

Superovulation and embryo transfer in cattle

Prof G N Purohit

Head, Department of Veterinary Gynecology and Obstetrics, College of Veterinary and Animal Science, Rajasthan University of Veterinary and Animal Sciences, Bikaner, Rajasthan, India

Superovulation

- Induction of multiple ovulations in a mono-ovular species by the exogenous administration of FSH at certain times of the estrous cycle

What is Embryo Transfer?

- ET involves the removal of an embryo from a female of superior genetics and the placement of the embryo into the reproductive tract of a female of average genetics.
- The goal of ET is to obtain the maximum number of genetically superior embryos in a minimum amount of time.

Purpose

- Obtaining multiple embryos from an outstanding female
- Transport genetics across long distances
- Production of identical offspring by embryo splitting

Benefits of Embryo Transfer

- Traditionally, cows produce only one calf per year. ET allows the production of many offspring within a year from a single cow.



Benefits (continued)

- ET can increase the genetic potential of a herd in a relatively short period of time.
- ET can increase milk production in dairy herds.
- ET can increase weaning weights in beef and dairy herds.

Benefits (continued)

- ET allows other producers to take advantage of superior genetics because frozen embryos can be shipped almost anywhere.
- ET preserves superior genetics for future generations due to embryo freezing.

Limitations of Embryo Transfer

- Expensive
- Labor intensive
- Requires extensive training and experience

History of embryo transfer

Events	Species	Year	Scientist
First successful ET	Rabbit	1890	Walter Heape
First successful ET	Rat	1933	JS Nicholas
First successful SOV	Cattle	1940	Casida
First successful ET	Sheep and Goat	1949	Warmick & Berry
First successful ET	Pig	1951	Kvansnickii
First ET reported in cattle	Cattle	1949	Umbaugh
First successful ET	Cattle	1951	Willett & assoc
Baby girl born through ET	Human	1979	Steptoe & Edwards
Calf -Frozen thawed Embryo	Cattle	1973	Wilmut & Rowson
Calf born by ET	Buffalo	1983	Drost and assoc

Components of embryo transfer

- Superovulation
- Artificial insemination of the donor female
- Recovery of embryos from the donor
- Maintenance of embryos
- Transfer of embryos to recipient female
- Freezing of extra embryos

DONOR SELECTION

- High milking ability
- High growth rate
- Outstanding reproductive capacity with proven fertility



Recipient Cows

- Recipient cows can be low genetics but high fertility COWS.
- Recipient cows serve as surrogate (foster) mothers to the calves, but contribute no genetic information.
- For this reason, the genetic makeup of the recipient cow is not as important as the makeup of the donor COW.

Bull Selection

- A bull with superior genetics should be selected.
- Breeding can occur naturally or by artificial insemination.



Superovulatory protocols

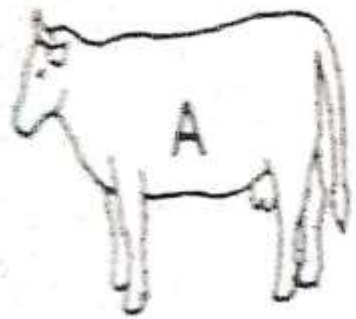
- eCG- cheap source but has a longer half life of 72 h hence more chances of obtaining unfertilized ova, more chances of development of ovarian cysts in treated cows.
- Purified FSH -Folttropin-V (porcine origin) shorter half life 5 h
- Not started before Day 45 of calving

- A single IM injection of 2000-3000 IU of eCG is sufficient
- With porcine purified FSH administration has to be done every 12 h
- The administration of FSH is initiated between Day 9-13 of a natural estrous cycle.
- FSH administration can also be started from Day 9-13 of intra-vaginal placement of a progesterone implant.

- Purified FSH is administered every 12 h for 3- 4 days in equal or decreasing amount.



