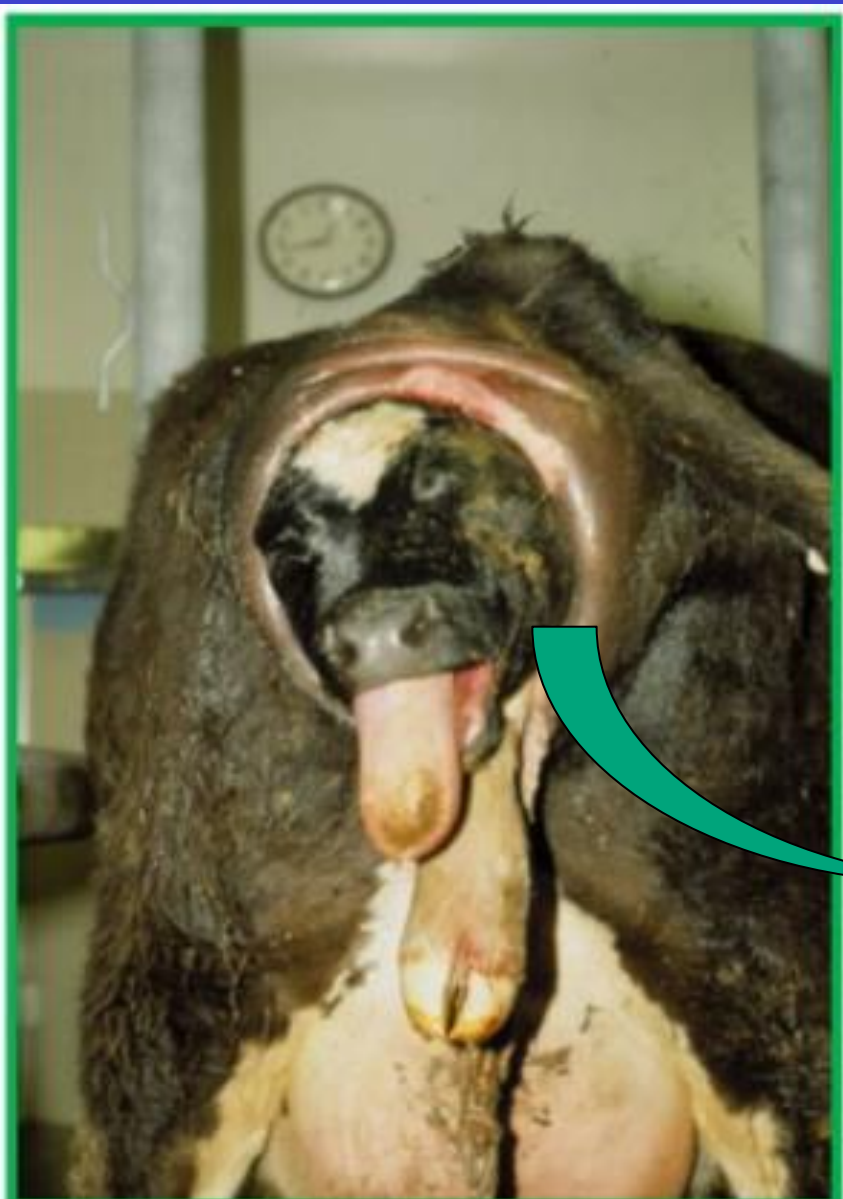


# *Fetal dystocia & fetal orientation*



Welcome Back!

# Causes of dystocia in cattle

<i>Cause</i>	<i>%</i>
Feto-maternal disproportion	46
Faulty fetal disposition	26
Incomplete cervical and vaginal dilatation	9
Uterine inertia	5
Uterine torsion	3
Cervical prolapse	3
Pelvic fracture	2
Uterine rupture	2
Cervical neoplasia	0.5
Fetal abnormalities	5

# Steps in calving assistance

After a delay in the delivery, you should:

1. Conduct a pelvic exam

- Vulva and rectum should be scrubbed and cleaned.
- Hands and arms should be clean and an OB sleeve should be worn.

