



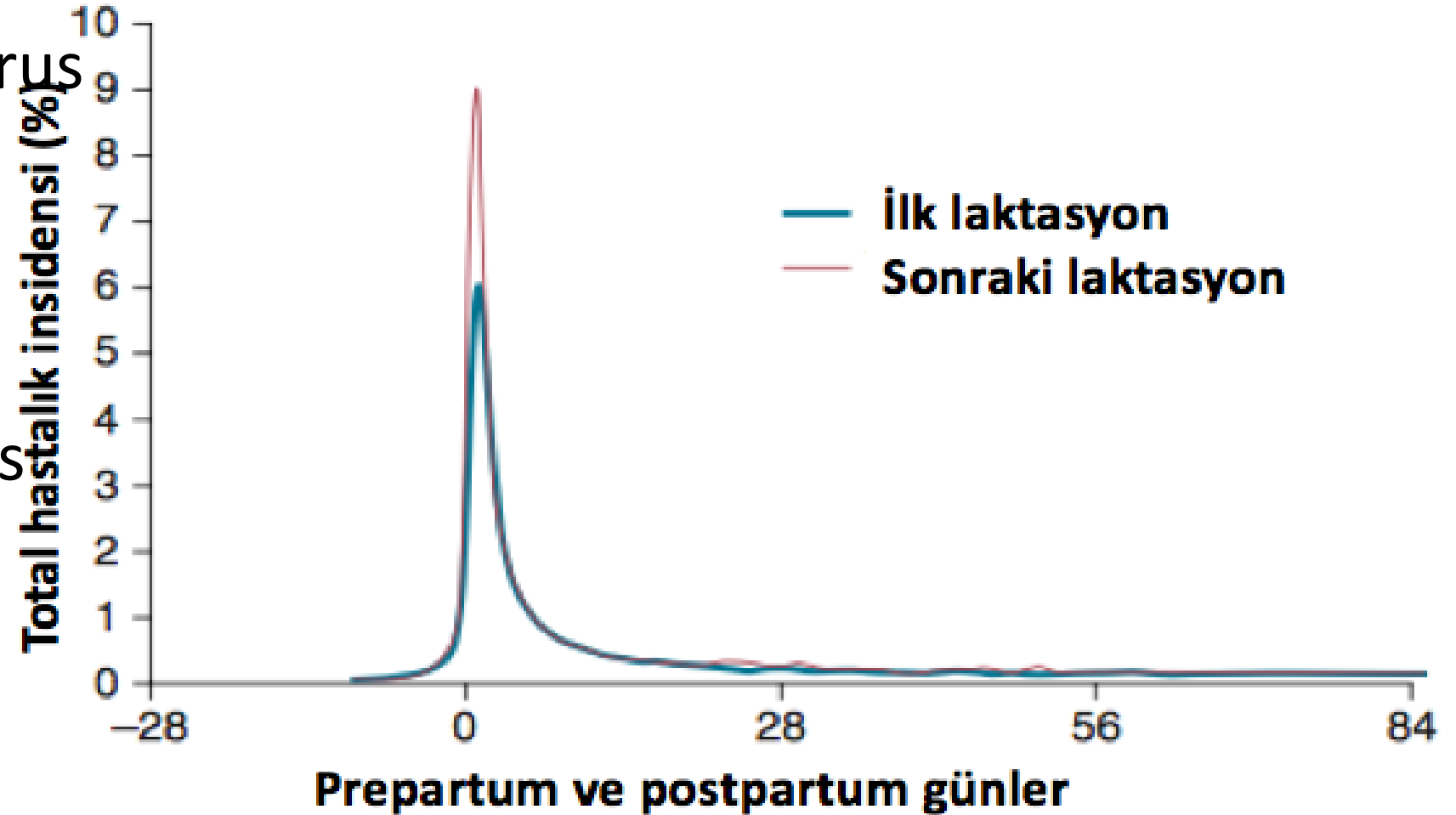
REPRODUCTIVE HERD HEALTH

Doç. Dr. Halit Kanca

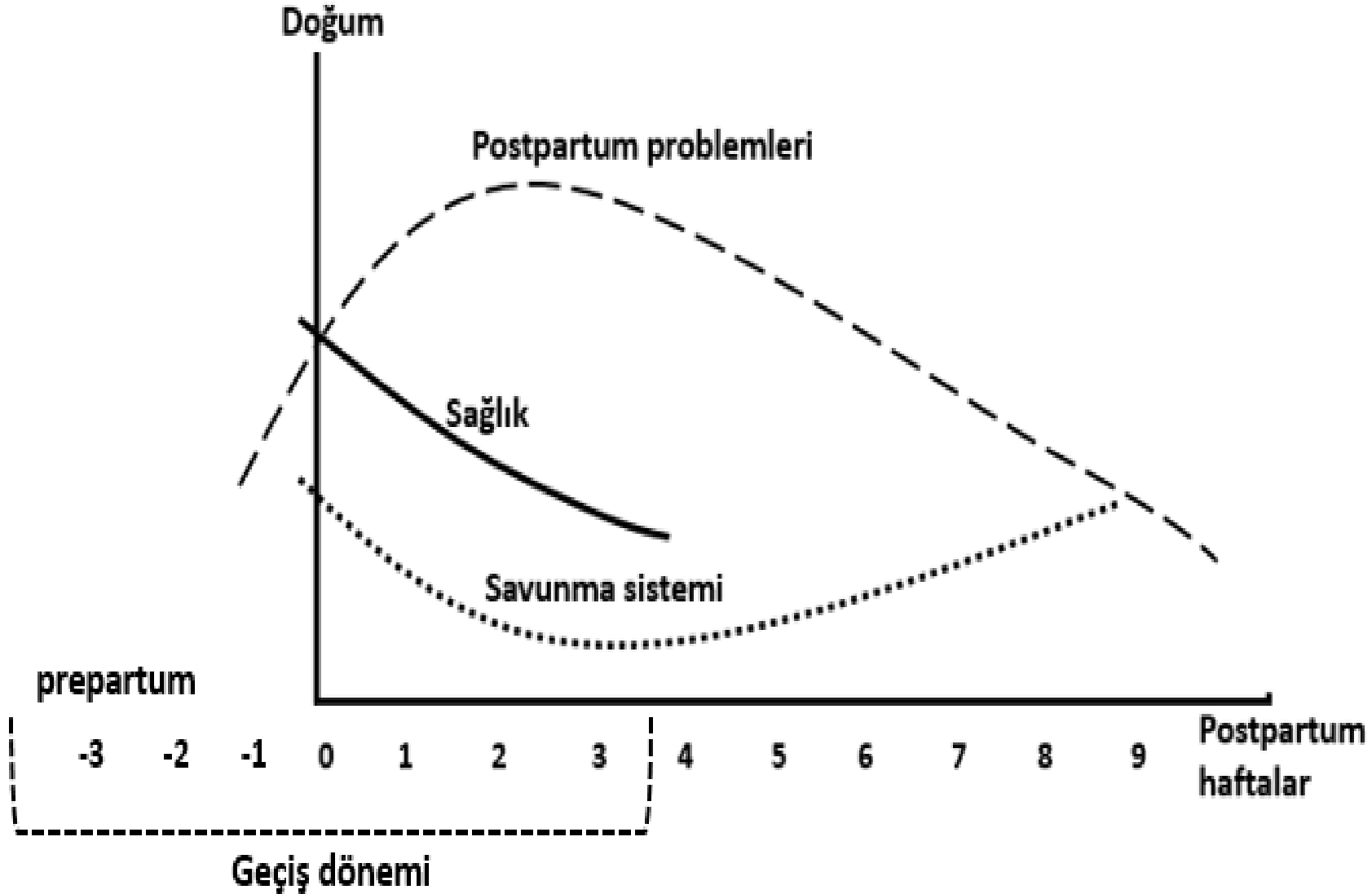
MANAGEMENT OF POSTPARTUM PERIOD

Postpartum Disorders

- Diseases of the uterus
- Udder Inf.
- Metabolic and
- functional problems
- lameness

