Weak Calf Syndrome (WCS) typically describes calves that are born alive, but lack normal vigor. Many of these calves die shortly after birth. Often, affected calves cannot stand and nurse by themselves. If they do stand, they are very slow in getting up and often adopt a hunched posture. Herds affected with WCS may also have stillborn calves. With intensive management, some weak calves may survive. It is difficult to correct a WCS problem in a herd after it has been identified with the birth of one or more weak calves during the current calving season. There are multiple factors that may contribute to WCS during gestation including suboptimal dam nutrition, mineral deficiencies, and infectious diseases.

**Nutrition**
Ultimately, optimal dam nutrition is the best management intervention to prevent WCS. Prepartum nutrition is essential for preparing the calf for life outside the uterus. Up to 80% of fetal growth occurs in the last 60 days of gestation. Therefore the dam needs adequate nutrition to support the tremendous growth of the fetus while supplying enough additional nutrients to the calf so that it has enough reserves to be able to stand and nurse after birth.

Producers should have their winter forage evaluated to determine the nutritional quality—especially since low quality forage such as corn stalks, CRP hay etc. are being utilized in today’s production environment. Feeding the same amount of poorer quality forage means that cows may not be getting adequate nutrition. Also severe cold will increase cow maintenance requirements as they burn calories to keep warm. A good rule of thumb is to manage the feeding program so that cows are at a Body Condition Score (BCS) of 5 (6 for heifers) prior to calving. Heifers are more prone to producing weak calves and their BCS should be carefully monitored.

**Protein** is one of the biggest nutritional components necessary for fetal development. Calves born from protein restricted dams have decreased calf vigor, decreased thermal heat production,
and increased time from birth to standing. Early research in Idaho indicated that adequate protein during gestation would decrease the incidence of weak calf syndrome. Late gestation cows need **2 lbs of protein** per day.

**Energy** is also important for the fetal calf. Fetal brown fat supplies the energy needed for the calf to survive until adequate colostrum and subsequently milk is ingested. Cows need at least 11 Mcal of energy per day normally. However, producers should increase energy intake during extreme cold weather. Producers need to adapt and feed their cows to fit the environmental conditions. It is important to recognize that although pregnant cows can be roughed through much of the winter, this practice should not include late gestation. Calves born to cows that were losing weight during late gestation will have lower energy stores and longer interval from birth to standing. Additionally, these cows will take longer to breed back.

**Micro-minerals**
Selenium and Iodine deficiency may also be associated with WCS. Supplemental sources of selenium may be necessary in areas where selenium is deficient. Once supplementation starts, it will take approximately 4-6 weeks to build adequate selenium levels in the liver of the cow. Weak calves can still be observed from other causes when selenium is adequate and supplemental selenium in these instances is not beneficial. Excessive selenium can be toxic.

Manganese is commonly low in fetal and neo-natal calf livers. Research has indicated that fetal livers do not store manganese. Therefore, reported normal ranges for manganese may not be accurate and what role Mn has if any in weak calf syndrome is unknown.

**Vitamins**
Vitamin A deficiency is associated with weak and stillborn calves. Cows can store up to 4 months’ supply of vitamin A in their livers when intake is plentiful (carotene in green forage). However, carotene begins to deteriorate in hay soon after harvesting and poor quality or drought stressed forage has essentially zero carotene. Iowa State University Veterinary Diagnostic Laboratory (ISU-VDL) submission data indicated that almost all weak or still born calves in the spring of 2013 had less than 1 ppm of vitamin A in liver tissue (Table 1). Normal levels of vitamin A for fetal calves are 2-4 ppm and neonatal calves after ingesting colostrum should have levels greater than 12 ppm. Third trimester cows that are consuming low quality forage need supplemental vitamin A in their diet or by injection. Cows should intake 30,000 to 45,000 IU per head per day depending on stage of pregnancy or lactation. Vitamin A can also be administered via injection of 1 to 1.5 million IU of a vitamin A product. Weak calves that are born deficient in vitamin A will benefit from an injection of supplemental vitamin A at birth (500,000 IU).