2. Determine presentation, position and posture of fetus.

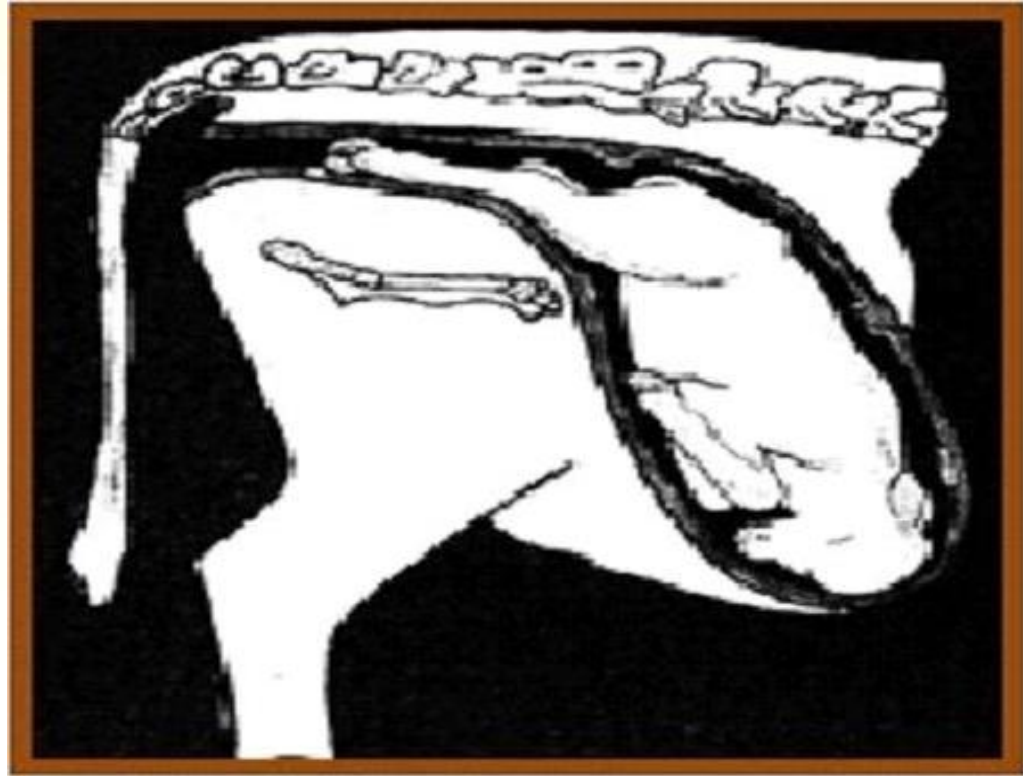
# Fetal presentation

- Relationship between the longitudinal axis of fetus & dam
- Normal presentation:
  1. Anterior longitudinal present. in which head and two fore limbs detected in the vagina.
  2. Posterior longitudinal present. in which two hind limbs and tail detected in the vagina.

