



*Orphaned Kittens: How Saving the Tiniest Lives  
has the Biggest Impact*

**Live Webcast Audience Questions and Answers**

By Ellen Jefferson, DVM and Heidi Beyer, CVT

March 21, 2013

**Q&A with Ellen Jefferson, DVM**

- 1) **Q: What should you do if you believe your bottle baby has aspirated some milk from its bottle?**

**A:** Gently pat the back like a burping baby and put in upside down position with nose facing the floor and head below back feet while you pat. Once breathing ok, we recommend either starting amoxicillin drops or give 1-3 doses of injectable penicillin G (Pen G) subcutaneously to prevent bacterial pneumonia.

- 2) **Q: Most babies get runny poops due to bacterial infections. Should they be given antibiotics as soon as stools start turning runny?**

**A:** We start amoxicillin or Pen G injections as soon as we see that stool. It helps tremendously to balance them back out before they get dehydrated or more ill.

- 3) **Q: How do you identify each kitten?**

**A:** If there is more than one kitten in each litter that look alike, we will use petsafe and kidsafe paint to mark the tip of one ear on one of the look-a-likes. Then we mark their charts to say “tabby- red ear” and “tabby- no paint”. If more than 2 look alike, then we use more colors to help tell the difference.

- 4) **Q: What is the size of area to number of kittens that works well for keeping everyone healthy?**

**A:** We currently use three rooms with one space that is about 12’x20’ as our smallest and it has 15 cages in it, a fridge, counter top and cabinets with supplies. The fewer the better, but since we can’t use every room in the building, we have to deal with it being slightly more crowded than we would like.

- 5) **Q: How long are the shifts that volunteers sign up for? One “rotation” of feeding or multiple?**

**A:** 2-4 hours. In 2 hours, we estimate that a good feeder can feed 5 litters. So it is less than one “rotation”. If you have staff, you can have them work longer shifts to cover more territory. Gruel babies take longer because they don’t eat as much as it appears and they take a long time to fill their bellies by eating gruel.

6) **Q: When you say “test” the babies before giving them to a nursing mom, aren’t they too young to test? How do you get blood to test for FeLV at such a young age?**

**A:** We pull blood from the jugular vein and can do it on days old babies. We combine tests so we pull one drop from three kittens and then run the FeLV test (it is less expensive to use the FeLV only test rather than the combo tests). On kittens older than 4 weeks, we use the combo test.

7) **Q: Do you combo test the mom cats for FIV/FeLV before placing additional newborn kittens with her?**

**A:** Yes

8) **Q: In our shelter, our vet doesn’t want kittens from different litters intermingled if they have not been tested for FIV/FeLV. Is this a legitimate concern?**

**A:** Yes, you should test them before mixing. BUT remember that a positive FeLV test may be due to red blood cells and ALL positive kittens should be retested with serum before calling them positive for real.

9) **Q: Did you say you test for FIV at 6 weeks? Aren’t you concerned about false positives from maternal antibodies?**

**A:** No, the literature doesn’t support that as far as I have seen. We do retest kittens that are positive for FIV after 4 or more weeks and occasionally they turn up negative later.

10) **Q: What are the dangers of a foster taking in a positive kitten when they have their own cats?**

**A:** Not many as long as they are isolated. FeLV is harder to catch than we think and there are studies that show if cats are not in constant communication (like grooming each other and sharing dishes) the chance of spread is very low. FIV is even harder to catch and unlikely to pass from cat to cat in a household even if in close constant contact.

11) **Q: When adding kittens to an already nursing mom, you stated to make sure they are the same age as the mom’s original babies. What is the “window” of age that is safe to work with?**

**A:** Usually within seven days of each other, but we prefer very close in weight.

12) **Q: How many paid staff do you have internally at the Bottle Baby program? Which ones are they on the organizational chart?**

**A:** We now have the equivalent of 3.5 full time feeders (but it is 11 people who work part time so we can accommodate the weird schedules of overnights and days), two nursery managers and a part time kitten foster coordinator. The rest are volunteers.

**13) Q: Do you use high school kids as volunteers at Austin Pets Alive!, and is there any age limit?**

**A:** Only kids over 18 can volunteer without a guardian. Kids over 16 are allowed to volunteer with a guardian. Kids of any age can foster but they must have parental supervision of all feedings if under 16.

