Bottle babies will *quickly* steal your heart, so please read and follow these instructions to help them live long and healthy lives! They have some special needs that you must fill, because they really do look to you to be their mom, and are counting on your care and protection.

**FIRST 48 HOURS - FEEDING & CARE INSTRUCTIONS:**

When you get your bottle kid(s) from me, they will have already received colostrum, that very important first milk that contains the special nutrition and antibodies that they must have in order to survive. They are fed all the colostrums they will consume during the first 24 hours of their lives. After that, their stomachs do not absorb the antibodies, so it is a crucial time. I feed them every 3-4 hours “around the clock” for the first 24 hours (that’s why they frequently are in my living room during that time!).

It is important for ANY kid to consume at least 10% of their body weight in colostrum during the first 24 hours. So if the kid weighs 10 lbs at birth, they need to consume AT LEAST 1 lb (16 oz) of colostrum during their first day. There is 30 cc’s in an ounce, so feeding kids via a syringe is not going to get the job done very easily.

This document is describes what to do during the first 48 hours of a bottle babies’ life. Normally, I never place a kid in another home during this time, because it is a time of their life when they are incredibly vulnerable, and a time where you have to provide them with almost constant care, just as their mom would do under normal circumstances. **This is for people that have bottle babies to raise, and that NEED TO KNOW what to do during the first (critical) 48 hours all the way through weaning!** Hopefully you can review this document, and decide what you need to have on hand BEFORE your bottle babies are born (bottle babies are almost always born on a weekend! 😊).
**AT BIRTH**

#1 PRIORITY = AIRWAY. The first priority when a kid is born is to make sure they have a clear airway, and are breathing. You should wipe off their face, nose & mouth with a paper towel, then clear their nose and mouth with a bulb syringe. If they are gurgling at all, keep wiping their face & clearing their airway until they are breathing without difficulty. If you need to remove the kid from the dam for any reason (if she has something that is contagious, if she has more kids than she can support, or if she is a dangerous mom (trying to physically harm her kid), the kid can be removed at birth. If your doe is CAE positive, the kid should be removed BEFORE the doe has a chance to even lick it ONCE, and the kid should be cleaned off thoroughly.

#2 PRIORITY – NAVEL. Dip the kid’s navel in 7% (strong) iodine. Get the entire cord wet with iodine, all the way up to the belly. If the kid is bleeding from the cord, immediately tie the cord with dental floss, as close to the belly as you can get. The 7% iodine prevents bacteria from getting into the body via the cord; it also helps the cord dry up quickly. If the cord is over 2-3” long, you can trim it back. I use dull scissors to trim the cord, since cutting the cord with a sharp instrument can encourage bleeding. If you cut the cord after dipping the navel, dip it AGAIN after cutting it. The disease caused by bacteria getting into the body via the cord is called NAVEL ILL, and it is frequently deadly, so do this simple procedure ASAP after birth to prevent it!

#3 PRIORITY – DRY, DRAFT-FREE AND WARM. I take my bottle babies into the house, since they will require my care & it’s easier for me to give it to them there. I put them in a cardboard box or Rubbermaid tub with straw or newspapers on the bottom, covered by clean towels in a warm (but not hot!) room, and I towel them off until their hair is dry. If they are chilled and slow to respond, but are breathing, I submerge them into a sink full of quite warm, but not hot, water (about 100 degrees) UP TO their NECK, and hold their head above water as I wait for their body to warm up, up to 5 minutes. After they are warmed, I re-treat their navel (if it was already treated), and then dry them off thoroughly. I prefer to have more than 1 bottle baby in a box together, of the same age and alertness, so that they can keep each other company & share warmth! As soon as the kid(s) is warm and in the process of getting dry, I start working on getting them some colostrum for their first 24 hours feedings!

