

# Kidding positions and delivery

KATHY COLLIER BATES-FRIDAY, FEBRUARY 1, 2019

If the delivery is not progressing as you think it should, you may have to assist. The doe should have delivered her first kid ***within an hour after her first serious push***. Think about what is happening and what you are doing. Stay calm. If you are worried or afraid, or the doe may pick up on this and become even more stressed.

If you feel the need to help by pulling, ***pull only when the doe pushes***. Think about what is going on, you need to get the shoulders through the cervix. The shoulders are wide. Do not pull both legs at once. Pull one leg, then the other, one leg more in front of the other. You are trying to "ease" the shoulders through the cervix, one at a time. Don't pull straight out, but rather ***pull at a downward angle (if the doe were standing up)***. Do not pull too hard.

If the baby is in the wrong position, you will have to "go in". Make sure your nails are cut short and rings are removed before the kidding starts. You must wash your hands and arms with a disinfecting cleanser such as Betadine Surgical Scrub. Also, clean the back end of the doe.

Lube up with a proper OB lubricant and an additional squirt of Betadine. Start with just one finger, and try to feel what is going on. Work slowly and stay calm. Insert your hand/arm as necessary (Depending on your size, you may go in, if need be, as far as your elbow). Picture in your mind what you are feeling. Feel for legs and try to discern the position of the kid(s). Know what you may have to do ahead of time. If you do have to "go in", you should give the doe antibiotic shots for the next few days to ward off any possible infection.

**TIP:** Study the pictures and if you do have to go in, close your eyes and envision the baby's body and then when you find it and begin feeling, you should have a better idea of what part is presenting.

Perhaps the first sign that a doe is going to kid soon is that she separates herself from the bulk of the herd. This correlates with the beginning of the first stage of the birthing process. Some of the physical changes that take place perhaps even before the doe actually enters "labor" are that the vulva will usually have a swollen appearance and almost appear to be inflamed. The udder will also become "tight" or engorged, with the teats sticking out and some milk may even drip as the labor process actually commences. There are three (3) stages in the birthing process.

### **Stage 1.**

This initial stage can last anywhere from 1 to 8 hours. However, please note that it may last longer in first-time mothers. Stage 1 is often accompanied by one or more of the following symptoms: Uneasiness, kicking at the belly with the hind hooves, pawing the ground (nesting) similar to building a nest area, laying down and getting up frequently in an attempt to get comfortable, frequent attempts to urinate, some vaginal discharge and obvious uterine contractions may or may not be seen. Stage 1 ends when fetal parts enter the vaginal/birth canal. If, after 8 hours of Stage 1 behavior one does not see signs that Stage 2 has commenced, possible intervention/assistance may be warranted.

### **Stage 2.**

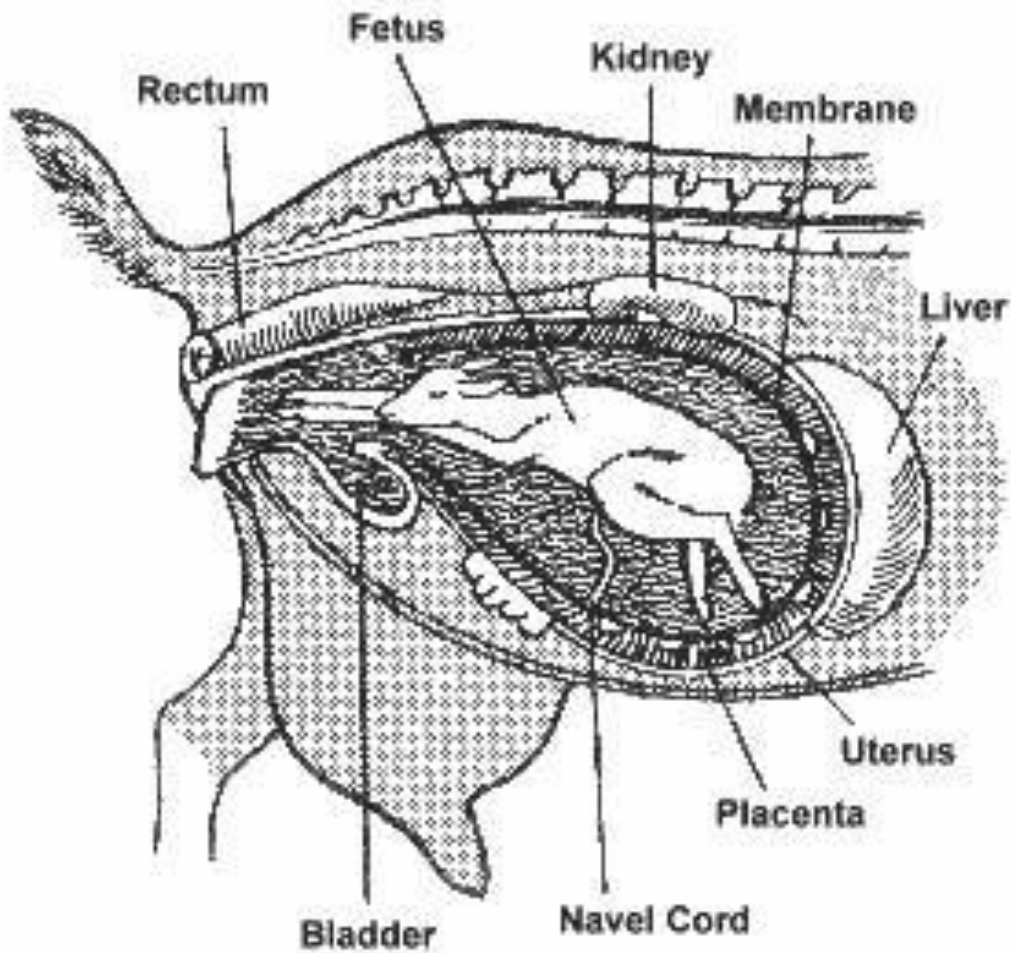
This second stage of the birthing process may last only 1 to 2 hours. This stage begins with the appearance of the amniotic (water) sac protruding out of the vulva. The fetus's legs will appear next and will be followed by delivery of the kid. Where multiple births are anticipated, this process will repeat itself about every 15-30 minutes for each kid delivered. The delivery of the last kid is the end of Stage 2. If the doe continues to act like she is pushing and signs that Stage 3 is not occurring, there may be a final fetus that she is having trouble delivering. If this is the case, she may need to have some assistance.

### **Stage 3.**

The final stage of parturition can last anywhere from 1 to 3 hours after the final kid is born. This stage is indicated by delivery of the placenta or afterbirth. On occasion the placenta/afterbirth can take up to 24 hours before delivery. Do not pull on it as you will injure the dam! If it's long and dragging the ground, tie a wet cloth onto it and let gravity take over.

Note: It does not hurt for the doe to eat her placenta as it is high in the hormone Oxytocin, which helps initiate lactation and also helps the uterus to contract and more rapidly return to its original size and shape. (This is a breeder preference.)