# Normal Presentation



**Anterior long.**

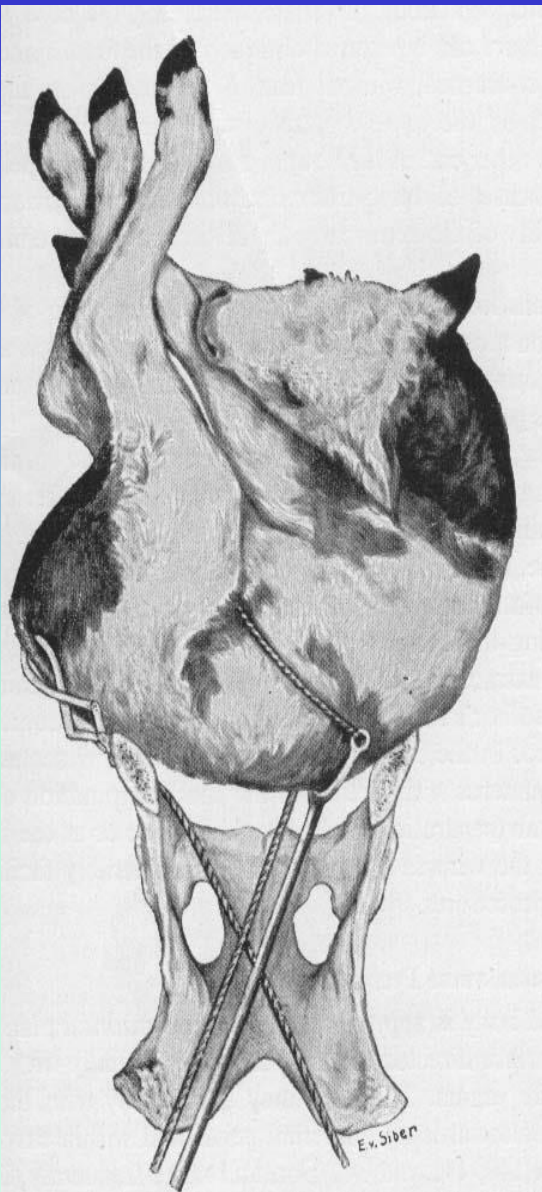


**Calving;** Posterior Longitudenal Presentation – Dorsosacral Position – Normal Posture

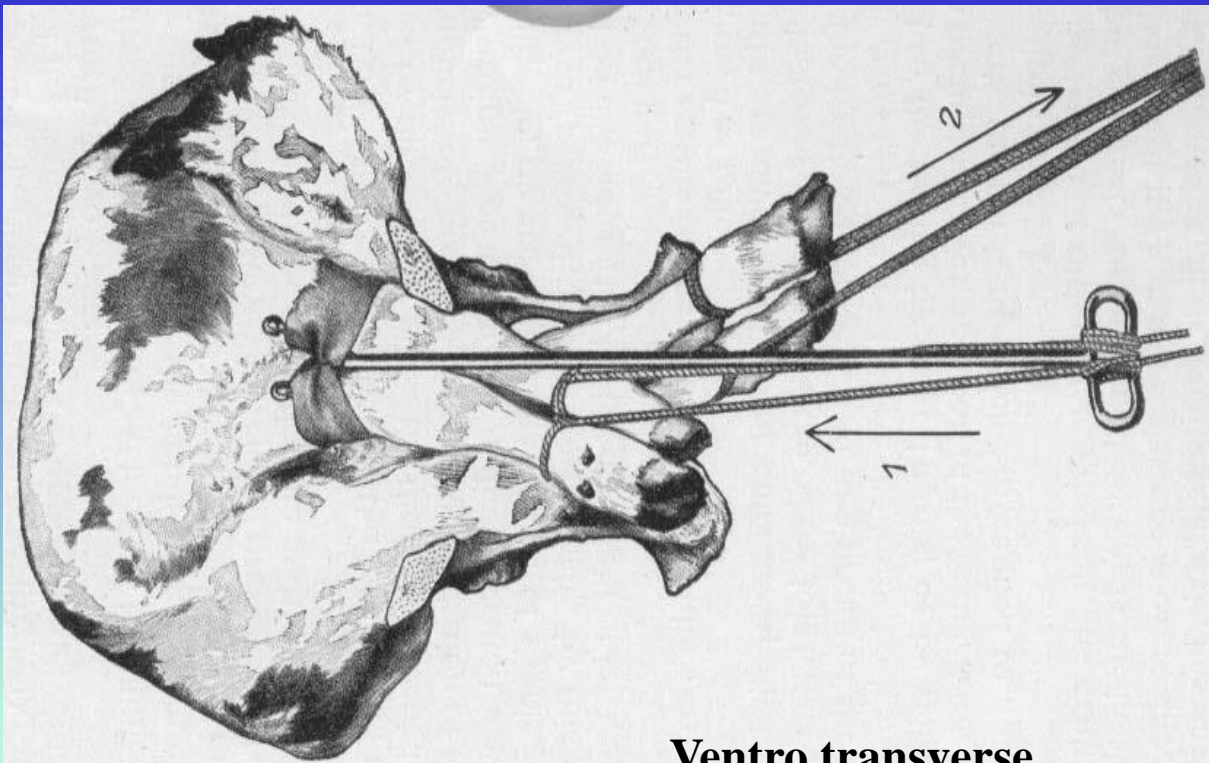
**Posterior long.**

# Abnormal presentation

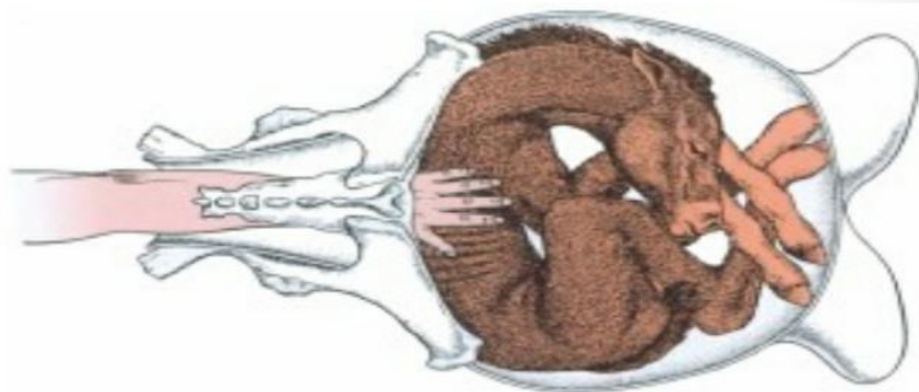
- **Transverse present.**
  1. Dorso transverse in which the back (dorsum) of the fetus facing the pelvic inlet of dam.
  2. Ventro transverse in which the abdomen (ventrum) of the fetus with the four limbs facing the pelvic inlet of dam.
  3. Latero transverse in which the lateral side of the fetus facing the pelvic inlet of dam.



**Dorso transverse**



**Ventro transverse**



**Dorso-Transverse Presentation**

- **Vertical present.**
- Unusual in cow and occasionally in mare & (ventro vertical) is the more popular.
- **Dog setting position:**  
in which fetal head, neck, fore limb in pelvis also, both hind limbs lodged (rested) on the pelvic floor.



