

1 Small Ruminant Abortion—Recognizing It, 2 Managing It, and What to Do Next

3 Clare M Scully, MA, DVM, MS, DACT

4 Louisiana State University School of Veterinary Medicine

5 Skip Bertman Drive, Baton Rouge, LA 70803

6 Keywords: Abortion, Small Ruminants, Reproductive Failure

7 Introduction

8 Reproductive failure in small ruminants, including sheep and goats, poses significant
9 economic concerns for livestock producers. Identifying the underlying causes of reproductive
10 issues can be challenging, as they may affect either an entire herd or a single animal. The
11 complexity of diagnosing reproductive failures requires a thorough understanding of potential
12 causes, diagnostic approaches, and management strategies.

13 Causes of Reproductive Failures

14 One potential cause of reproductive failure is fetal hydrops, a condition that can stem
15 from placental or uterine disease, which may result from the consumption of legumes containing
16 high levels of estrogenic compounds, hypothyroidism due to iodine deficiency, or ingestion of
17 goitrogens. The excessive abdominal weight associated with fetal hydrops can lead to prepubic
18 tendon rupture. Diagnosis through ultrasound is crucial, and treatment generally involves
19 induction and supportive care.

20 Rupture of the prepubic tendon is another issue that can occur when a dam is pregnant
21 with multiple fetuses, experiences fetal hydrops, or suffers abdominal trauma. Management may

22 include the use of a girdle/truss, reducing rumen fill, and possibly reducing salt or trace mineral
23 intake. If the dam can be supported through pregnancy, an elective C-section might be necessary.
24 Culling the female should also be considered if her condition is severe.

25 Vaginal prolapse, which is more common in ewes than in goats, typically occurs during
26 the last three weeks of gestation in multiparous dams. The ventral vaginal floor usually
27 protrudes, often due to low-quality forage increasing abdominal filling and forcing the vulva out.
28 Contributing factors include high estrogen content in some legumes, obesity, and genetic
29 predispositions. Treatment involves cleaning and repositioning the vagina, using sutures or a
30 prolapse retainer. Given the hereditary nature of vaginal prolapse, it is essential to avoid breeding
31 affected females.

32 Uterine prolapse generally occurs within 12 to 18 hours of lambing or kidding and is
33 associated with conditions that weaken the dam or cause difficult deliveries, such as
34 hypocalcemia. Treatment includes the use of hypertonic solutions or sugar to reduce edema, and
35 closing the prolapse with a Bühner stitch. NSAIDs for inflammation and oxytocin to aid uterine
36 contractions are also recommended.

37 Retained fetal membranes (RFM) should normally be expelled within 6 to 12 hours post-
38 parturition. Intervention during parturition may lead to retained membranes, and early treatment
39 with oxytocin, prostaglandins, antibiotics, and anti-inflammatories is advised. Selenium and
40 vitamin A deficiencies, obesity, hypocalcemia, and dystocia are other causes of retained
41 membranes.

42 Metritis and endometritis, though less common in small ruminants, can occur as a sequel
43 to RFM. Diagnosis is typically based on clinical signs such as thin, watery, brown to red vaginal
44 discharge, and systemic symptoms. Treatment involves broad-spectrum antibiotics,

45 prostaglandins, and NSAIDs. While inter-uterine antibiotics were once used, their application is
46 now discouraged due to potential damage to the uterine tube.

47 Pyometra, though uncommon, can follow metritis or occur due to prolonged luteal phase
48 and retention of the corpus luteum (CL). Diagnosis through ultrasound shows echogenic
49 intrauterine fluid, and treatment includes prostaglandins to lyse the CL and oxytocin to clear the
50 uterus.

51 Pregnancy toxemia, also known as twinning disease or ketosis, typically occurs in the
52 final trimester of a multiple fetus pregnancy. It results from an inability to meet metabolic energy
53 demands. Factors such as body condition at breeding and adequate feeding throughout pregnancy
54 are crucial in preventing toxemia. The condition is categorized into primary, obesity, starvation,
55 and secondary pregnancy toxemia. Management involves correcting energy imbalances,
56 electrolyte disturbances, and supportive care with propylene glycol, thiamine, and fluids. In
57 severe cases, induction or C-section may be necessary.