- Prostaglandin is administered 48 h after an eCG or 1 day before the last day of Folltropin-V
- Estrus detection is done and animals are mated or inseminated with high fertility proven semen



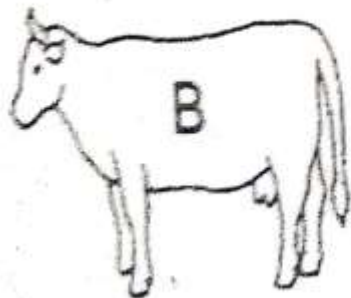
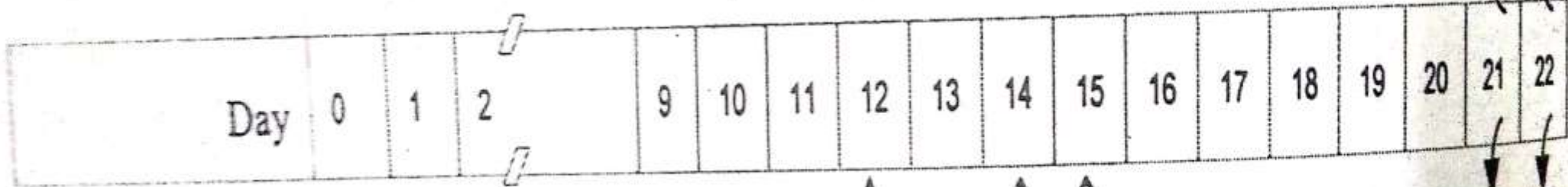
Estrus

eCG

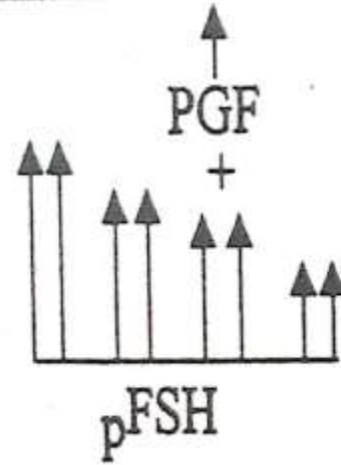
PGF

AIDE

Embryo Recovery



Estrus



PGF +

AIDE

Embryo Recovery

Breeding or Insemination of superovulated animals

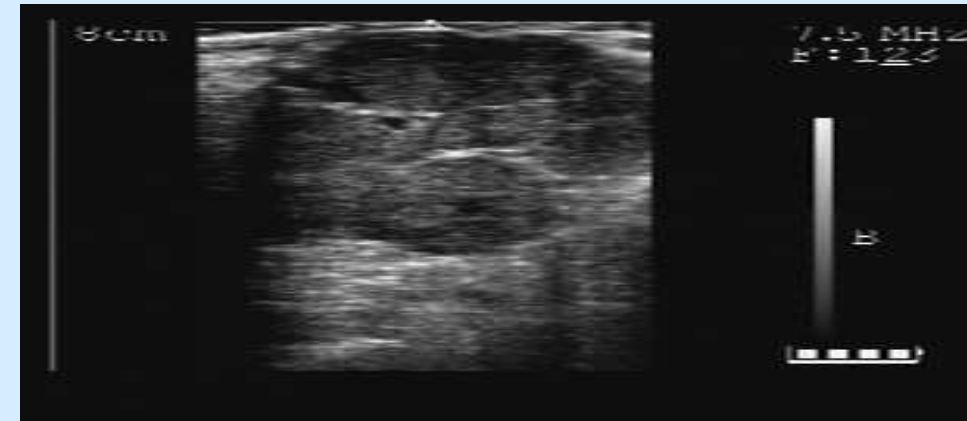


Evaluation of ovulatory response

- Transrectal palpation of the ovaries to evaluate the number of CL one day before embryo recovery

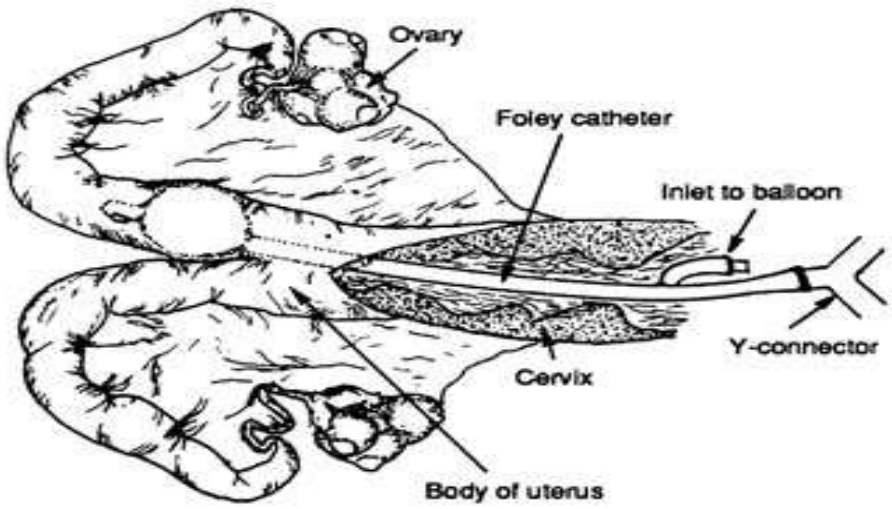


- Transrectal ultrasonography



Embryo recovery Day 7 of mating

- Non-surgical- Standing cows
- Perineal washing
- Epidural anesthesia
- Cervical dilation using Cervical dilator
- Foley catheter/Three way continuous infusion catheter
- Y junction tubing attached to infusion bottle
- Media DBPS