**Calving; Anterior Longitudinal Presentation – Dorsosacral Position – Dog-setting Position**



**Dog Sitting Position**

**If you have time:**

**Presentation:** Anterior Longitudinal

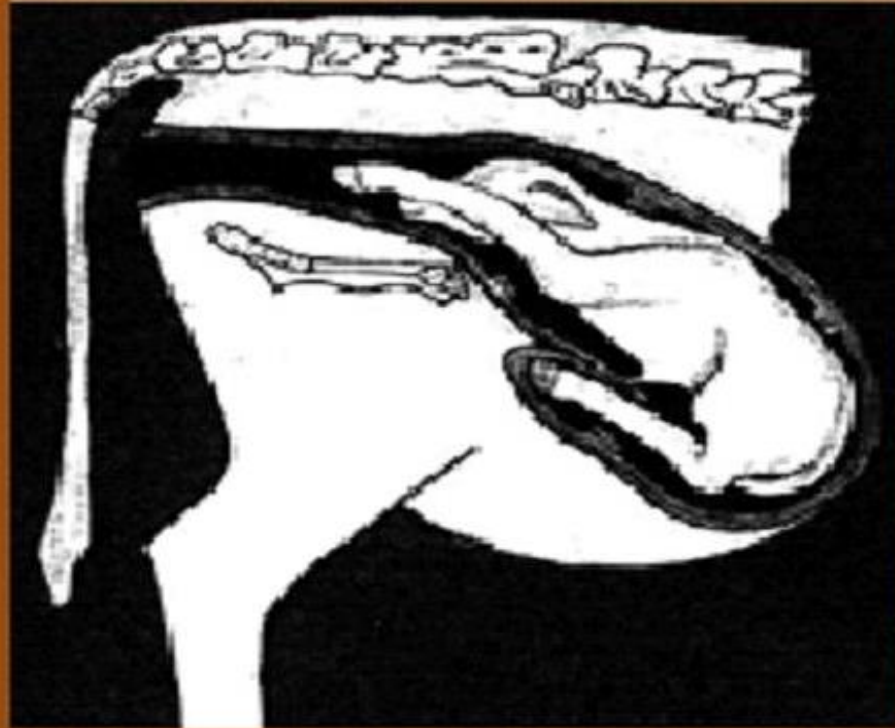
**Position:** Dorsal (Dorso-Sacral)

**Posture:** Bilateral Hip Flexion in anterior presentation

# Fetal position

- Relation between the dorsum of the fetus and the pelvis wall of the dam.
- Normal: Dorso sacral position (dorsal).
- Malposition:
  - 1) Dorso iliac (lateral)
  - 2) Dorso pubic (ventral) upside down
  - 3) Cephalo iliac (latero transverse present.)

## Normal (Dorso sacral position)



**Calving;** Anterior Longitudinal Presentation – Dorsosacral Position – Normal Posture

## Abnormal (Dorso pubic position)



**Calving;** Posterior Longitudinal Presentation – Dorsopubic Position – Bilateral Hip Flexion (Breech Presentation)

# Fetal posture

- Relation between the fetal parts and fetus itself.
- Normal: extended head, neck & fore limbs  
(anterior posture) or extended hind limbs with tail  
(posterior posture).



Calving; Anterior Longitudenal Presentation – Dorsosacral Position – Normal Posture



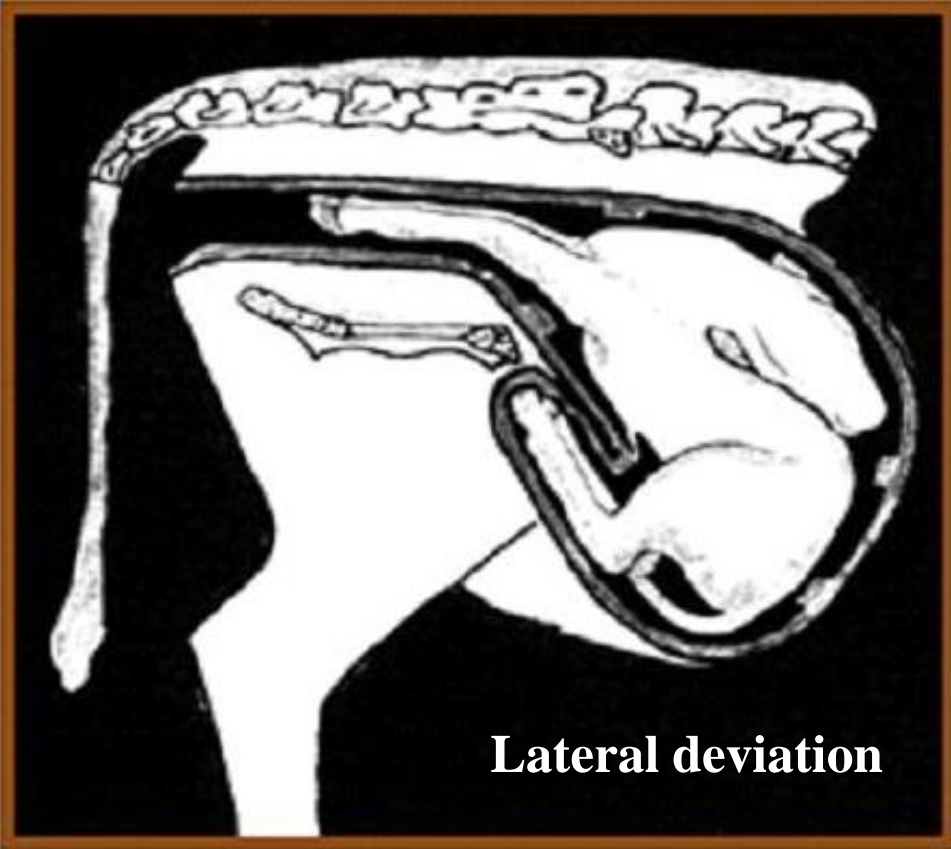
Calving; Posterior Longitudenal Presentation – Dorsosacral Position – Normal Posture