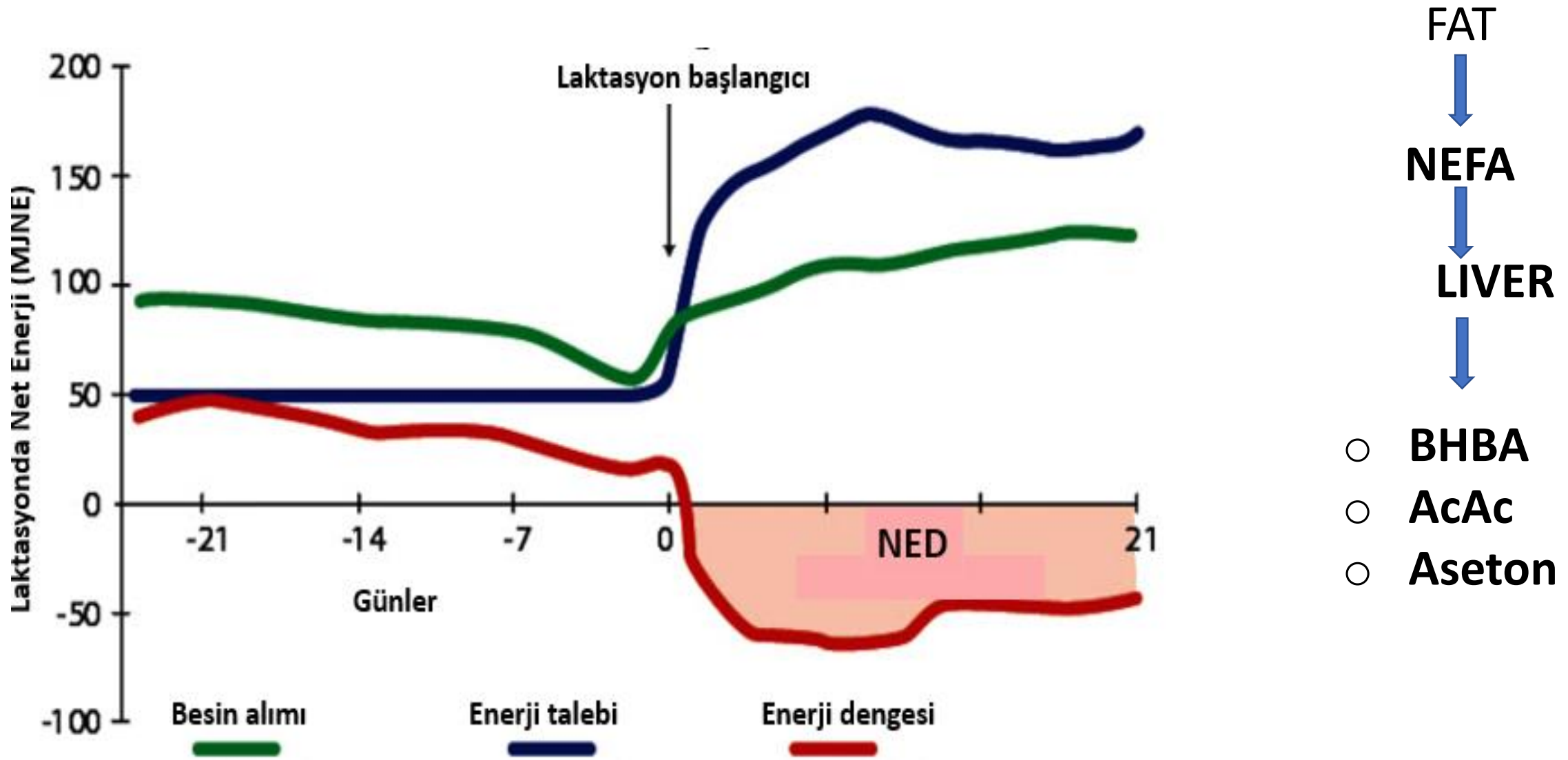


Postpartum Disorders



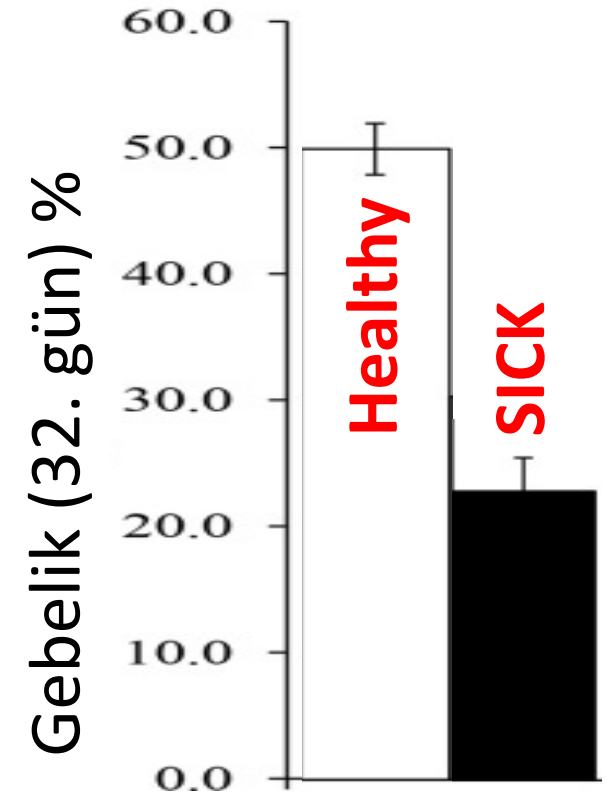