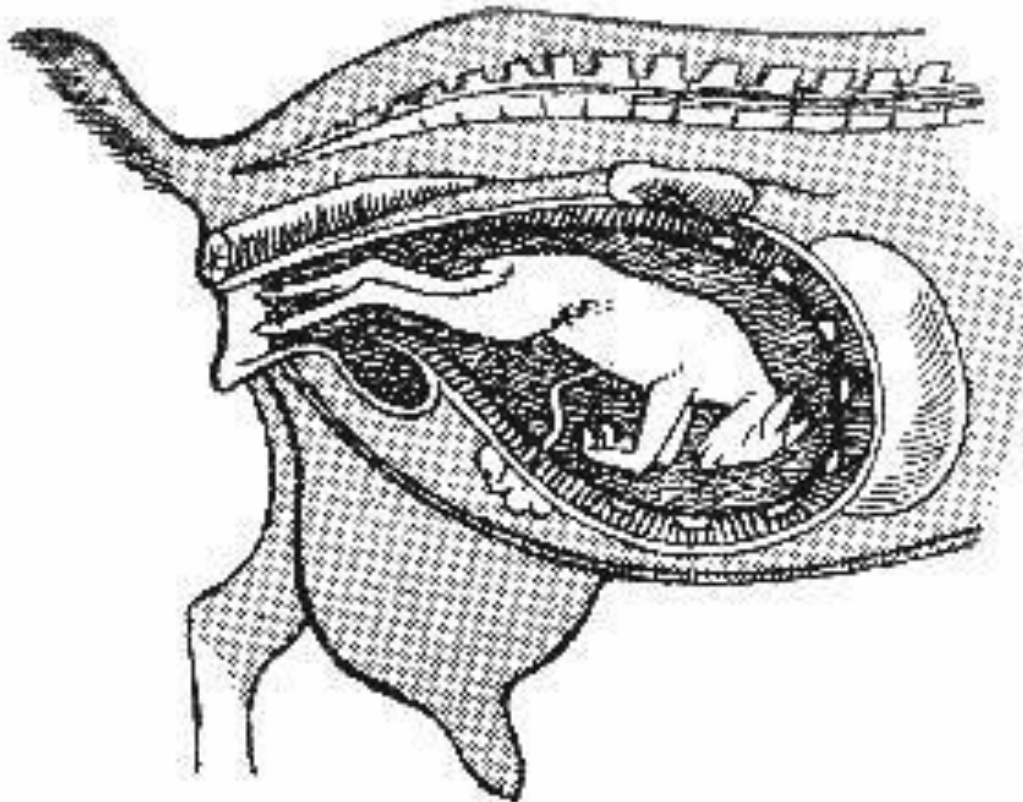
NOTE: lack of strong pushing contractions and weak and prolonged contractions mean that the mom AND the baby need you to step in and help!



**Normal Positioning of Fetus and Organs**

1

This is a proper position (called a diving position). Most of the time this is what you will encounter for a single baby or the first of twins or triplets. This is what we all want to see.



### **Back Legs First**

This is a normal second twin presentation.

It is also normal first kid for older goats.

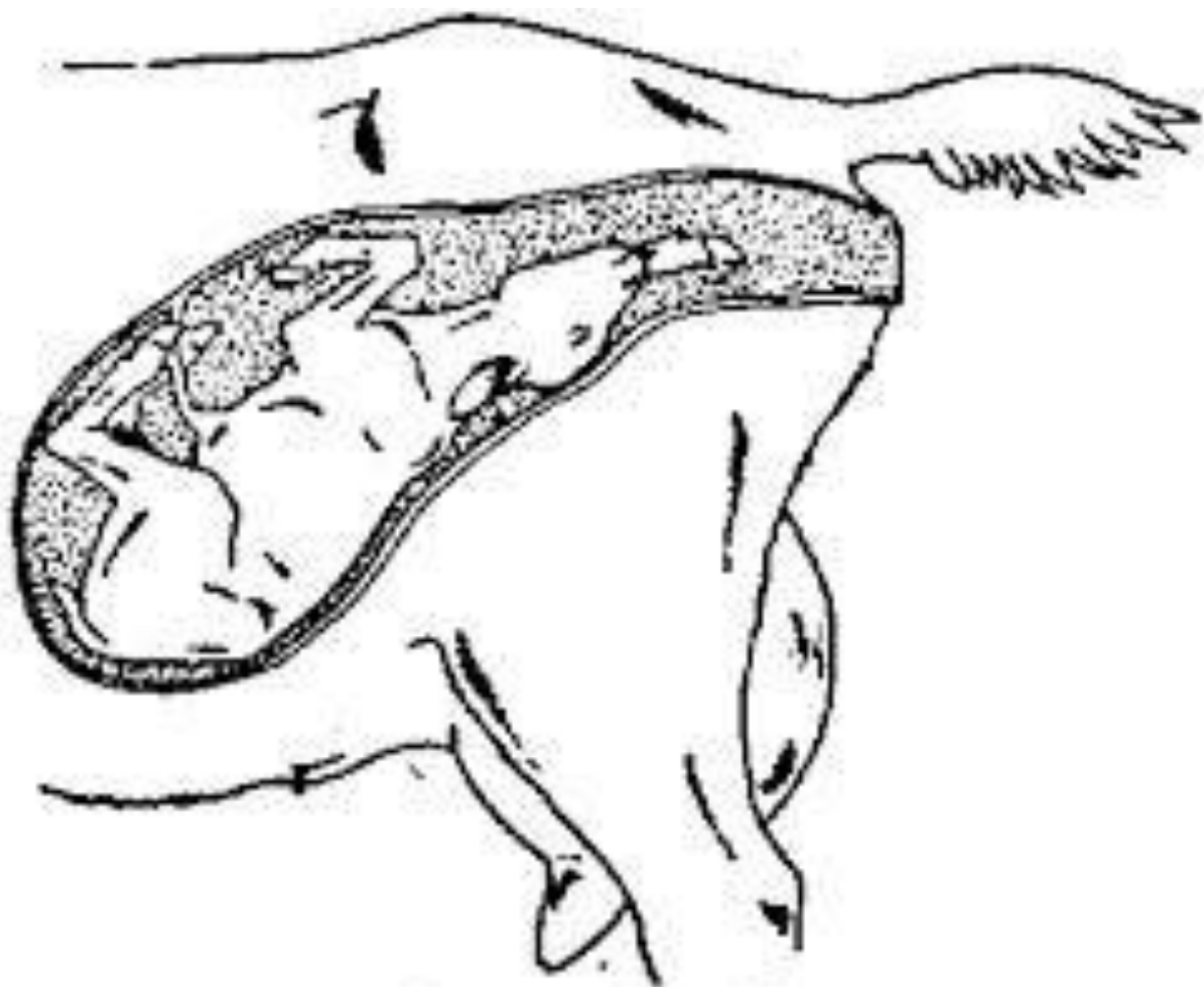
Do not allow the shoulders to delay the birth once they are presented.

You may have to gently wiggle them out one at a time.

2

This position will deliver fine as well.