58 Plant toxicities can also lead to reproductive failures. For example, Veratrum
59 californicum, when consumed early in gestation, causes congenital abnormalities. Locoweeds
60 and broomweed are associated with abortion or weak offspring. Ergot alkaloids can decrease
61 reproductive efficiency, and estrogen-producing plants like clover and alfalfa can lead to
62 infertility and other reproductive issues.

63 Pseudopregnancy, also referred to as mucometra, hydrometra, or “cloud burst,” occurs
64 due to a prolonged luteal phase, particularly in dairy goats. This condition may manifest as
65 parturition-like signs or prolonged return to estrus. Diagnosis through ultrasound reveals fluid in
66 the uterus, and treatment includes multiple doses of prostaglandins.

67 Cystic ovarian disease, more common in goats, is characterized by behavior changes and
68 abnormal cycles. Treatment involves hCG or GnRH to stimulate ovulation.

69 Most Common Causes of Infectious Abortion

70 When discussing infectious causes of small ruminant abortion, it is imperative that we
71 educate our producers and pet owners on handling abortive tissues, fluids and weak lambs/kids
72 to prevent immunocompromised individuals and pregnant women from significant health risks.
73 Proper handling and biosecurity practices can reduce the likelihood of disease transmission and
74 protect the well being of both animals and vulnerable human populations.

75 Among the most common causes of abortion in small ruminants are *Campylobacter fetus*
76 *fetus* and *jejuni*, which primarily affect sheep but can also impact goats. These bacteria cause
77 severe placentitis and fetal liver lesions, leading to late-term abortions. Diagnosis is achieved
78 through culture and microscopy, and vaccination along with antibiotic therapy is recommended
79 during outbreaks.

80 *Chlamydophila abortus*, a major cause of contagious abortion, leads to late-term
81 abortions with inflamed placenta and necrotic cotyledons. It is spread through aborted products
82 and can be diagnosed through slide smears of vaginal discharge or placenta. Vaccination before
83 breeding can help control outbreaks, though it will not prevent abortions once an outbreak has
84 started.

85 *Coxiella burnetti*, known as Q fever, commonly causes late-term abortions. The
86 bacterium is spread through various bodily fluids, and diagnosis involves serology and
87 histopathology. Preventive measures include burning or burying reproductive materials and using
88 tetracycline for treatment.

89 *Toxoplasma gondii*, transmitted via cat feces, causes placental necrosis and abortion.
90 Managing toxoplasmosis involves controlling cat populations on farms to reduce infection risk.

91 Caprine herpesvirus 1 (CpHV-1) predominantly affects goats, causing abortion storms
92 and neonatal deaths. Diagnosis through PCR of fresh tissue samples is recommended, and
93 prevention involves ensuring good herd immunity.

94 *Brucella* spp. can cause abortion, weak kids, and mastitis. It is transmitted through
95 contaminated feed or water and can be diagnosed by isolating the bacteria from aborted
96 materials. Infected animals should be culled to prevent spread.

97 Approach to Abortion Diagnosis

98 Diagnosing abortion requires careful consideration of multiple factors. Common
99 challenges include autolysis of retained fetuses, incomplete specimens, and undetectable toxic or
100 genetic factors. A thorough history of the aborting animal, including reproductive history and
101 farm management practices, is essential for accurate diagnosis. Detailed specimen submission,
102 including fetal and placental samples, along with a complete clinical history, enhances diagnostic
103 success. Maintaining a good relationship with diagnostic labs and following proper sample
104 handling procedures, such as avoiding freezing and ensuring sterile collection, are critical for
105 accurate identification of the causative agent.

106 Conclusion

107 Addressing small ruminant abortion requires a comprehensive approach, combining
108 accurate diagnosis, effective management, and proactive prevention strategies. Understanding
109 the diverse causes and implementing targeted interventions can help producers reduce the impact
110 of reproductive failures and improve herd productivity.