



## Incomplete Cervical Dilatation in Cattle: A Hidden Challenge in Bovine Reproduction

\*Chandni Meena, Dr. Sarjana Meena, Dr. Abhay Kumar Meena and Pradeep Kumar Manchiwal

PGIVER, Jaipur, Rajasthan University of Veterinary and Animal Sciences,

Jobner, Rajasthan, India

\*Corresponding Author's email: [meenarukmani5@gmail.com](mailto:meenarukmani5@gmail.com)

The moment of calving represents one of the most critical periods in cattle production, yet a silent complication often goes unrecognised until it becomes a crisis. Incomplete cervical dilatation—the failure of the cervix to open adequately during labor—can transform what should be a natural process into a life-threatening emergency for both cow and calf.

### Understanding the Cervix's Role in Parturition

The bovine cervix serves as a formidable guardian throughout pregnancy, maintaining a tight seal that protects the developing foetus from infection and premature delivery. This remarkable structure, measuring 6-10 centimetres in length, undergoes dramatic transformation as parturition approaches. Connective tissue softens, smooth muscle relaxes, and the entire organ must dilate to approximately 10-15 centimetres to allow passage of a full-term calf. Under normal circumstances, this cervical ripening is orchestrated by a precise hormonal symphony. Rising oestrogen levels, declining progesterone, prostaglandins, and relaxin work in concert to remodel the cervical tissue. The collagen fibers that provide structural integrity during pregnancy must be partially broken down and reorganised, while the ground substance becomes more hydrated. This process typically unfolds over the final days of gestation, preparing the birth canal for the calf's arrival.

### When Dilatation Fails

Incomplete cervical dilatation occurs when this carefully orchestrated process breaks down. The condition manifests along a spectrum, from partial dilatation that allows slow progress to complete failure where the cervix remains tightly closed despite active labor contractions. Veterinarians report that this complication affects approximately 1-5% of calving, though the true incidence may be higher since mild cases can go unrecognised. The consequences can be severe. A calf trapped behind an inadequately dilated cervix faces progressive hypoxia as placental separation begins. The cow experiences increasingly forceful and exhausting contractions against an unyielding barrier, leading to maternal distress, uterine fatigue, and potential rupture in extreme cases. Without intervention, both lives hang in the balance.

### Multiple Pathways to Dysfunction

The causes of incomplete cervical dilatation prove as varied as they are complex. First-calf heifers face elevated risk, their cervical tissues having never experienced the remodelling process of previous calving. Advanced maternal age presents the opposite problem—repeated pregnancies may leave cervical tissue fibrotic and less responsive to hormonal signals. Hormonal imbalances represent another significant pathway to dysfunction. Cows experiencing prolonged gestation, premature induction of labor, or endocrine disorders may lack the proper hormonal cascade needed for cervical ripening. The timing proves crucial; if

labor begins before adequate oestrogen exposure or prostaglandin release, the cervix simply isn't prepared to dilate. Infectious agents add another layer of complexity. Chronic cervicitis from previous calvings or breeding-related trauma can leave scar tissue that resists dilatation. Some researchers have documented cases where subclinical uterine infections alter the local inflammatory environment, interfering with normal cervical softening mechanisms. Genetic factors may also play a role, though this area remains poorly understood. Certain cattle breeds appear more susceptible, and familial patterns have been occasionally observed, suggesting heritable components to cervical function. Nutritional deficiencies, particularly of selenium and vitamin E, have been implicated in some studies as potentially affecting smooth muscle function and tissue elasticity.

## Recognizing the Problem

Early recognition of incomplete cervical dilatation can mean the difference between a successful intervention and a tragic outcome. The classic presentation involves a cow showing clear signs of active labor—restlessness, separation from the herd, frequent position changes, and visible straining—yet making no progress in delivering the calf. On vaginal examination, the veterinarian encounters a cervix that remains partially or completely closed despite the presence of a calf in the birth canal. The cervical opening may admit only one or two fingers rather than the expected hand and forearm. The tissue often feels firm and unyielding rather than the soft, pliable texture of a properly dilated cervix. In some cases, the cervix may be eccentrically positioned or have thick, fibrous bands that prevent uniform opening. Timing provides another crucial clue. Most cattle complete stage one labor (cervical dilatation) within 2-6 hours, with stage two (active expulsion) lasting 30 minutes to 2 hours for experienced cows. When a cow strains forcefully for extended periods without producing a calf or visible fetal membranes, incomplete dilatation must be suspected.

## Treatment Approaches and Outcomes

### 1. Manual and Physical Methods

Cervical massage is the simplest and most commonly attempted method. Gentle massage of the cervix per vaginum using lubricants such as warm saline or sodium carboxymethyl cellulose (SCMC) helps soften cervical tissue and promotes gradual dilatation. Repeated massage at intervals has shown satisfactory results in many detorted uterine torsion cases, probably due to collagenolytic action on cervical connective tissue. In some cases where fetal parts are already in the birth canal, gentle and sustained traction over time may aid further cervical opening. However, forceful attempts should always be avoided to prevent cervical tea.