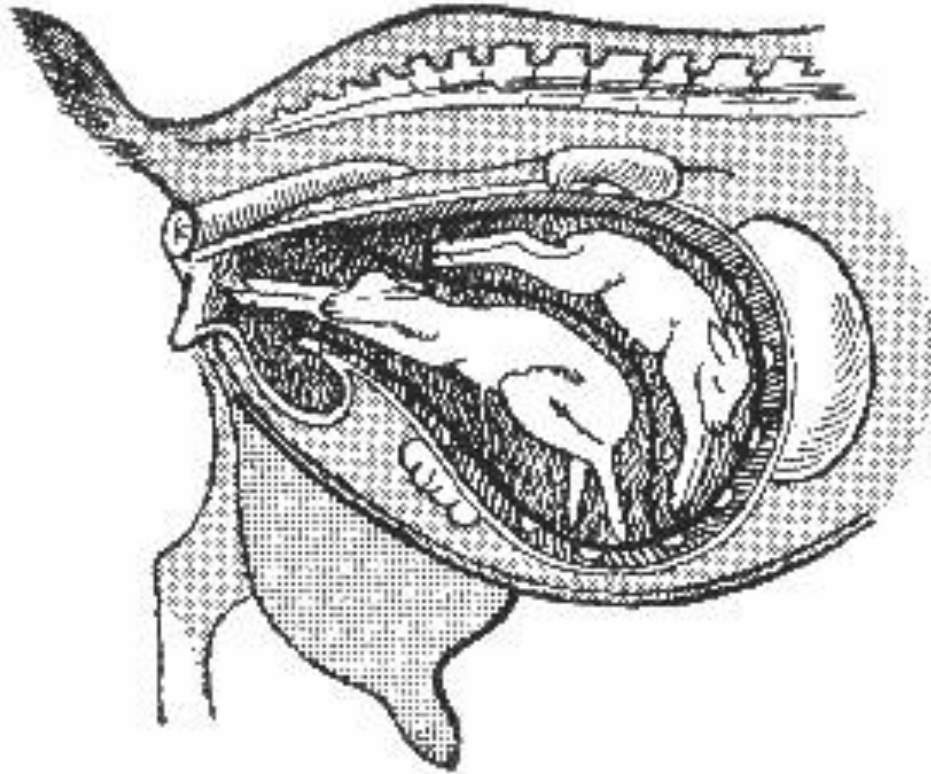
Most important is to support baby as delivered and get head out. This happens usually with twins or multiples, but can happen with one baby as well.



Inverted position

3

This guy will need to be rolled over. Reaching in you will need to grab shoulder area and in a some what sweeping motion help roll baby over. Do not allow him to deliver in this position as the neck and spine would be in danger.



#### **Normal Twin Presentation**

This is the most typical twin presentation to expect. The first twin is front feet first, the second twin back feet first.

4

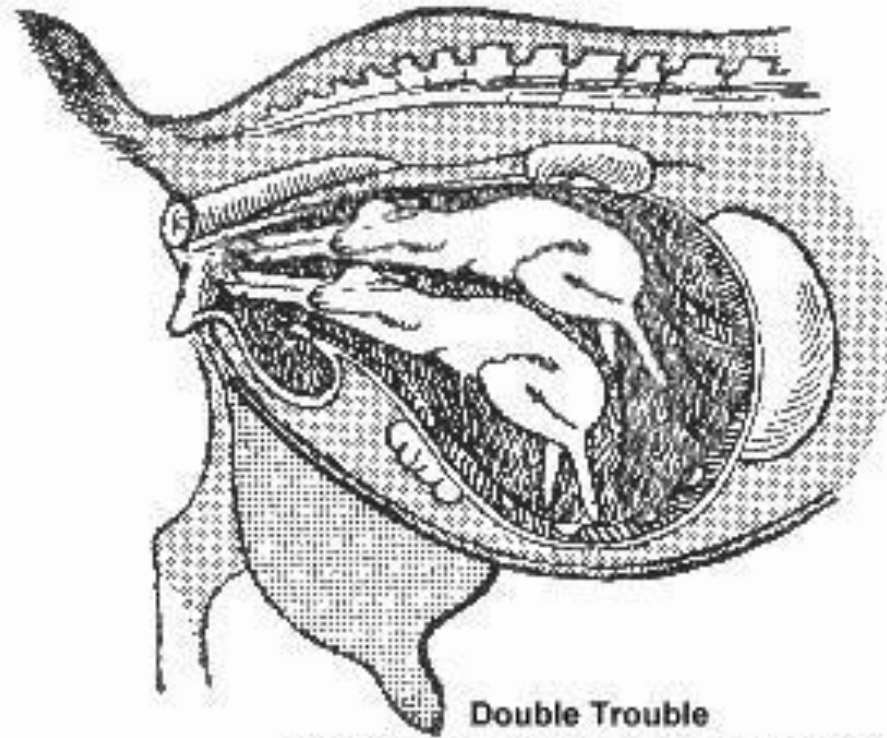
This is the best twin presentation you can ask for. Sometimes the babies come out reversed- meaning the first one is back feet first and the second one is front feet first.

*~Just keep in mind~*

**Hooves Up = back feet**

**Hooves Down = front feet**

**(Unless of course the entire baby is upside down, which in this case you would need to turn baby full around before it is born.)**



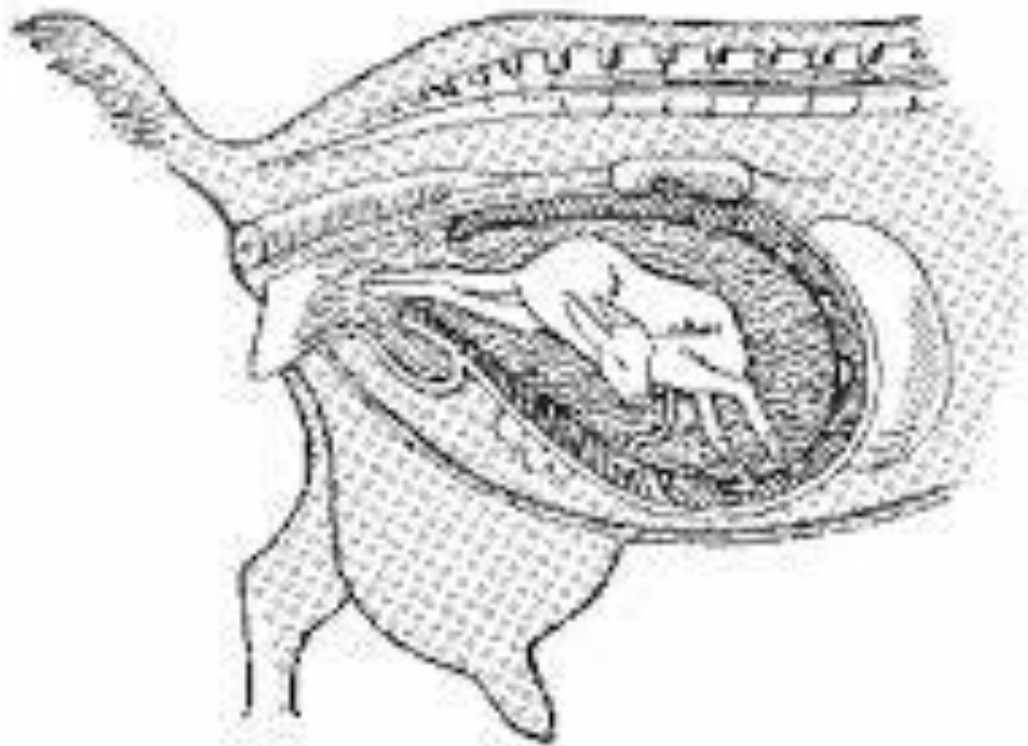
#### **Double Trouble**

Neither of these babies is going to make a successful trip of being born unless you help. You must first push one baby back... then, making sure you have both front feet of the SAME baby, guide it into the world pulling Only when the dam pushes. The second baby should follow with no problems.

