Vet Corner: Retained Fetal Membranes (RFM)

RFM outbreaks during the summer months are common and seem to be more deadly so herds persons are reminded to focus on this problem. RFM are defined as the failure of expulsion of fetal membranes 12-24 hours after birth. Immune system integrity before calving is key to preventing RFM. Review the following nutritional factors to prevent RFM.

- 1. Vitamin E (2,000 IU) and Selenium (3-6ppm) prepartum supplementation is best accomplished with special top-dress of transition cow ration, but may require injections for pastured dry cows and bull-bred herds with unreliable due dates.
- 2. High ketosis incidence impairs proper immune function, so NEFA and BHBA testing is appropriate to differentiate causes of ketosis
 - a. **Body Condition Score loss** during dry period should not be allowed so type II (fatty liver) ketosis is minimized.
 - b. Fermented forage TMR should be **fed twice daily** so that heat-induced spoilage does not harm ration palatability to the finicky transition cow.
 - c. **Inadequate ventilation and cooling** should not be ignored for the transition cow.

Treatment of RFM is more difficult during summer months and requires **early** intervention.

- 1. The choice to **do nothing** for cows with RFM should be reviewed during the hot summer months, because our practice sees more deadly endotoxic RFM cases in the summer season. A recent on-farm study indicated that 72% of RFM cases were eventually treated with systemic antibiotics because systemic-related symptoms developed.
- 2. **Physical removal** of the placenta is an old custom which has not been performed by our practice for quite some time. The possibilities of leaving membrane tags behind, trauma to the uterine wall and contamination of the uterus are avoided by discarding "cleaning of the cow."
- 3. Hormone therapy has been used in various protocols with little scientific evidence of effectiveness. Prostaglandin is present in high quantities, naturally, in the first 8 days post-calving, so it is difficult to justify it's use. **Oxytocin with Calcium** administation is commonly given after calving. This practice enhances uterine motility and may help expel the fetal membranes. The common Oxytocin 5ml dose may cause uterine spasm: a more appropriate dose schedule for Oxytocin is 2 ml every 3 hours, which is not practical on most farms.
- 4. Interuterine treatment with Iodine and Chlorihexidene reduce systemic infection, but they don't assist expulsion of the membranes and can irritate the lining of the uterus and lead to subsequent fertility problems.
- 5. Systemic treatment with **antibiotics** (Ceftiofur, Ampicillin, or Penicillin) and a **fever** reducer (Banamine or Aspirin) have been reported to reduce systemic disease in over 70% of RFM cases.

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