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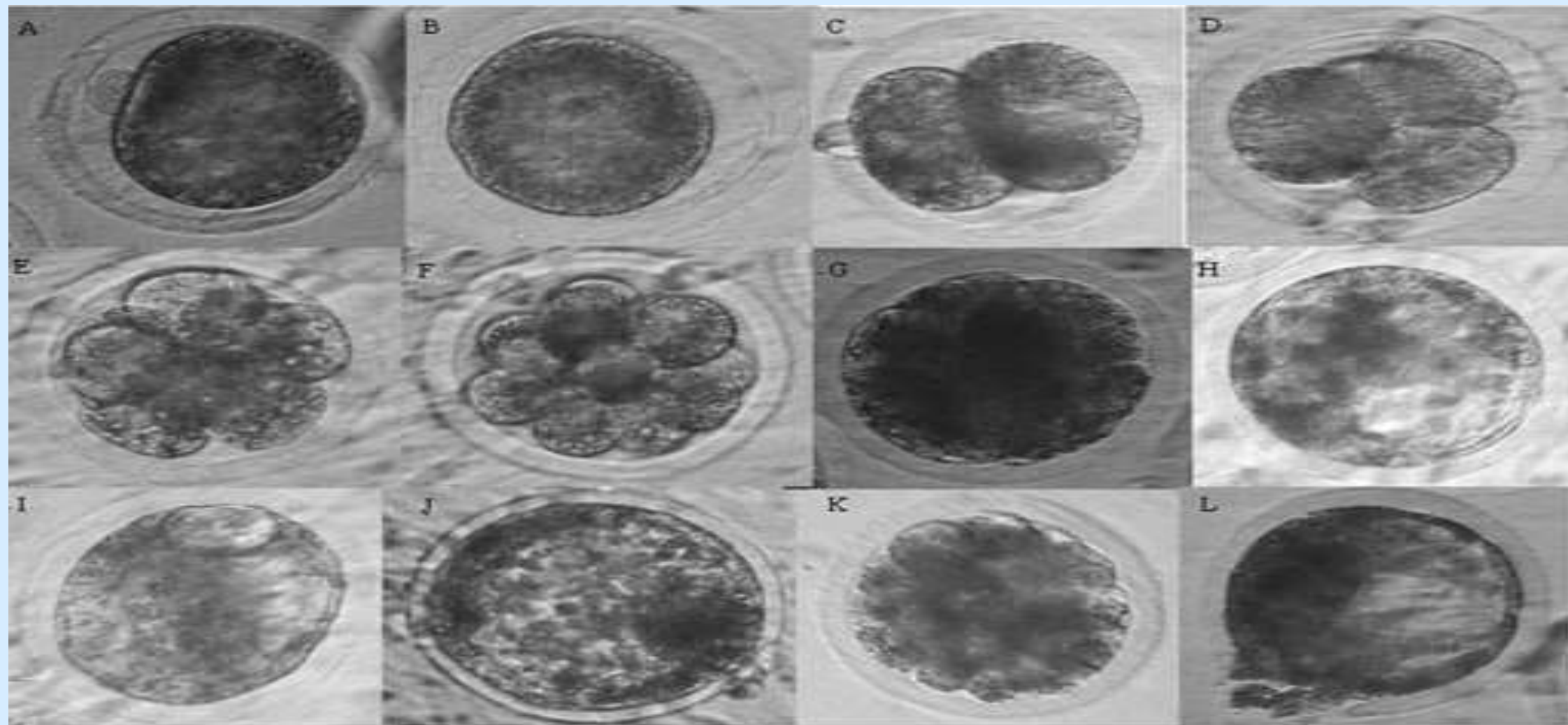
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Embryo evaluation

- Under stereozoom microscope → Overall diameter of embryo 150-190 μ m including Zona Pellucida
- *Good quality embryo → Spherical, symmetrical, uniform sized cells