5

This birth will not happen successfully unless the babies are untangled and could do severe damage to the doe. Calmly push babies back and feel inside to decide which parts belong to which baby. Make absolutely sure you are working with only one baby before you try to deliver it. You may need to feel and follow feet back to the body of the baby and make sure you have the right head as well.



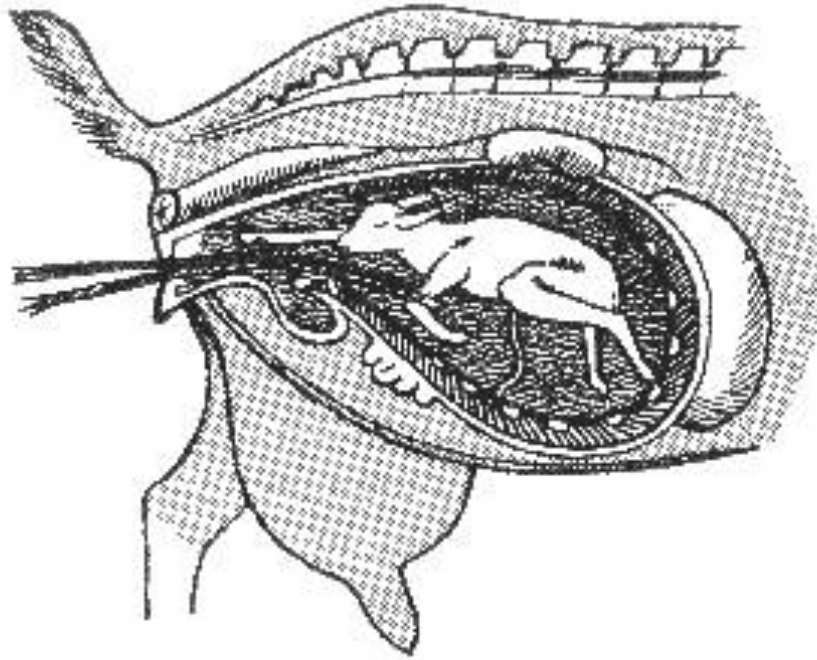


### Head Back

This is the most dangerous position for baby.  
If the head is not gently brought forward,  
the possibility of breaking the neck is great.  
You must push baby back and gently work head forward,  
chin resting on front legs.

6

Head back or chin down is one of the most difficult positions. The head is like being on a spring loader; you move it in place and it snaps back when you let go. You will need a snare to hold in correct position.

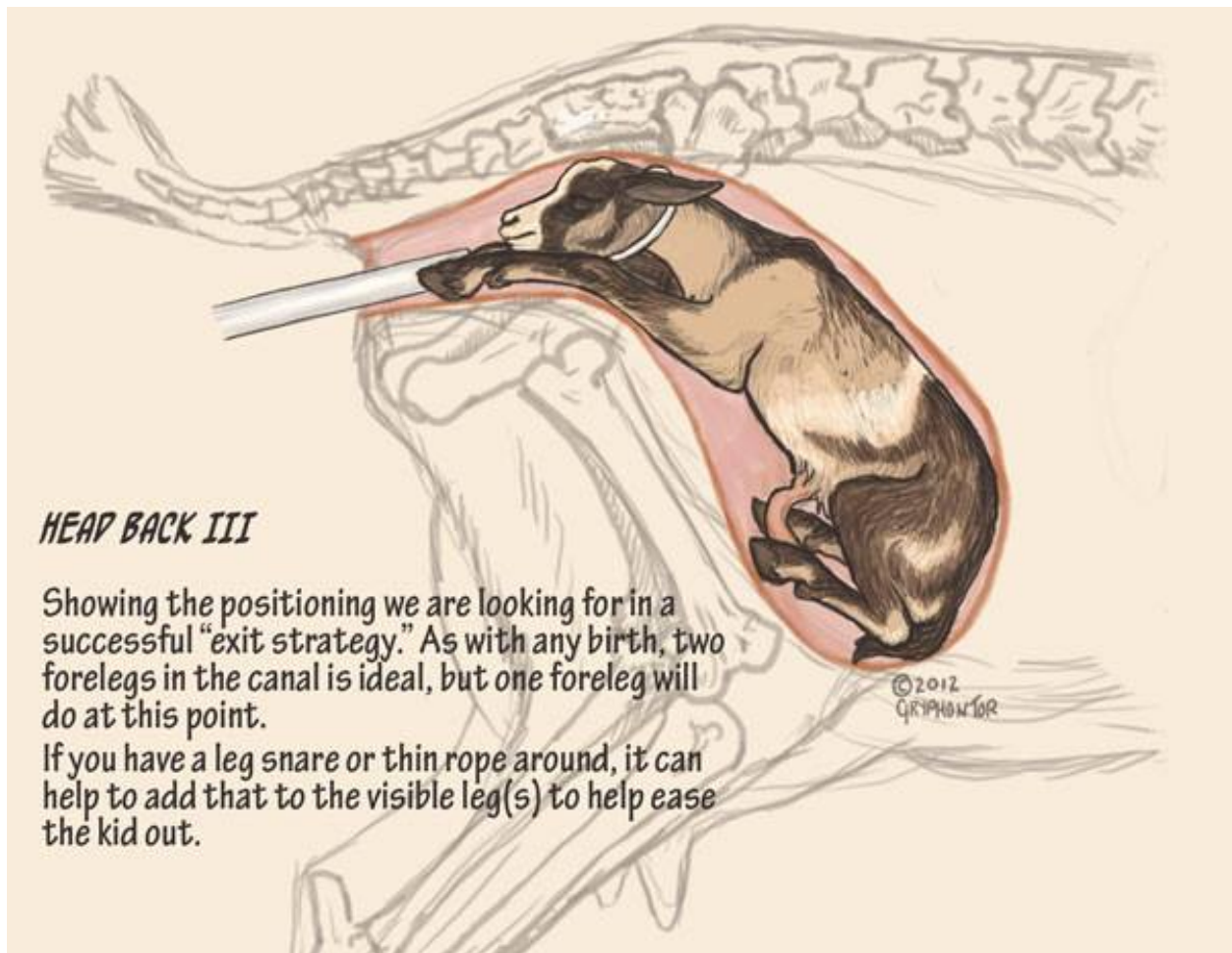


#### **One Leg Back**

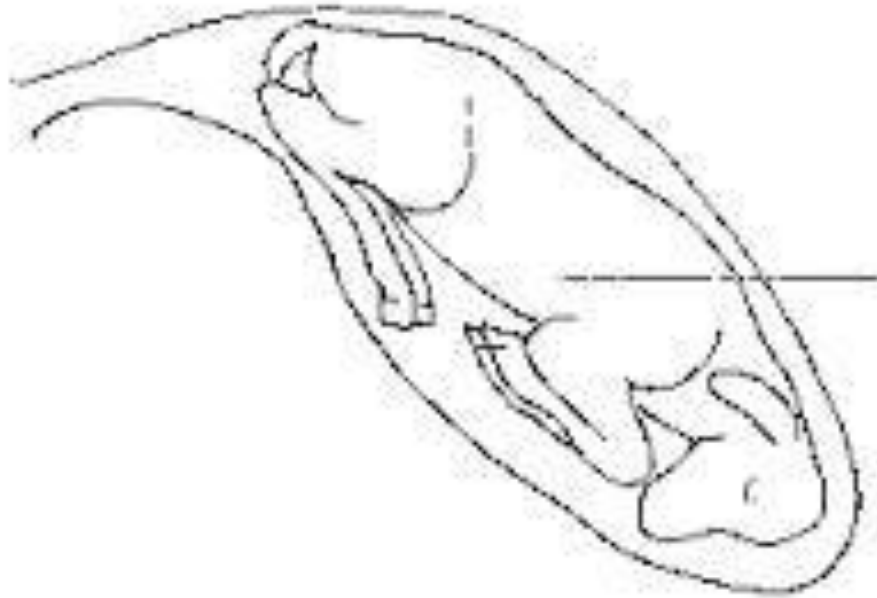
In this case you must bring the leg forward gently with your fingers. By curling your finger behind the joint, you can gently wiggle the leg into a forward position.