Vitamin E levels can also be low in weak calves, especially if cows were consuming low quality forage. Vitamin E is only plentiful in green forage and is not stored in the liver as long as vitamin A. Adequate vitamin E is essential for muscle function and vitamin E deficiency has been associated with white muscle disease. What role vitamin E has in weak calf syndrome has not been determined. ISU-VDL data also indicated that weak calves in 2013 had very low levels of vitamin E (Table 1).
Infectious causes of WCS include Bovine Viral Diarrhea Virus (BVDV) and leptospirosis. BVDV is capable of causing multiple congenital problems in calves. The particular problem seen in calves will depend on the stage of gestation the cow was in at the time of infection. Calves infected in-utero may show signs of hydrocephalous, immaturity, “dummies”, or generalized weakness. Stillborn calves that are found dead without evidence of dystocia should be investigated by you and your veterinarian. If any of these organisms are suspected contact your veterinarian to ensure that the correct diagnostic samples are submitted and the test results are used to re-evaluate your herd health program.

### Table 1. Weak calf syndrome liver levels (ppm) of selected vitamins and micro-minerals in 2013.

<table>
<thead>
<tr>
<th></th>
<th>Vitamin A*</th>
<th>Vitamin E</th>
<th>Manganese**</th>
<th>Copper**</th>
<th>Zinc**</th>
<th>Selenium**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>3.0399975</td>
<td>1.60303</td>
<td>1.784444</td>
<td>84.33333</td>
<td>74.62222</td>
<td>0.819512</td>
</tr>
<tr>
<td>Max</td>
<td>13</td>
<td>5.6</td>
<td>12</td>
<td>172</td>
<td>235</td>
<td>2.66</td>
</tr>
<tr>
<td>Min</td>
<td>0.999999</td>
<td>0.1</td>
<td>0.3</td>
<td>13</td>
<td>11</td>
<td>0.24</td>
</tr>
<tr>
<td>Median</td>
<td>0.999999</td>
<td>1</td>
<td>1.3</td>
<td>75</td>
<td>69</td>
<td>0.65</td>
</tr>
<tr>
<td>Normal Range</td>
<td>12-32</td>
<td>4-8.6</td>
<td>2.5-6</td>
<td>25-100</td>
<td>25-100</td>
<td>.25-.5</td>
</tr>
</tbody>
</table>

*Descriptive statistics calculated with most vitamin A levels inputed as 0.999999, however lab data was reported as <1 (77% of calves were reported as <1). Therefore, true levels of vitamin A were probably closer to zero.

**Some calves may have received supplemental micro-minerals at birth.

### Dystocia

Producers should also focus on good management practices during calving. In general, birth is a traumatic event for the calf and dystocia can further exacerbate problems. Dystocia calves will usually have decreased calf vigor, appear weaker at birth, and take longer to stand and nurse. Additionally, excessive hypoxia (low blood oxygen) during the birthing process can cause temporary or permanent injury to the central nervous system that may prevent normal activity such as standing or nursing. As always, a clean dry calving environment helps the calf get off to a good start. A calf that is born into a cold wet environment is going to have to spend more energy keeping itself warm before it ever has a chance to stand and nurse. If calves have not stood and nursed within 4 hours the dam should be restrained, milked out and the colostrum fed to the calf. Histological examination of 28 weak calves in 2011 by ISU-VDL indicated that 46% of the weak calves had evidence of dystocia and/or hypoxia. Therefore, dystocia may be the biggest factor associated with weak calves, especially when nutrition is adequate.

### Summary

Weak calf syndrome needs to be addressed well in advance of the calving season. Factors such as cow herd nutrition, micro-mineral and vitamin balance, dystocia levels, and various disease organisms can all play a role in producing this condition. Addressing nutritional needs and accounting for severe weather needs to be done prior to calving. Maintaining body condition is a good measure to use during late gestation to make sure cows are receiving adequate energy and protein. Supplementation of vitamins and minerals should be initiated in mid gestation. Close observation during calving to identify potential dystocia problems and timely intervention can reduce negative impacts that dystocia can have on neo-natal calves.