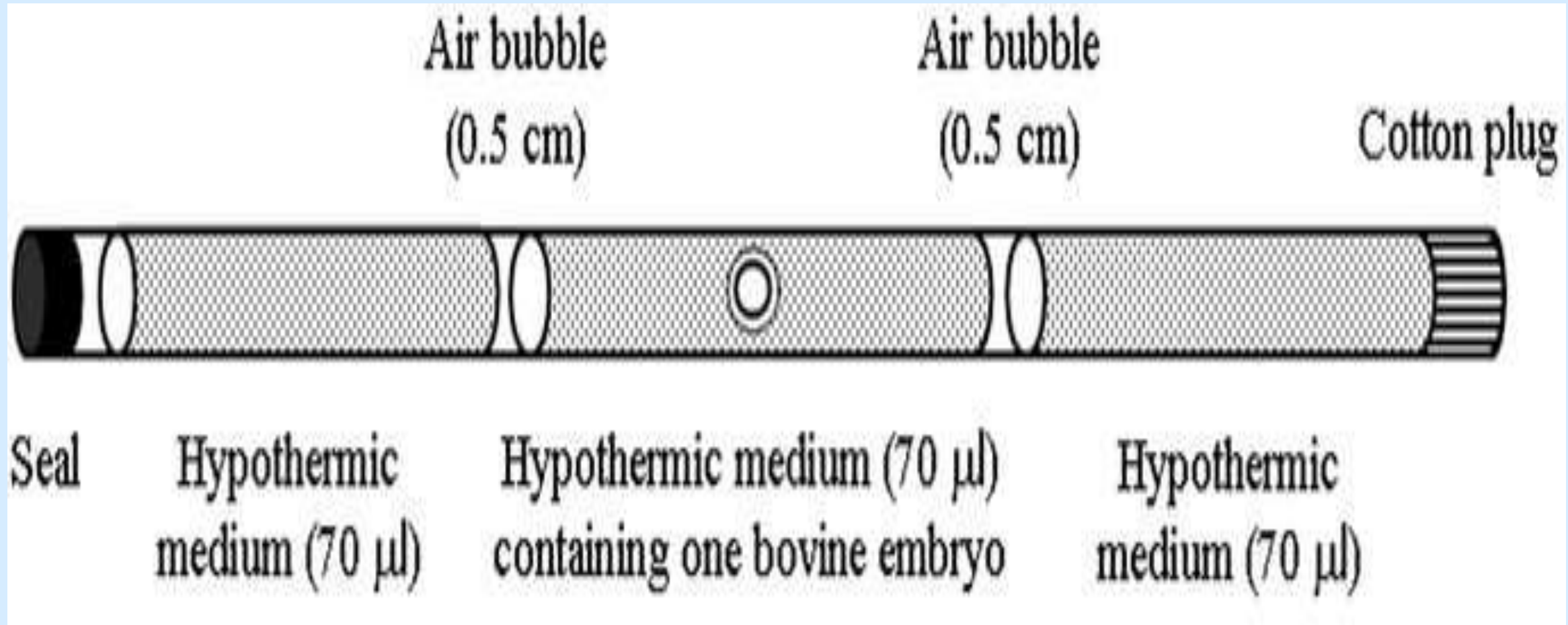
Embryo holding

- **Embryo holding media**
DPBS+Glucose+Sodium
pyruvate+Penicillin+Streptomycin+BSA



Filling of embryos

Embryos are filled in pre-sterilized empty semen straws using micropipettes or embryo exhauster



- **Storage of embryos:-**
- Short term-
 - *Room temperature→2-3 hours in holding medium
 - *Incubator→24-48 hours
 - *Refrigeration→2 days
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- Long term- Cryostorage (In Liquid Nitrogen)
-
- Recently-
 - Vitrification→ Solidification of the Liquid by extreme increase in viscosity during ultra-cooling (Prevents the embryo from cryopreservation damage)

Synchronization of recipients

- Low productive but regularly cyclic females are administered PG for estrus induction one day before donors. They are then kept indoors to prevent accidental breeding.

Embryo Transfer

- The recipient is prepared and the embryo is transferred in the uterine horn ipsilateral to the CL bearing ovary.



- The above lectures are also explained in video lectures at my YouTube Channel Govind Narayan Purohit
- Kindly share the videos and subscribe to my channel if you like them
- Thanks