7

Again, you will need to push baby back a little to work the front leg forward, using your fingers and gently yet firmly wiggle the leg forward with the leg in the "cup" of your hand. Anything you do inside the doe needs to be done very carefully so as not to tear her uterus. Any projecting parts should be kept away from the uterine wall-using the back of your hand toward the uterine wall and working inside your hand works well. "Rope in diagram shows what fingers will be doing."



Example of a kid snare. If you have no experience using, be very careful.

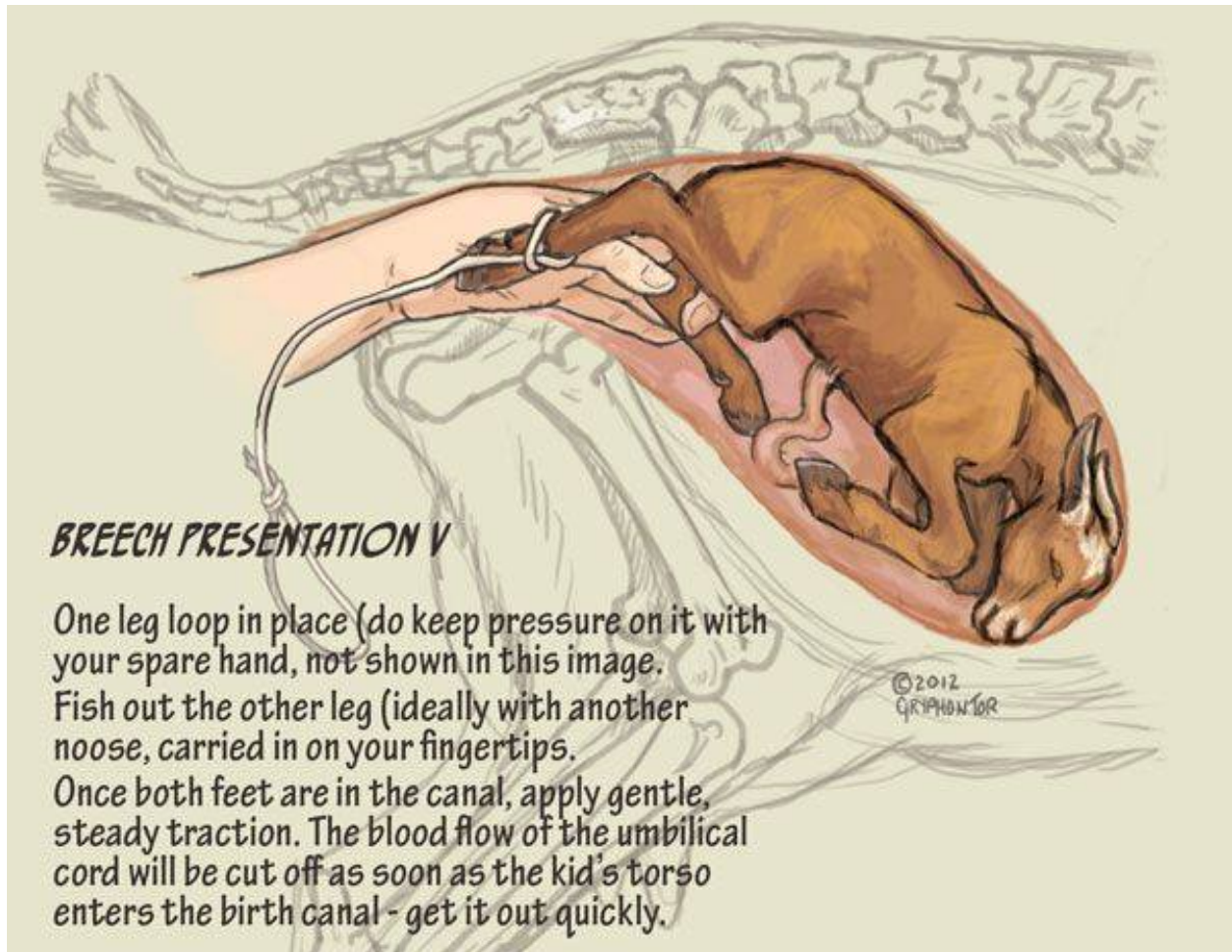


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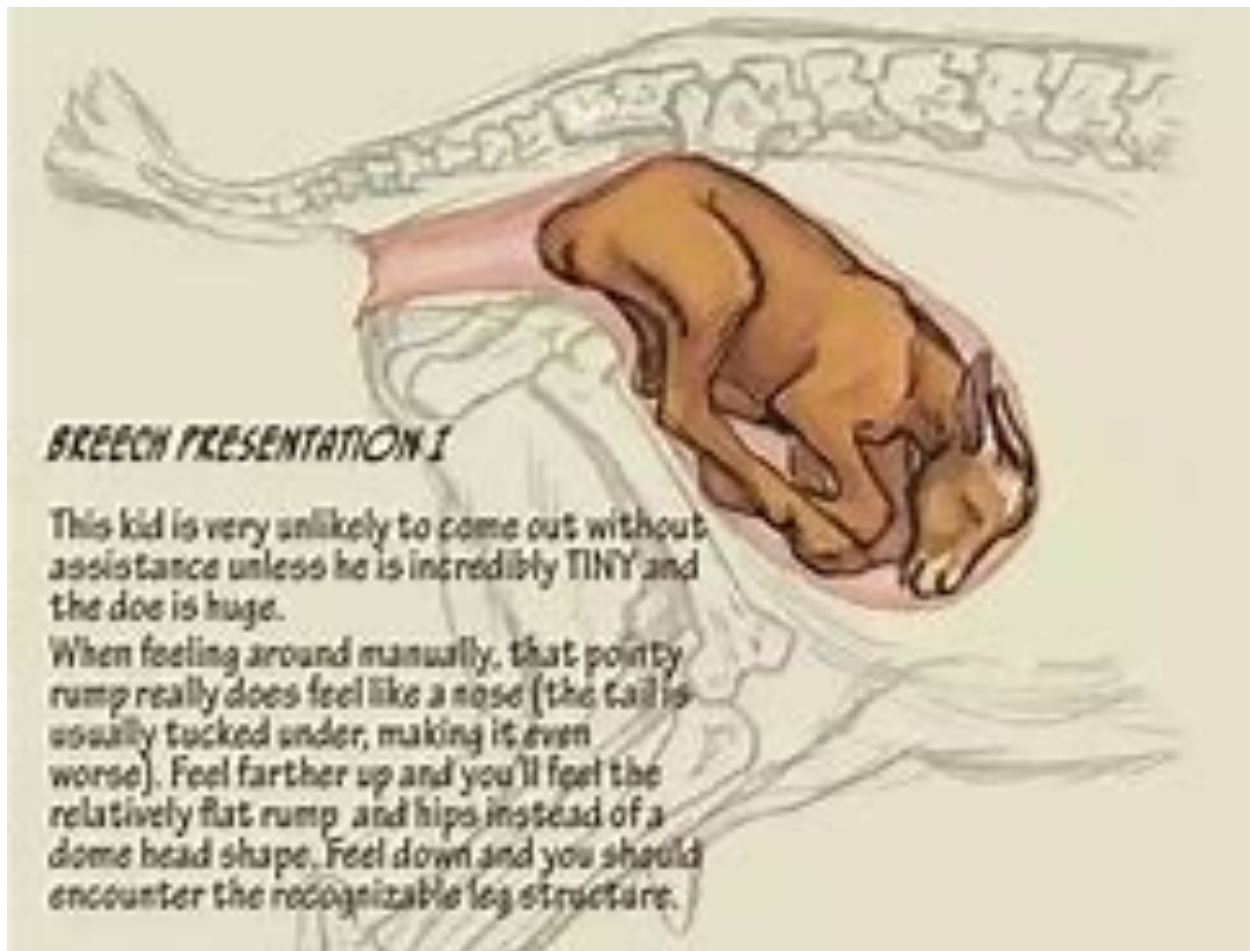
This is a true breech birth...