#4 PRIORITY – PASSIVE IMMUNITY PROVIDED FROM 2 SOURCES – COLOSTRUM & POLY-SERUM. Most kids get colostrum from their dam within the first few hours. The colostrum contains fats that help the newborn kid pass the meconium (tar-like feces that all newborn species have). The colostrum also contains a high level of antibodies that are ESSENTIAL for the kid to survive in the world outside of his or her dam. So you must get colostrum into the kids ASAP. **Colostrum should be fed every 3-4 hours for the first 24 hours of a kid’s life. Your goal is to have them consume AT LEAST 10% of their body weight in good quality colostrum during their first 24 hours of life. So a 10 lb kid would need to consume at least 1 lb (10%) of colostrums within the first 24 hours.** There are several sources for colostrum.

(1 ) You can milk some colostrum out of the dam, only if she is CAE negative. For WEAK kids, you can milk the colostrum into a big syringe (with the plunger removed). I simply block off the end where the needle would be, and squirt the milk into the open end where the plunger would go. I milk it into a big syringe when the kid is weak or doesn’t have a good suck reflex yet (such as a premature kid). Then I feed the kid by putting the plunger carefully into the syringe & SLOWLY dribbling a little colostrum into the side of the kids’ mouth. I normally only do this until after the kid has gotten warm and strong enough to suck on a bottle; in the case of a sick or extremely weak kid, it may be a couple of days. For STRONG kids, another (simpler) option for milking colostrum out of a doe is to milk her into a wide-mouthed water bottle, like what we carry around on our bicycles. Then I carry the water bottle into the house and feed the kids via kid baby bottle, while the colostrum is still warm (do NOT heat it in the microwave). Any unconsumed colostrum can be saved for up to 24 hours in the fridge, and warmed to feed the kid(s) on subsequent feedings. Warm up ONLY what you are going to use in 1 feeding; keep the rest cooled until you need it (it contains antibodies that can be damaged by repetitive warming).
(2) Frozen Colostrum from CAE Negative Does. You can freeze colostrum from newly freshened does that have been tested negative for CAE. I freeze the colostrum either in partially-filled 20 ounce water bottles, or in ice cube trays. If I freeze the colostrum in ice cube trays, as soon as it is frozen I transfer the ‘colostrum cubes’ over to freeze bags & label them with the date & the doe’s name that produced it. GENTLY thaw colostrum, either in the fridge or warm the cubes in a coffee cup set into a bath of warm water. NEVER microwave the colostrum; if you do, you are DESTROYING the good components of the colostrum & you may as well be feeding straight milk. Some goat dairies will sell heat-treated colostrum that has been frozen to other breeders. Buy ONLY from someone who you TRUST COMPLETELY. If you feed your bottle babies CAE infected milk, even once, you have just made them (eventually) CAE positive. Be super careful about their milk & colostrum source!

(3) Powdered Colostrum. This is a so-so alternative to be used ONLY if you don’t have the real stuff. I have used it in a pinch, but my kids don’t seem to like it very well, and I have doubts about the potency and quality of antibodies it contains. Anything that is labeled as a ‘colostrum supplement’ IS NOT a replacement for colostrum, but it may contain SOME of the colostrum components. If it is labeled as a colostrum replacement, it should contain both the fats and the antibodies that the kid needs to survive, but I still question the quality of the powders.

(4) Poly Serum. Available from Grand Laboratories in 250 cc bottles, Poly Serum is GOOD STUFF for bottle babies, or any ailing goat. We will discuss its use for bottle babies only in this document. It is of bovine (cow) blood origin, and it contains the antibodies that protect against the COMMON causes of pneumonia and scours – frequent killers of bottle baby kids. It is like immunity in a bottle. It does not have nutritional value; ONLY antibodies. This is what I do for ALL of my bottle babies, to protect them (and I have had 0 deaths due to clostridium since starting to use Poly Serum, whereas before I had 2-3-4 a year, and clostridial deaths are absolutely AWFUL for both owner & kid!).

