

# Mastitis control at calving

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**C**ows are very susceptible to mastitis around calving because their own defence mechanisms are naturally low. Bacteria may enter the end of the teat and establish infections, particularly if high udder pressure opens the teat canals and if udders are exposed to manure on the ground during calving.

## Calving area

The calving area and calving boxes should be kept clean, with fresh, dry bedding. If your knees are wet after kneeling, the pen is not dry enough for calving cows. Adequate space is important and calving on slats/in cubicles must be avoided to minimise the risk of mastitis occurring. The number of clinical cases that occur around calving is a good indicator of the state of the calving and housing environment. If more than 5% of cows have had mastitis in the first month of calving you should seek help and investigate and correct any problems.

Non-lactating heifers are also very susceptible to new infections. Heifers that calve with subclinical mastitis or clinical mastitis are more likely to be culled during their first lactation, and persistence of mastitis into lactation has a stronger effect on future udder health and milk production. Completing a milk recording within 60 days of calving shows how successful any dry cow treatment was at curing infections and identifies cows that picked up new infections during the dry period. Pay close attention to any cows that had a high SCC last year, for any evidence of clinical mastitis when they calve.



## Rapidly identify, treat and record clinical cases in freshly calved cows

Early detection and treatment of clinical cases reduces the risk of severe cases and chronic infections developing. Changes in milk can be hard to assess in the first few days after calving especially in cows that are sick with mastitis. Comparison between quarters is often helpful, checking the normal quarters first. Infected milk may spread infection during this procedure, so gloves should always be used and disinfected after handling each clinical case. It is good practice to take a milk sample in a sterile fashion from all clinical mastitis cases before treatment begins, to identify what pathogens are present on a particular farm. These samples can be labelled, frozen and stored for up to 4 months and submitted to laboratory at a later stage if necessary.

A treatment protocol should be developed following veterinary assessment and discussion and the effectiveness of this protocol should be reviewed regularly. If more than 20% of cases require a second course, the protocol should be reassessed. Keeping good clinical case records is essential to monitor mastitis in a herd and can be simply done in a notebook, or farm diary. A clear, easily seen record such as a whiteboard should be kept in the parlour for quick reference during milking. CellCheck Farm Summary Reports provide information on mastitis incidence and treatment effectiveness when clinical case records are uploaded to ICBF. This can be done via [www.icbf.com](http://www.icbf.com) or by texting the information to ICBF by texting Mast and cow's freeze brand to 0894577663; for example, if cow number 200 has mastitis, type Mast 200.

## How to minimise spread

Minimise spread of bacteria to other non-infected cows by separating clinical cases and milking them last. Alternatively use a separate cluster for mastitic cows, and rinse and sanitise the cluster for 30 seconds, using a peracetic acid solution, after milking each mastitic cow. Bacteria may be transferred to the next 5 or 6 cows milked with that cluster. After milking, bacteria multiply on the teat skin and may extend to the teat canal. This spread can be minimised by correctly using teat spray or teat dip after every milking throughout the lactation.