butt only, no leg presentation.

You will need to fish the feet out. Be careful when reaching in as you cup the hoof of the first leg in your hand and guide it outward. Now reach in again and cup the other foot and guide it out. You can use feet snare to hold first recovered foot out while you fish the other out.



Using a leg snare or small piece of twine to hold one leg out while you try to get the second leg out. Once you get both legs free, help bring baby in the world supporting him as he's delivered.



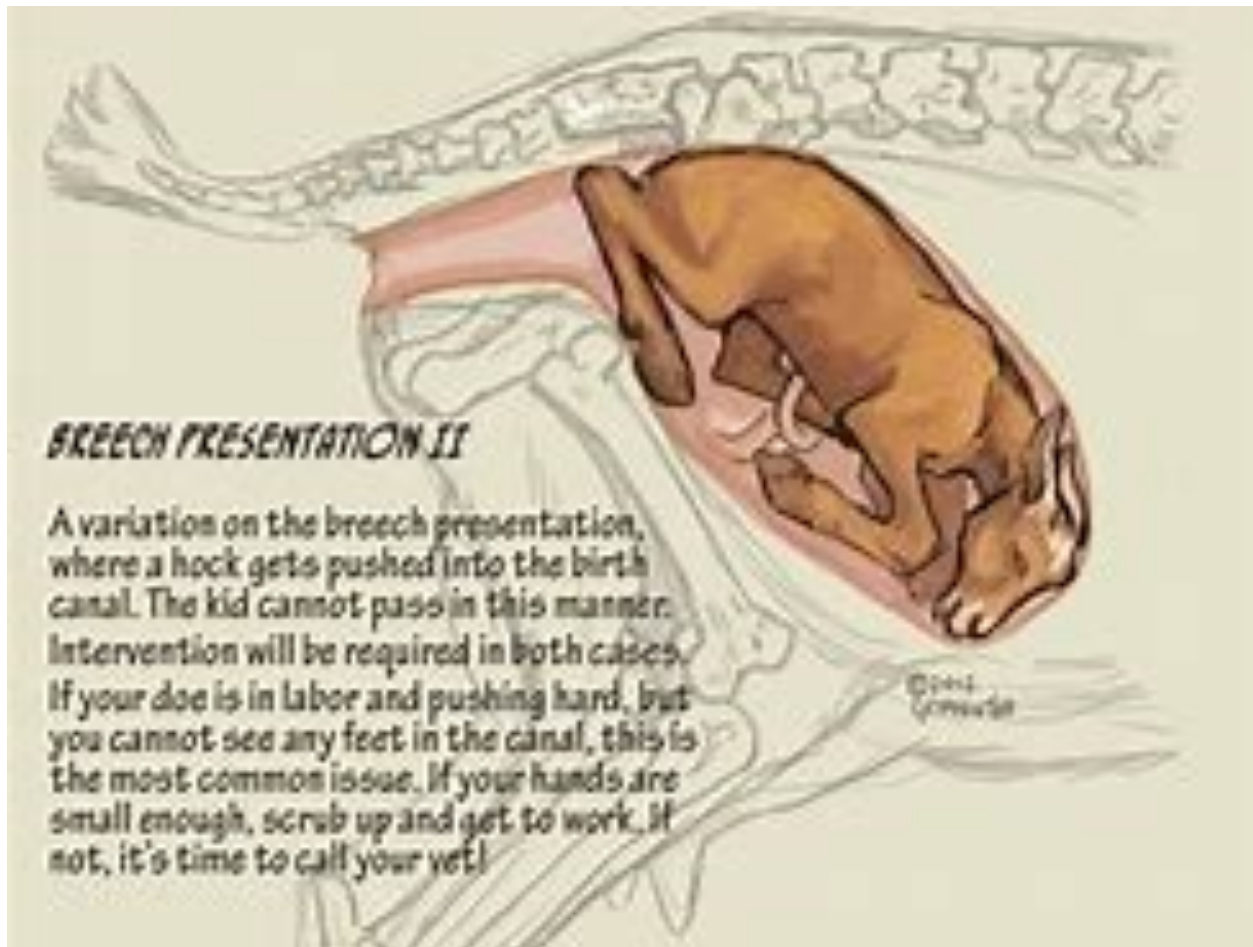
### ***BREECH PRESENTATION I***

This kid is very unlikely to come out without assistance unless he is incredibly TINY and the doe is huge.

When feeling around manually, that pointy rump really does feel like a nose (the tail is usually tucked under, making it even worse). Feel farther up and you'll feel the relatively flat rump and hips instead of a dome head shape. Feel down and you should encounter the recognizable leg structure.

