be removed. Treatment should include antibiotics, oxytocin and anti-inflammatory drugs. The condition is sometimes termed 'milk fever', which is unwise as it is totally different from 'milk fever' which is so common in dairy cattle. Liquid paraffin at the rate of 500 ml/day per sow on the surface of the water will help with any constipation and prevent MMA.

Problems after Birthing

vaginal discharge and/ or Metritis

This is a common sequel to parturition and will lead to the farrowing fever syndrome described above. It may also occur after mating. Treatment should be antibiotics and oxytocin by injection. If metritis has occurred after mating then sexual rest should be maintained until two weeks after all vulval discharge has ceased. Boars may transmit infection. Although penile infection is rarely seen, preventative treatment of the boar with parenteral antibiotics is of value. Local treatment with antibiotics into the sheath has been suggested; this is difficult to do, however, and probably best avoided.

Uterine prolapse

This is a very serious problem and you should notify your vet immediately. Both you and your vet must consider the welfare issues as recovery rates are not good particularly if the prolapse is older than three hours, or if handling facilities are not good. Euthanasia should be carried out if you are in any doubt of reasonable chances of recovery. In commercial pigs euthanasia is the best economic option. In the case of smallholder pigs, if there is a live litter then treatment may be attempted, but this pig should not be bred from again in the future due to the likely recurrence of this problem.

Chronic mastitis

One or more mammary glands will be large, swollen and non-productive. They are rarely painful and the sow does not appear to be ill or have pyrexia. The gland should not be lanced. If the gland ulcerates humane destruction should be carried out. If the gland does not burst and the sow is kept for subsequent breeding it is prudent to give antibiotics in a preventative manner at subsequent farrowings. Hopefully this will prevent further glands becoming infected.

Abortions, Stillbirths, Weak and Mummified Piglets

There are very many causes of abortions, stillbirths, weak and mummified piglets. Nearly all the infectious or toxic causes will cause all these manifestations, and it is the time in the pregnancy when the agent or toxin affects the sow which will determine which of these problems will occur. Common causes of these issues are listed below:

Carbon monoxide: This poisonous gas can cause abortion. Foetal tissue will be cherry red. Pigs should not be kept in garages nor should tractors be run for any length of time in pig accommodation which is poorly ventilated.

Erysipelas: This condition may cause abortions on account of the high fever shown by some animals. It also may cause abortion as a pathogen. It is regularly found in aborted foetuses. It is the most common recorded cause of abortion in the UK. There is a good vaccine available.

Leptospirosis: There are eight *Leptospira spp* which are relevant in pigs. They may cause inapparent infection but all of them have been implicated in causing abortions and stillbirths in pigs.

Mycotoxins: There is a variety of mycotoxins which will cause reproductive problems in pigs. Infection will mainly come from dirty food bins or food bags stored in damp conditions.

Parvovirus: It is spread oro-nasally and venereally. It is found in semen. It may cause early foetal death with resorption and return to service but more commonly it causes mummification of piglets and abortion.

Porcine circovirus infection: The type 2 virus which is ubiquitous will cause abortion. However it is not a primary cause of abortion in the UK. There is a vaccine available.

Porcine reproductive and respiratory syndrome (PRRS): This disease is commonly called 'blue ear disease'. The acute respiratory disease is shown in growing pigs but it is very transitory in adults which will abort. It is a primary cause of abortion in the UK. There is a vaccine available.

Salmonella: These bacteria cause pyrexia and abortions. Mainly the abortion is because of the pyrexia but sometimes the organism can be isolated from the placenta or the foetus.

SMEDI (stillbirths, mummification, embryonic deaths and infertility): This syndrome is caused by an enterovirus and is difficult to distinguish diagnostically from parvovirus.

Swine influenza: This virus disease mainly causes respiratory signs but also causes pyrexia and abortions. It is not a primary cause of abortion in the UK. There is a vaccine available.

Toxoplasmosis: In theory this protozoal zoonosis, which is harboured by cats, might cause abortion in pigs. It has only been confirmed in isolated cases.

Vitamin A deficiency: This is an extremely rare condition and therefore it is an extremely rare cause of abortion in pigs. The author has only once seen the condition in backyard pigs receiving a very inappropriate, poorly balanced diet.

Over the year we run a number of courses aimed at smallholders where we look at issues such as breeding in closer detail. Please call the surgery if you would like more information.

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