# Fetal malposture

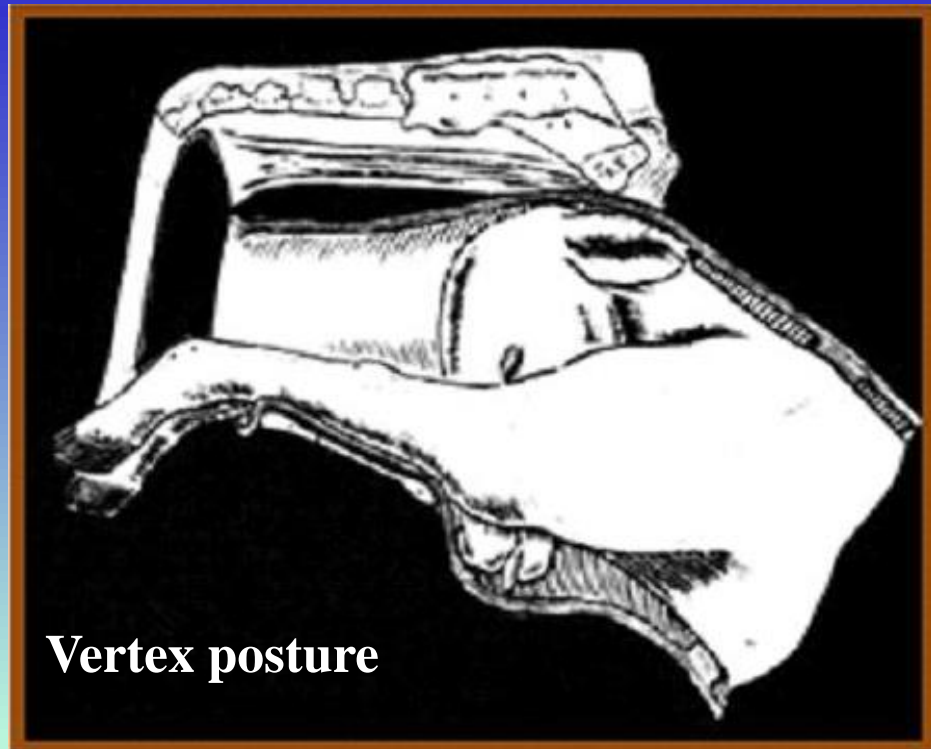
- Anterior presentation:

- ✿ Head & neck:

1. Lateral deviation of head and neck: (R&L)
2. Down ward deviation of the head (vertex posture)
3. Down ward deviation of the head and neck (Breast head posture) toward the udder.
4. Up axial rotation of the neck: appear normal but mandible somewhat upper position due to rotation of the neck.