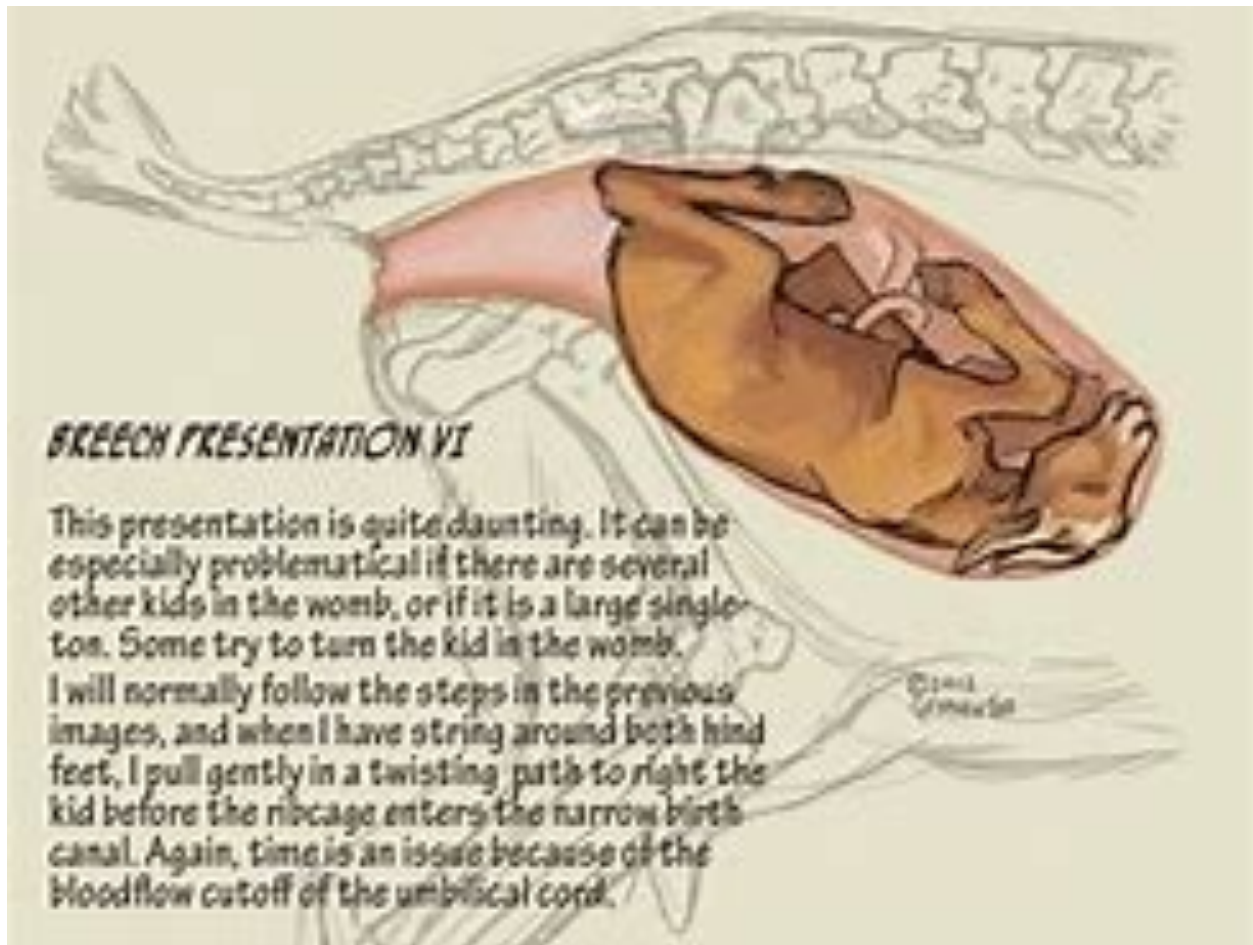
Other breech presentations - 1:

**\*\*Remember when baby is in a breech position, time is not in you nor babies favor as umbilical cords will often break before the head is delivered and baby can inhale amniotic fluids.**



Other breech presentations - 2:

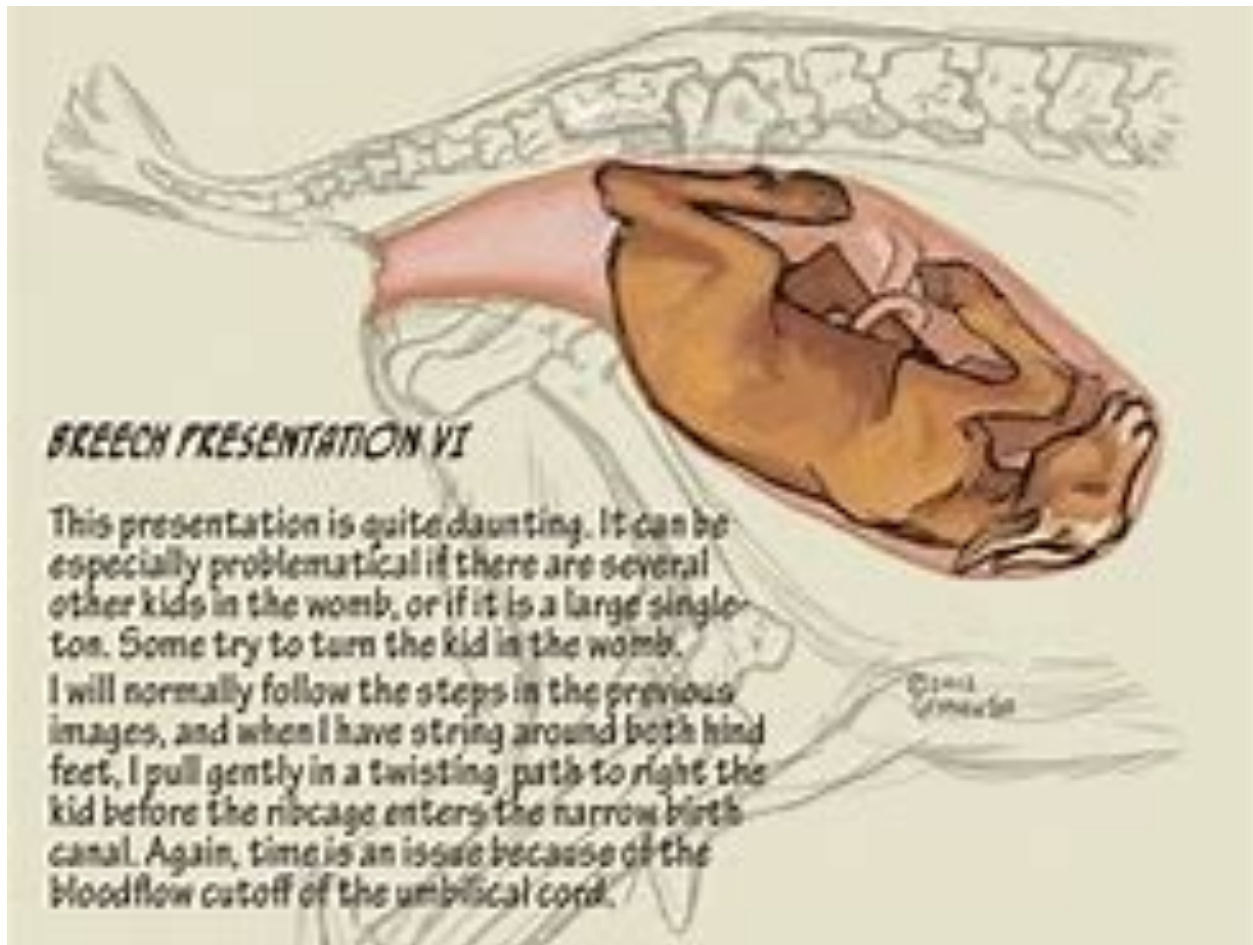
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Other breech presentations - 3:

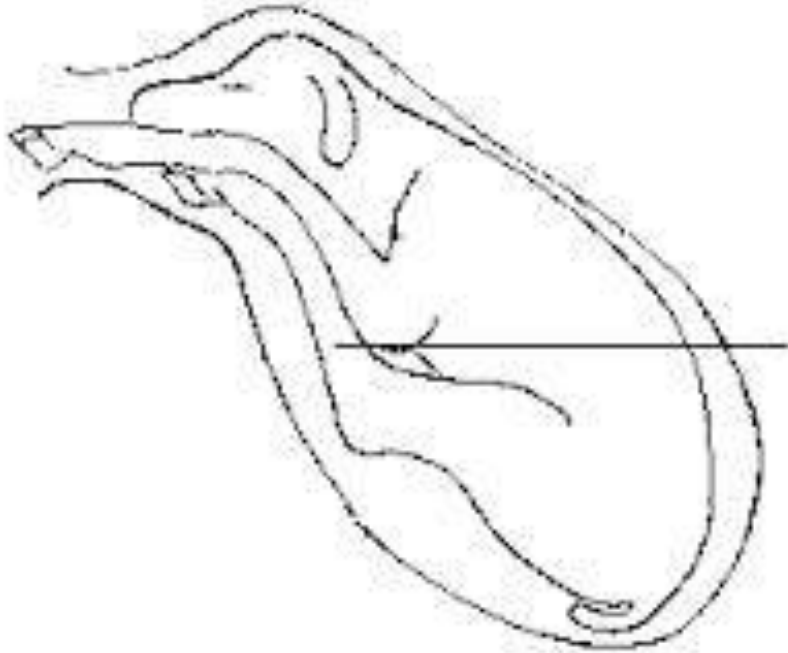
**\*\*Remember when baby is in a breech position, time is not in you nor babies favor as umbilical cords will often break before the head is delivered and baby can inhale amniotic fluids.**





Other breech presentations - 4:

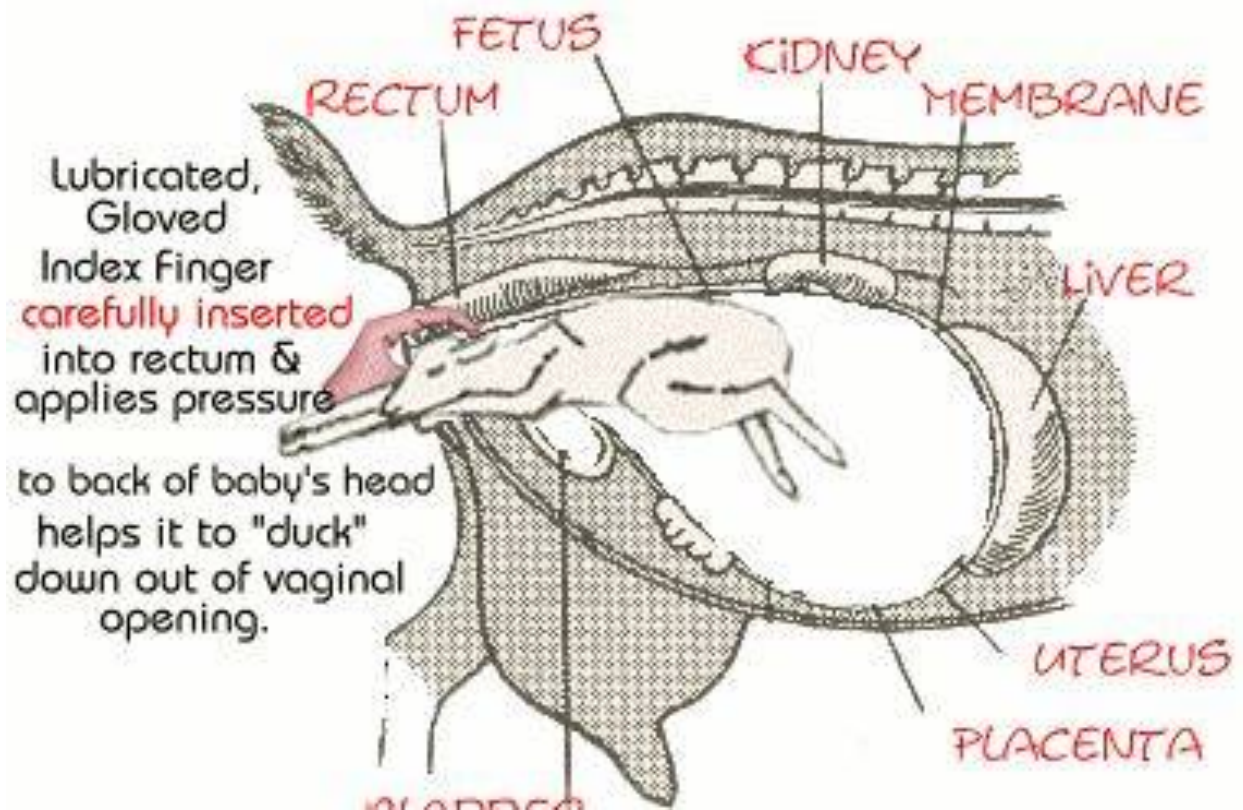
**\*\*Remember when baby is in a breech position, time is not in you nor babies favor as umbilical cords will often break before the head is delivered and baby can inhale amniotic fluids.**



Other breech presentations - 5:

**\*\*Remember when baby is in a breech position, time is not in your nor baby's favor as umbilical cords will often break before the head is delivered and baby can inhale amniotic fluids.**

This position will be difficult. You will need to stand mom up to make room. When you go inside her, cup the back hoof and push it back, trying to coax it straight back. Repeat with the other back leg. This can be very frightening. Keep your cool and push baby back enough to wiggle the head into a face forward direction. If not, there is a chance of breaking the baby's neck during delivery.

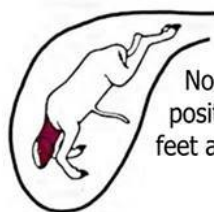


Assisting if head is stuck in the vaginal opening. Work carefully so you don't tear the inner wall of the rectum. Push with the flat of your finger on the top of babies head, making sure that the tip of your finger is behind the head. You are making the baby "duck" his head down and out.

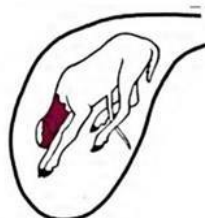
Other problems can happen with multiples. They can be very tangled so you need to go slow and "see with your hands" which body part belongs to which baby. Sometimes the only way to save mom or babies will be to have a C-section done.

When you have a high risk pregnancy, such as a small breed doe bred to a large breed buck you need to have your vet onboard! Have sonograms done and/or x-rays done so you know what you are dealing with. Working with your vet is your doe and her kids best bet to a successful delivery.

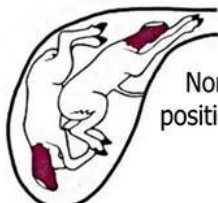
## Kidding Positions



Normal Birthing position. Both rear feet are coming first.



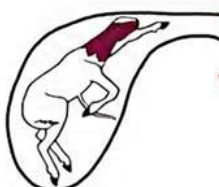
Breech Birth. Butt first. Assistance may be needed. Push kid back in, maneuver one rear leg so it is coming first, and then maneuver the other leg forward.



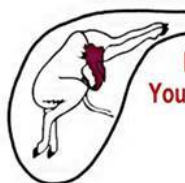
Normal Birthing position for two kids



Normal Birthing position. Both front feet and head forward single kid.



**NOT normal. "one front leg bent back".**  
You need to reach in and gently pull the "bent back" leg forward.



**NOT normal. "Head bent back"**  
You need to reach in gently push and push the kid back, try to get the head to face forward.



**NOT normal. 2 kids are trying to come at once.** Reach in gently and feel which parts belong to which kid. Push one kid back, to allow the other kid to come first.