### 2. Drug therapy

Several drugs have been tried to hasten cervical relaxation and dilatation, though results are often variable. Antispasmodic drugs such as valethamate bromide and hyoscine butylbromide are widely used. These drugs act by relieving cervical spasm without suppressing uterine contractions, thereby shortening the duration of labour in many animals. They are commonly administered intramuscularly and may be repeated depending on response.

Hormonal therapy also plays an important role.

- Prostaglandin E<sub>2</sub> (dinoprostone) has been shown to soften the cervix and increase its extensibility even without strong uterine contractions. Its use can significantly reduce the time from treatment to delivery in cattle.
- Estradiol may be helpful in partially dilated cervix by enhancing collagen remodelling and increasing oxytocin receptor expression.
- Relaxin, though effective in some species, has shown inconsistent results in bovines.

Enzymatic agents, especially hyaluronidase, are emerging as promising options. Intracervical injection of hyaluronidase helps degrade hyaluronic acid in the extracellular matrix, leading to softening and faster cervical dilatation in buffaloes after uterine detorsion.  $\beta$ -adrenergic drugs like isoxsuprine and clenbuterol cause relaxation of the entire genital tract, including the cervix. However, their results are generally sub-optimal and they may

delay parturition, so their use is limited. Correction of metabolic deficiencies, particularly hypocalcaemia, is important because poor uterine contractions can indirectly contribute to failure of cervical dilatation. Calcium therapy often improves uterine tone and assists the dilatation process .

### 3. Surgical Management

When medical and manual methods fail, caesarean section remains the most reliable and life-saving option. It is especially indicated when the cervix remains rigid, the fetus is alive but distressed, or prolonged dystocia threatens the dam's survival. In selected cases with a dead and putrefied fetus partially engaged in the birth canal, partial cervicotomy may be considered instead of caesarean section, but this requires skill and careful case selection .

### Prevention and Future Directions

Preventing incomplete cervical dilatation begins with proper reproductive management. Ensuring heifers reach adequate size and maturity before breeding reduces first-calf complications. Using appropriate bulls and avoiding oversized calves through genetic selection minimises mechanical challenges. Maintaining optimal body condition and nutrition throughout pregnancy supports normal endocrine function. Close observation as calving approaches allows early detection of problems. Many progressive operations now use video monitoring or calving alert systems to identify cows entering labor, enabling timely intervention before complications escalate. Training farm personnel to recognise abnormal labor progression proves invaluable. Research continues to unravel the molecular mechanisms underlying cervical dilatation, with studies examining the roles of matrix metalloproteinases, inflammatory mediators, and gap junction proteins in cervical remodelling. Better understanding of these processes may eventually lead to more effective preventive or therapeutic interventions. Some exciting work explores biomarkers that might predict which animals face higher risk of dilatation problems, potentially allowing prophylactic treatment. Other researchers investigate whether prepartum cervical scoring could identify high-risk individuals deserving of closer monitoring.

### Conclusion

Incomplete cervical dilatation in cattle represents a multifaceted challenge at the intersection of anatomy, physiology, and practical herd management. While relatively uncommon, this condition demands recognition and respect for its potential to cause devastating losses. Through improved understanding of risk factors, enhanced monitoring systems, and refined intervention techniques, the cattle industry continues to reduce both the incidence and impact of this reproductive complication. For producers and veterinarians alike, the key lies in vigilance—recognising that not all calvings proceed normally, and that timely identification of problems like incomplete cervical dilatation can preserve both animal welfare and economic viability. As research advances our understanding of the intricate processes governing parturition, we move closer to ensuring that every calf enters the world safely, and every cow completes this natural process without complication.

### References

1. Noakes, D.E., Parkinson, T.J., & England, G.C.W. (2019). *Arthur's Veterinary Reproduction and Obstetrics* (9th ed.). Elsevier Health Sciences.
2. Pearson, H. (1971). The significance of dystocia in cattle practice. *Veterinary Record*, 89(14), 354-362.
3. Mee, J.F. (2008). Prevalence and risk factors for dystocia in dairy cattle: A review. *The Veterinary Journal*, 176(1), 93-101.
4. Jackson, P.G.G. (2004). Dystocia in the cow. In *Handbook of Veterinary Obstetrics* (2nd ed., pp. 23-50). W.B. Saunders.
5. Wehrend, A., Hofmann, E., Failing, K., & Bostedt, H. (2006). Behaviour during the first stage of labour in cattle: Influence of parity and dystocia. *Applied Animal Behaviour Science*, 100(3-4), 164-170.

6. LeBlanc, S.J. (2008). Postpartum uterine disease and dairy herd reproductive performance: A review. *The Veterinary Journal*, 176(1), 102-114.
7. Kornmatitsuk, B., Veronesi, M.C., Madej, A., et al. (2003). Hormonal measurements in late pregnancy and parturition in dairy cows—possible tools to monitor foetal well being. *Animal Reproduction Science*, 78(3-4), 153-164.
8. Sheldon, I.M., & Dobson, H. (2004). Postpartum uterine health in cattle. *Animal Reproduction Science*, 82-83, 295-306.