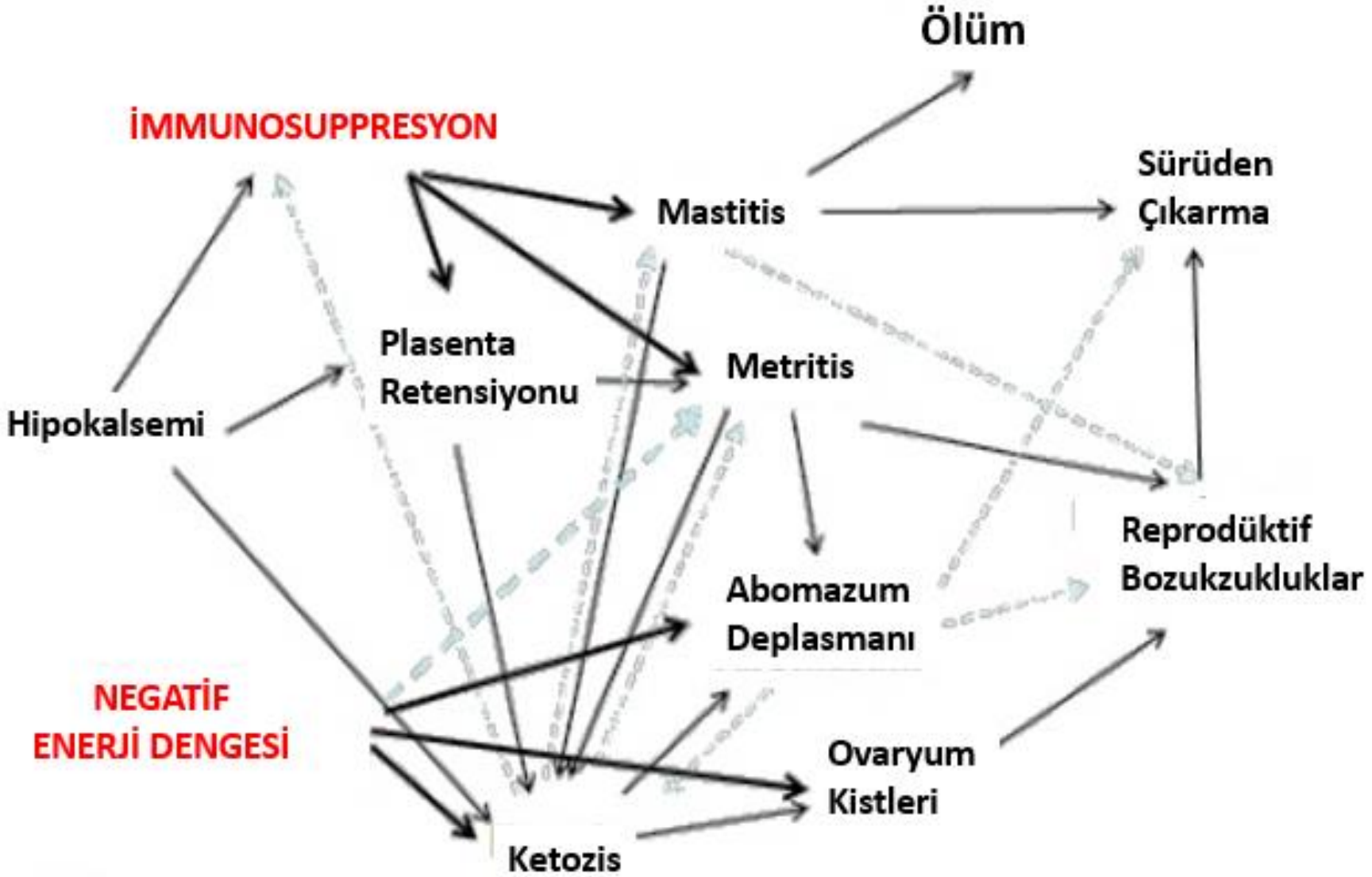
(Sundrum, 2015; Leblanc, 2014; Van saun, Sniffen, 2014)