**14) Q: How do you regulate “burnout” among your foster volunteers?**

**A:** This is hard. We can’t regulate it, as it is different for every individual. We do try to encourage breaks and get-togethers that help reinforce the team. We do only allow two “cages” worth of animals in any foster home at a time. “Cage” is defined as whatever would normally go in one cage at the shelter at a time. So that could be a family or two bonded cats or one individual in each cage. This prevents people from getting in too far over their head. If they want to foster more, they have to hurry and get their first two cages worth adopted before bringing in another.

**15) Q: What do you recommend for nursery set-up/organization for a shelter that is primarily foster based for orphan kittens? A nursery where I work is much more of a backup as opposed to a starting point while we search for foster.**

**A:** Foster is ideal! I would recommend the same set up, but just on a smaller scale since it would only be used as back up. Maybe put any paid help into foster coordination (who can sub as feeders if in a pinch).

**16) Q: What advice would you give to those of us who will have to manage bottle babies at our shelter with just a couple of people?**

**A:** If there is a high kill rate, I would recommend focusing on older kittens that can survive overnight when the shelter is closed. If the only need is for bottle babies then I would recommend taking shifts caring for them where you split up foster duties. That way you all aren’t exhausted at once.

**17) Q: What is the safest way to de-worm kittens this young?**

**A:** We use Strongid (pyrantel pamoate). The dose is usually 0.1cc per pound, and again in 7 days - so very small amounts!

**18) Q: What flea prevention do you use on kittens under 6 weeks of age?**

**A:** We use a tiny fraction of a drop of frontline. If they are infested, we will dissolve a fraction of a Capstar and give each kitten a drop orally. You can do the math by fractioning

the pills by lbs., so if one pill treats 10 lbs. of cat and the kitten only weighs 1 lb., then you only give 1/10 of the pill. Dissolving it makes it easier to get into them since they are so tiny and swallowing a pill is hard for them.

**19) Q: Is there a reason why you use Frontline instead of Advantage?**

**A:** No.

**20) Q: What is a Pen G injection and what dose for kittens/cats?**

**A:** Penicillin G. We also use Pen 48 which lasts 48 hours at a time. The dose is 0.1cc per 1 lb. SQ once a day.

**21) Q: What is the earliest age that you can give the Pen G injection?**

**A:** Any age.

**22) Q: Do you only give one injection of the Pen-G prophylactic dose?**

**A:** Yes. If diarrhea does occur, we do it for three days in a row, once daily to get it under control. It seems to work even better than amoxicillin since it is just once a day and simpler to give.

**23) Q: Can I use Panacur instead of Strongid?**

**A:** Yes, but it is more expensive.

**24) Q: If a kitten comes in alone, is it housed with other kittens its own age to prevent “only kitten syndrome”?**

**A:** Yes, we never allow a kitten to grow up alone. We do often watch that kitten for 24 hours, if possible, to make sure it is not sick before adding to a litter. If it is a really young bottle baby, we won't wait that long before we place with a mom (assuming one is available) because the risk of diarrhea/aspiration is higher when switching to a bottle.

**25) Q: Do you have a recommended feeding recipe?**

**A:** We use KMR at the recommended mix. We do dilute it to prevent diarrhea for the first day or so after we receive them.

Mixing KMR:

- KMR is mixed in graduating ratios of water to KMR to ease the kitten's transition from its mother to bottle feeding. This is done to prevent diarrhea, which commonly occurs whenever there is a change to a kitten's diet.
- The first four feedings are at a ratio of 8:1, eight parts water to one part KMR.

- The second four feedings are at a ratio of 4:1, four parts water to one part KMR.
- All other bottle feedings are at a ratio of 2:1, two parts water to one part KMR.
- When mixing KMR, use a measuring cup to mix the amount you need.
- KMR clumps badly, so stir thoroughly. Clumps can clog the nipples and prevent the kitten from getting its food; some of the small ones can lodge in the kitten's throat.
- After mixing, store in a covered container in the refrigerator. Label the container with the ratio and the date and time it was mixed. Try not to mix more KMR than can be used in a day's time. It will spoil, so should be thrown out after 48 hours.

**26) Q: So can an FeLV positive (verified with a 2nd test) become a negative (say through fighting the virus internally) and then mingle with other cats/kittens and not carry and share the FeLV virus?**

**A:** Yes, we see this very commonly in kittens especially. Once negative, they appear to be truly negative and we have not seen any become positive again later.

