

SHOULD YOU TREAT ANOESTRUS COWS?

In the anoestrus cow hormones may not be present, or may not be present in high enough concentrations to be effective. Hormone production relies on energy processes and the presence of precursors such as certain “fats” like cholesterol (hence the importance of body condition) which is why thin cows are more likely to be anoestrus.

Cows usually have a shortened luteal phase following the first natural, (or GnRH induced), ovulation postpartum. The second ovulation or an induced ovulation following a period of P4 treatment are generally followed by luteal phases of ‘normal’ length. Pregnancy recognition usually occurs 14 to 16 days post conception, so short luteal phases (i.e. cows cycling for the first time during the mating period) results in loss of the CL before pregnancy recognition, and hence early embryonic loss. Thus a normal luteal phase length is important to ensure optimal conception rates, and why treating anoestrus cows is significantly better in terms of early pregnancy rate than leaving them. Insertion of a P4 releasing device (e.g. Cidr™, Cuemate™) during anoestrus simulates this short luteal phase thereby ensuring that subsequent ovulations are associated with normal luteal phases and fertility.

REVIEW OF RESEARCH FINDINGS:

In 2007 a large trial was undertaken in the Waikato using the “new” anoestrus cow treatment programme, following the ban on ODB use. The key findings from this trial are summarised below, including a cumulative pregnancy graph that shows the % of cows in calf for each treatment group by day of mating.

- Treatment of cows “not detected in oestrus” results in earlier conception than no treatment.
- The addition of a P4 device increases 1st service conception rate, 3 week in-calf rate and a faster rate of conception than treatment programmes without P4 (e.g. Ovsynch).
- Treatment with P4 improved conception rates in both CL –ve and CL +ve cows. This means that blanket treatment of anoestrus cows may be warranted.
- There is no difference in pregnancy rates between the two treatment groups.

Note that Con are the untreated