I start all my bottle babies with 3 cc of Poly Serum dribbled into their mouth prior to their first drink of colostrum, normally when they are about 20 minutes old. I draw it into a syringe, warm it in my palm for a minute, then squirt it slowly (with the needle removed, of course) into the side of their mouth so that they swallow it. Don’t expect them to love it, but it is good for them! In order for it to be effective as an orally-administered product, it must be given during the first 24 hours (preferably within the first 12 hours of life).

After the kid has had their oral dose of Poly Serum, then their first drink of colostrum, I give them a 3 cc shot of Poly Serum subQ in the shoulder skin. It will absorb rapidly into their body. ALWAYS have epinephrine available when giving ANY blood derived product, just in case they go into anaphylactic show (mine never had from Poly Serum, but as soon as I don’t warn against it, they will!). If the kid is fed powdered colostrum or anything I question the quality of (immunity-wise), I will give the kid 3 cc shots of Poly Serum every other day for their first week of life. In this case, I simply alternate shoulders for injection sites.

After the first week, ALL bottle babies are given 3 cc doses of Poly Serum every other week to continue their elevated level of immunity. It is very cheap insurance!

In what I consider HIGH-RISK kids (ones that seem to have a tendency to bloat or scour after consuming milk), I also give the a 3 cc dose of C&D Anti-Toxin, starting as soon as I notice their problem, and given as often as needed until they receive their first Covexin-8 vaccination. Avoid giving Covexin-8 shots where you have been giving Anti-Toxin shots or Poly Serum shots. That’s why I use the shoulder area for these injections, and the armpit area for Covexin-8.

Feed your bottle kid(s) every 4 hours for the first 24 hours. I typically start a kid with 4-6 ounces of colostrum, and allow them to consume all they want of that at each feeding. The 4-hour minimum spacing meal allows the gut to process the colostrum & milk before more food is introduced to the gut. This seems to help prevent digestive upsets & clostridial attacks. Each kid is an individual, but what I have found that it is far
healthier for a kid to be a bit hungry than critically ill from over-consumption. If they consume 4-6 ounces every 4 hours, they will get AMPLE colostrum into their system during their first 24 hours.

Once they are **24 hours old, and until they are about 7 days old**, I change them over to feeding every 4 hours, **5 times a day**, with a break at night for me to sleep a little! A typical schedule for me is 4 am, 8 am, 12 noon, 4 pm & 8 pm, with no milk between 8 pm & the 4 am feeding. During this time, I very **gradually increase the amount that they get at each feeding (by about 1 oz per day)**.

(Formula recipe is listed at the bottom of this document)

When they are **7 days old**, I change them over to feedings every 4 hours, **4 times a day**, typically at 6 am, 10 am, 2 pm, & 6 pm (never feed earlier than 4 hours since the LAST feeding). By this time, they are typically getting about **12 oz per feeding**. They are typically starting to nibble a little bit of Boer Goat Developer & good quality hay, and always have access to a short bucket of fresh water.

When they are **2 weeks** old, you can opt to switch them over to **3 feedings per day**, unless you choose to keep them at 4 feedings (they will grow a little better if fed more frequently, but you have to fit their schedule into your life, too! They stay at 3 feeding per day until weaning at 3 months of age, when I gradually reduce them by 1 daily feeding each week until they are not getting any. Gradual change in feedings is always better with goats!

**Milk Formula for goat milk replacer:**
I opt to feed either fresh goat milk (from only CAE-negative does!) or a formula of whole milk, canned evaporated milk & buttermilk to the kids after the first 24 hours. If you choose the formula, you can make it as follows: Set aside 2 cups of WHOLE COW’S MILK from a full gallon jug. Add 1 cup of buttermilk & 1 can of evaporated milk (NOT sweetened condensed!!) to the gallon, then top off with the set aside milk so that the gallon jug is full. SHAKE WELL before pouring each time. Only warm what you are going to feed the kid(s). Add a pinch of ProBios powder to each bottle after the milk is warm (NEVER HOT). Feed the milk with a Pritchard nipple. I NEVER feed more than 16 OUNCES at one time, even to a 3 month old kid!

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