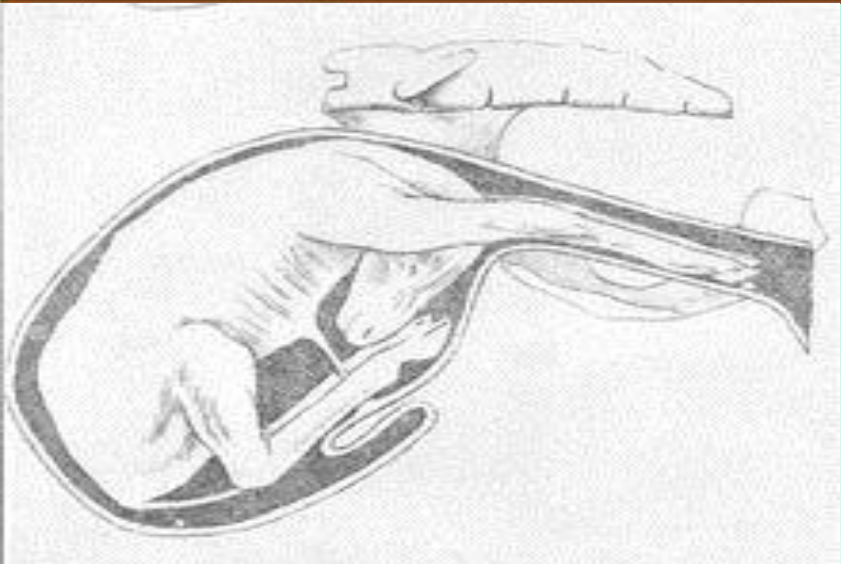


**Lateral deviation**

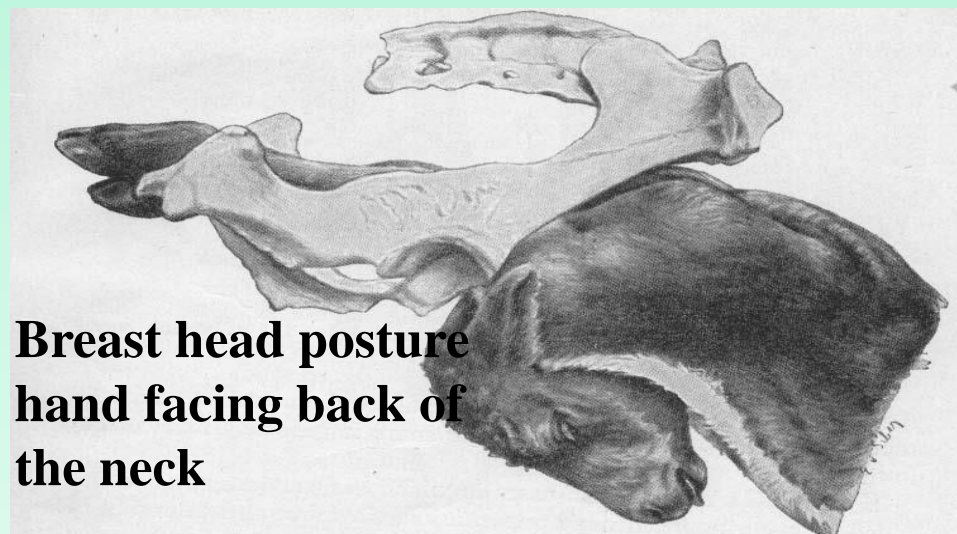


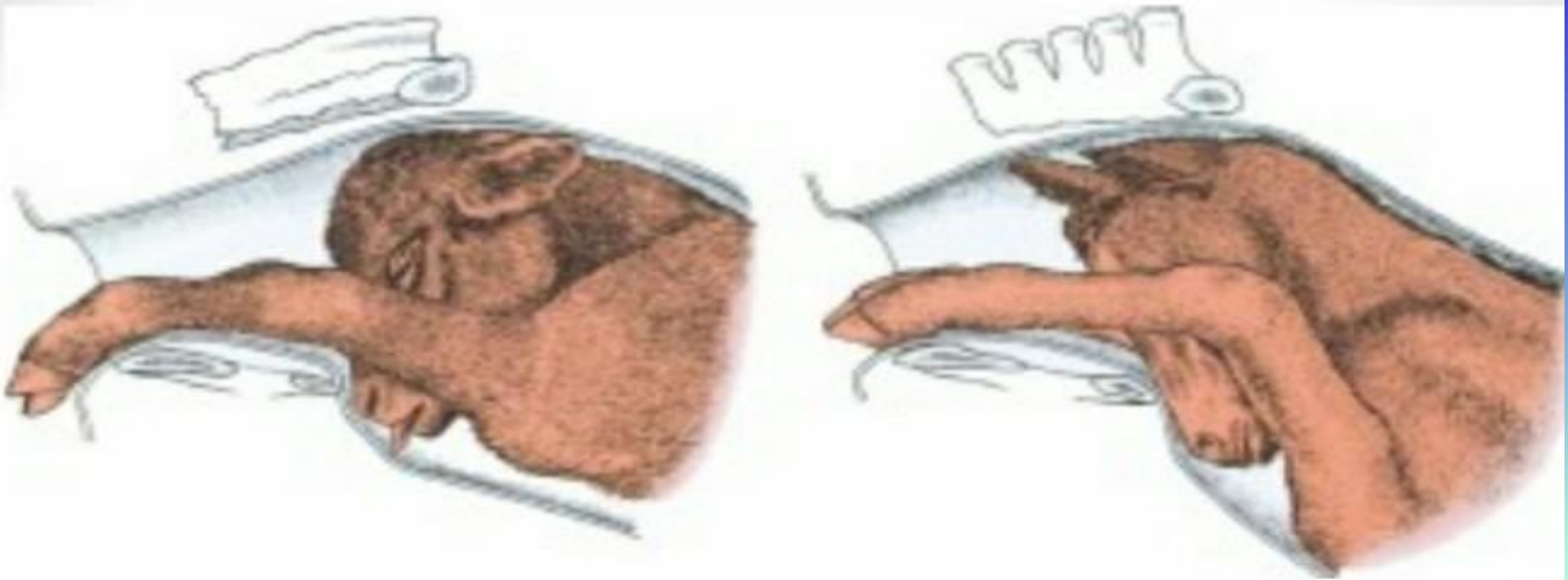
**Vertex posture**

**Calving;** Anterior Longitudenal Presentation – Dorsosacral Position – Downward Deviation Of Head



**Breast head posture  
hand facing back of  
the neck**





## **Incomplete Down Deviation of Head (**Vertex Posture**)**

**If you have time:**

Presentation: Anterior Longitudinal

Position: Dorsal (Dorso-Sacral)