Postpartum Disorders/ Energy Balance



(Cockcroft, 2015; Anonim, 2017)

Postpartum Disorders



(Overton, 2013; Henderson ve ark., 2016; Riberio ve ark., 2016)

Postpartum Disorders

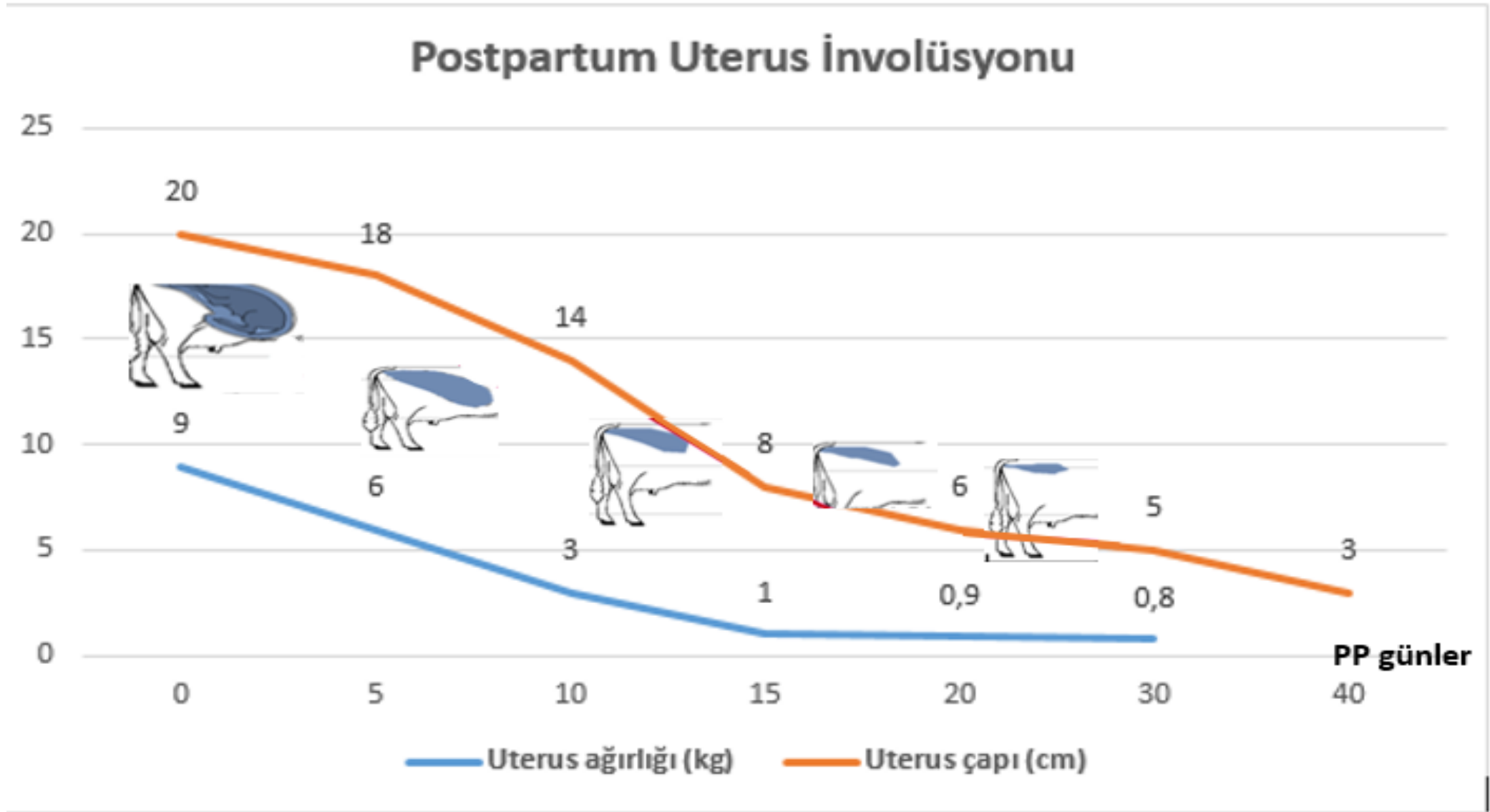
Disorders	AVERAGE INCIDENCE(%)	DAYS SEEN (Postpartum)	Aim
Dystocia	2,7-11,6		<%2
Clinical Hypocalcemia	6,5	First 3 d	%1
Prolapsus uteri	0,66-2,9	ilk 2 gün	-
Ret sec	8,6	ilk 3 gün	<%4
Udder edema	%97	Prepartum 1 weeks postpartum 3 weeks	
Metritis	10,1	First 15 days	-
Mastitis	14,2	First 15 days	<%5
Ketosis	4,8	First 3 weeks	<%1
Disp. Abm	5	First 15 days	<%1
Laminitis	7	First 30 days	<%2
Ovarian Cysts	23,3	First 9 weeks	

Postpartum Management

1. Birth in a hygienic environment
2. Pp. first ovulation (Rectal p. + USG) * Initial examination 21-28. g
3. (CL + PGF2a, preferably pp, GnRH injection on day 14) * The second inspection is done after 20 days
→
4. (CL +, uterus appropriate, PGF2a and seeding
ovosynch. Protocol)



Postpartum Uterus Involution Curve



Pp. uterine involution and control of uterine infections

Early puerperal infections

Parenteral antibiotics

Fluid therapy

Anti-histaminics

Supportive treatments (NSAI, etc.)

Stimulation of uterine involution (PGF2a)

Pp. uterine involution and control of uterine infections

Postpartum after 30 days

Intrauterine antiseptics:

A- Lugol

B- Lotagen

Intrauterine antibiotics:

* Effective in anaerobic environment, broad spectrum

* DMSO + Antibiotic combination (Rifamycin)

Other Methods:

* Endometrial curettage

* PGF2-alpha x PGF2-alpha

* Eosinophilic culture

Case Based Approaches

anoestrus

Note: Sub oestrus must be distinguished from persistent CL cases, oestrus observation cannot be performed correctly

