



# Whelping

So much is written and so many have their opinion on this subject that I thought it time for me to give my thoughts on dystocia in the bitch and show I approach it clinically. As with most things in life, I have changed my approach based on clinical experience and recent research. I am hoping that this article will be a guide for breeders to approach dystocia in a rational way. I will also state that I believe as a veterinarian that it is not normal to lose puppies and that we need to be prepared to save as many as we can.

Normal gestation in the bitch may range from 57-72 days from the time of first breeding. The reason for this range is that in many cases we have no idea when she ovulates, and without this information we are just guessing at the gestational length. Mammary development, mucus vaginal discharge, vulvar enlargement and relaxation of the pelvic ligaments are all signs of approaching parturition but these vary from dog to dog. The sudden drop of body temperature is usually seen within 24 hours of parturition but is easily missed and the drop is not always reliable. Recent studies show that in 25% of dogs the temperature drops in greater than 48 hours before labor and in 35% of dogs no or little temperature drop was found.

Normal labor occurs in 3 stages. The first is normally 6-12 hours in length and consists of dilation of the cervix and subclinical uterine contractions. Nesting, panting, not eating and restlessness can also be seen. The second part of labor involves the puppies being born. Two to 12 hours for puppy births is considered normal but may range up to 24 hours. The third stage of labor is expulsion of the placenta. It is important that one placenta be identified for each puppy. Lochia, a greenish vaginal discharge, indicates placental separation. Following the birth process the discharge usually becomes red-brown and can last 4-6 weeks.

And now it gets tricky, because as I stated everybody has their ideas on dystocia. Here are mine. The puppy in the uterus has only two elements that maintain its oxygen and therefore its life. Those two are the blood pressure from the mom to the pup and the heart rate of the puppy. The goal during whelping is to maintain these vitals or we start losing puppies. If we have gone three hours without a puppy then I give one dose of oxytocin. With the advent of uterine contraction monitoring with ultrasounds, we now know that small doses are more effective and safer than large doses. Recent studies show that 0.5 to 2 units are effective and safe. I will repeat the dose in 30 minutes and if a puppy is delivered we can repeat again in 30 minutes. If no puppy is delivered than a C-section should be considered. If the contractions are weak or infrequent, then calcium can be given. Calcium gluconate 10% can be diluted with saline and be given subcu. I tend to use Calsorb, an oral gel that works almost as quickly as injectable and give small amounts more often. This way is safe and I do not need to worry about side effects seen with the injectable calcium.

This is my standard protocol. If there is any red, black or green discharge before puppies are delivered then that indicates placental separation and attention needs to be given. As with all surgical procedures there is a correct way to do a C-section and in a later article I will address Caesarean with the goal of maximizing puppy survival and mothers well being.



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