

Neonatal Survival Following Immediate Surgical Management Of Canine Dystocia

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NEONATAL SURVIVAL FOLLOWING IMMEDIATE SURGICAL MANAGEMENT OF CANINE DYSTOCIA

Both initial medical management and immediate surgical management (ISM) with Caesarean section have been described for the emergency management of canine dystocia. Survival outcomes for neonates following ISM have not been described.

Medical records between January 2020 and December 2024 were reviewed for Caesarean section. Dogs undergoing ISM for dystocia were included. ISM was defined as an initial decision to pursue Caesarean and could include concurrent supportive therapies that were not pre-operative oxytocin. Incomplete medical records or cases where medical treatment was provided in an attempt to avoid surgery were excluded. Data was reviewed histographically and represented as mean \pm SD or median [range] per distribution, or percentage (proportion).

Four hundred and seventy-three cases were included. Dam survival to discharge was 99.8% (472/473). No dogs underwent ovariohysterectomy. Median weight was 14.8kg [2-59kg]. Median parity was 1 [1 - 6]. Median litter size was 6 [1 – 17]. Forty-two percent (89/209) of multiparous bitches had a caesarean performed previously.

Total neonatal survival was 90.7% (2506/2762). There were 70% (332/474) litters with 100% survival. There were 2.95% (14/474) litters with 0% neonatal survival. In cases with neonatal death, 34% (48/141) had known foetal death pre-operatively diagnosed by ultrasound. Common causes for dystocia included foetal oversize (31%, 143/465), uterine inertia (12%, 58/465) and singleton syndrome (5%, 24/465). Long term survival for neonates was not available.

ISM provides definitive treatment for dystocia with favourable outcomes for both bitch and neonates.