Post partum prolongs the process

Palpation (10 days apart): Ovarium surfaces smooth, no structure

Serum P4 (twice a week) <1 ng / ml

ANOSTRUS TREATMENT

- Correct the feeding (LH)
- Eliminate calf effect
- The presence of bulls in the environment (pheromone)
- Hormonal interference (GnRH, Progestagen + GnRH combi)

Suboestrus

- No oestrus symptoms
- Palpation has Luteal Structure
- USG has “luteal structure” and “Dominant follicle”
- Hormonal interference
- (Synchronization of ovulation: GnRH + PGF2a + Progestagen combination)

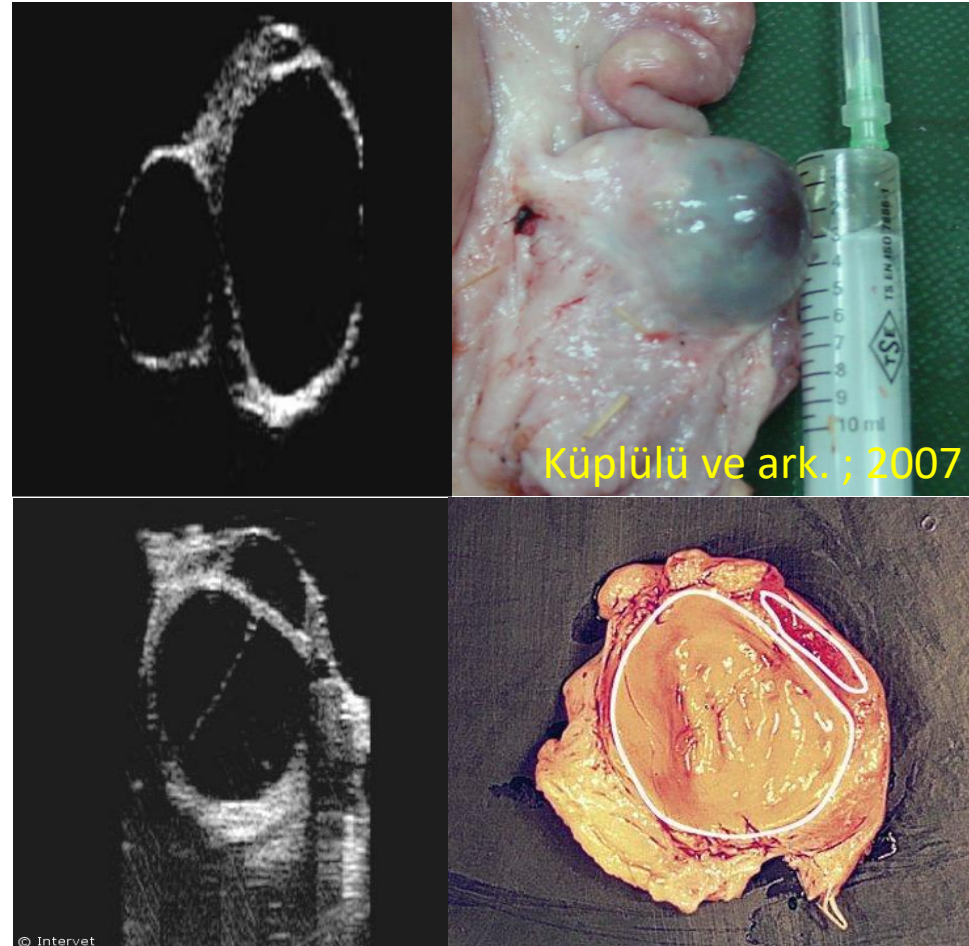
Genuine Anoestrus

- Ovarian activated due to failure of luteolytic mechanism
- Treatment: Operation of luteolytic mechanism
- Intrauterine antibiotic, antiseptic administration
- Hormonal interference
- (Single PGF2a or Ovulation synchronization)

Ovarian Cysts

(pp first 35 d)

- Follicular or Luteal
- GnRH
- GnRH + PGF 2?
- GnRH + PGF 2 + P
- hCG
- Spontaneous?
- etiology



Postpartum Ovarian Activity