**Down ward deviation of the head: in which the hand facing nasofrontal aspect of the fetus.**

## **Fore limbs**

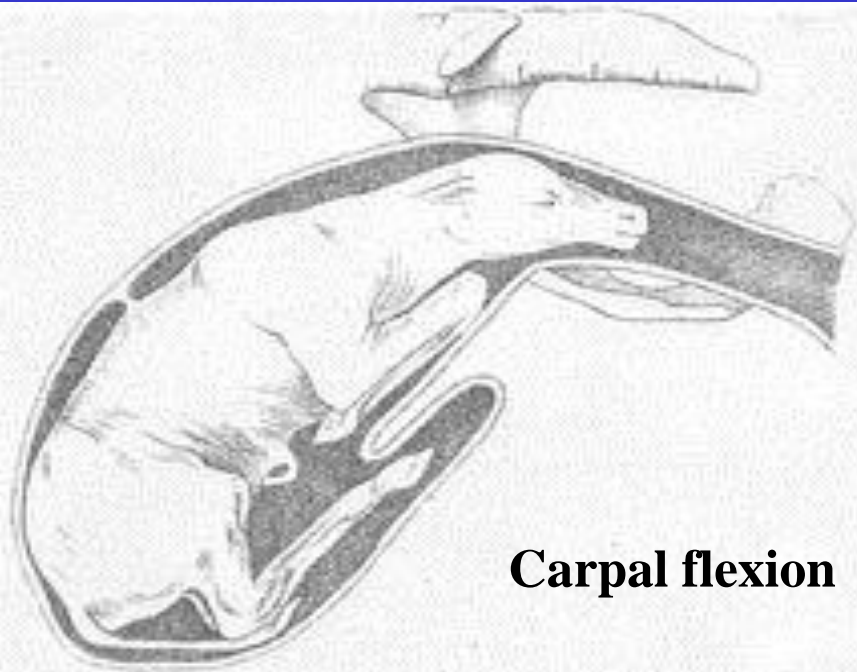
1. Carpal flexion: unilateral or bilateral.

In which the vaginal examination revealed that one leg in the vagina and the other flexed at carpal joint.

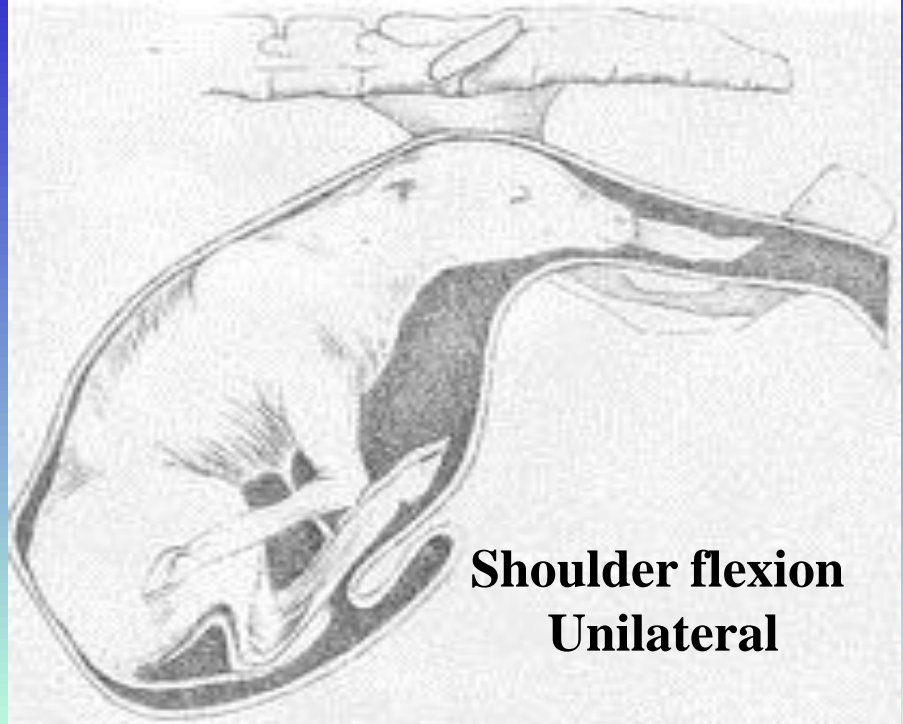
1. Shoulder flexion: unilateral or bilateral.

- Bilateral shoulder: butt presentation in which both legs flexed at the shoulder joint.

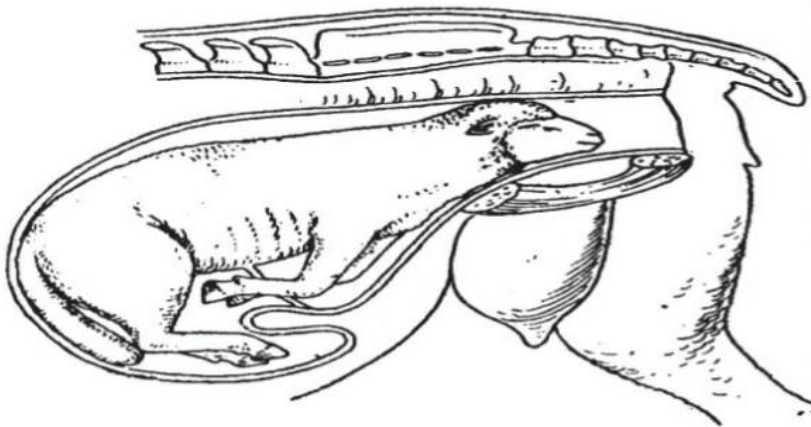
3. Incomplete extension of elbow: not cause any difficult during delivery.



**Carpal flexion**



**Shoulder flexion  
Unilateral**



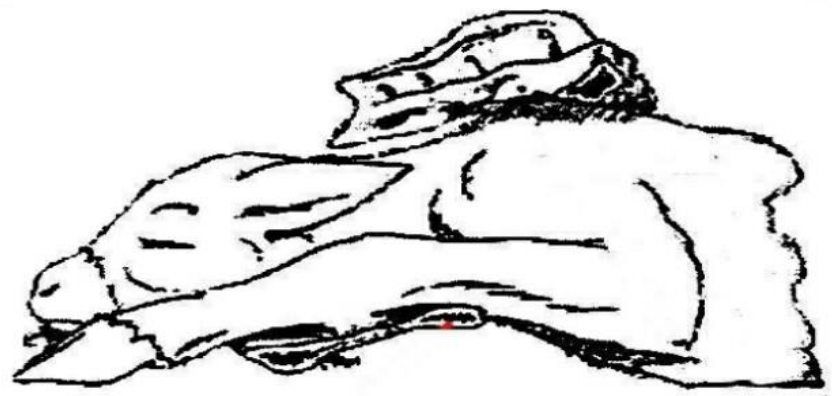
**Bilateral Shoulder Flexion (Butt Presentation)**

**If you have time:**

Presentation: Anterior Longitudinal

Position: Dorsal (Dorso-Sacral)

Posture: Bilateral Shoulder Flexion



**Incomplete Extension of Elbow**

**If you have time:**

Presentation: Anterior Longitudinal

Position: Dorsal (Dorso-Sacral)

Posture: Incomplete Extension of Elbow

# Posterior presentation

1. Hock flexion: unilateral or bilateral
2. Hip flexion: unilateral or bilateral
  - Bilateral hip flexion: breech presentation.



## Bilateral Hock Flexion

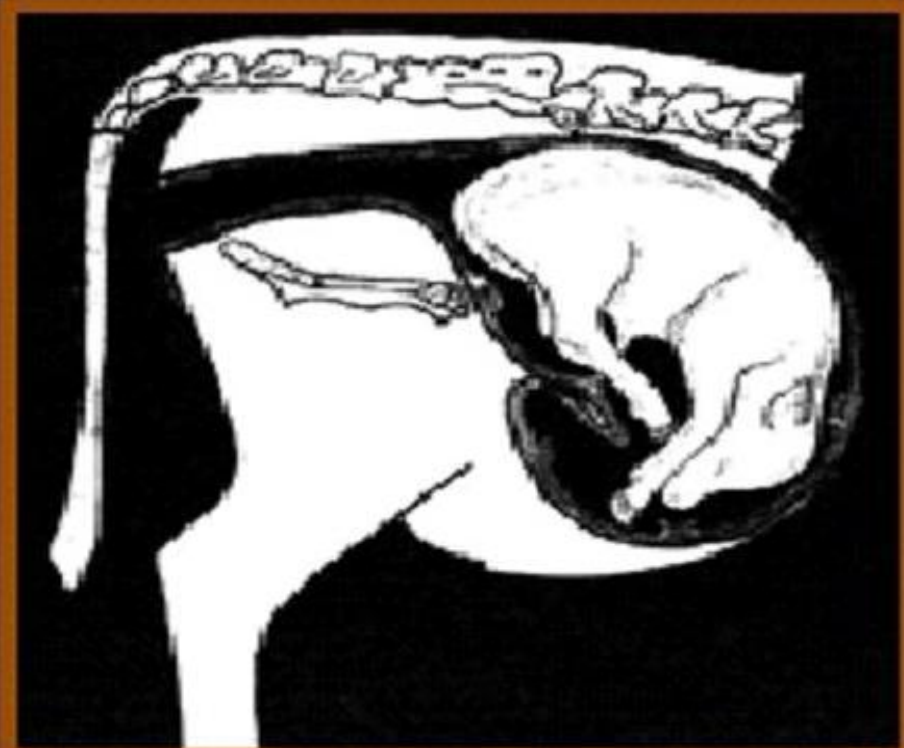
**If you have time:**

Presentation: Posterior Longitudinal

Position: Dorsal (Dorso-Sacral)

Posture: Bilateral Hock Flexion

**Hock flexion**



**Calving;** Posterior Longitudinal Presentation – Dorsosacral  
Position – Bilateral Hip Flexion (Breech Presentation)

**Hip flexion**

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Thanks a Lot!