**27) Q: In your program do you always bottle feed or do you ever use an orogastric tube to feed them?**

**A:** If they will not eat on their own from the bottle and we are concerned about losing weight, we will use a tube. Generally it is only for emergencies.

**28) Q: Do you use Clavamox for anything?**

**A:** We do for deep punctures or abscesses.

**29) Q: Isn't Baytril contraindicated for kittens due to bone plate interference?**

**A:** There was a study done about 20 years ago that suggested that, but it has not been supported over time. We have not seen any issues with it, and I believe if it is the only drug that will save their life, the very small amount of risk is worth it.

**30) Q: What about giving a probiotic like Fortiflora to kittens on a daily basis?**

**A:** We found that if heated, it is denatured so it is not usable while on warm milk.

**31) Q: What is the appropriate sugar water mix? How much sugar water do you give to a fading kitten and for how long? Can Nutrical be substituted for sugar water?**

**A:** We just mix enough sugar with warm water to make it syrupy – fluid enough to swallow though. We do it every 3-5 minutes until they are swallowing and we can get food down

them (gruel, baby food or Nutrical) that will last longer than sugar water. Nutrical is too thick to swallow when they are so weak (so is gruel).

**32) Q: What vaccines do you give at 1 pound?**

**A:** FVRCP

**33) Q: Which FVRCP vaccinations do you use? Killed or modified live?**

**A:** Modified live, but only to kittens over 1 lb. since it can cause the virus in kittens younger than 4 weeks.

**34) Q: Do you have any tips for recruiting more bottle baby foster homes?**

**A:** Media is the best bet. Use every angle you can. Get news reporters in to cover injured kittens, mother's day, nursery opening, kitten showers, 100<sup>th</sup> graduate, etc. The more news where you specifically ask for fosters, the more that you will get.

**35) Q: Regarding FeLV if you have a litter where not all kittens test positive initially, do you keep that litter together until they are retested? And what is your policy regarding kittens that test positive again at 6 weeks?**

**A:** We do sometimes keep them together. Since the negative ones were exposed, we will need to retest in 4 weeks to make sure they are really negative. So they can stay with their positive littermates or preferably go to another foster home or cage and then be retested. The positive ones are retested in 4 weeks also. If still positive, we find placement for them in our FeLV sanctuary and try to adopt them out. Sometimes we still get long term fosters – especially for kittens that are positive. We just look for fosters that don't have other cats. We can find them occasionally by pleading to the dog foster list.

**36) Q: How do you treat Fading Kitten when there is no obvious cause of illness (e.g., diarrhea) but just fading for no obvious reason? Do you start on antibiotics just in case? How long do you keep them on the Karo syrup before they revive?**

**A:** We do start them on antibiotics even if no obvious cause. I believe that there is a bacterial element 100% of the time. We just may not see it on the outside before they have problems. Usually they revive within 30 minutes or so but occasionally it will go on a lot longer like a couple hours.

**37) Q: How can volunteers convince our municipal shelter that not euthanizing all incoming cats/kittens can be beneficial? Our shelter has made it clear that any volunteer group at one of its sheltering locations that disagrees with the shelter will**

**cause the volunteer group to be terminated. In saving the cats we don't want to cost the other shelter animals.**

**A:** If you create the program and get it funded, there is very little to argue with. I would just ask them if you can help in this way. If they say no, you are really at their mercy. You can ask people above their head, but that won't be received well probably. You can also try to get someone who is part of management excited about it (at the City Council level or City Manager office) and then they can convince the shelter staff that it is a good idea...

**38) Q: Can you cure giardia or does it stay in their systems their whole lives?**

**A:** You can cure giardia with metronidazole.

**39) Q: If you have only one newborn kitten, do you put stuffed animals in the box with them? How do you keep them comforted when you are not interacting with them?**

**A:** We always mix them with others so they are able to grow up with proper socialization.

**40) Q: Which vaccination do you use in such young kittens?**

**A:** FVRCP, but only in kittens OVER 1 lb. in the shelter. If they are in foster, we wait until they are 6 weeks.

**41) Q: Could you tell me the probiotic you use and the dosage please?**

**A:** We don't use probiotic when they are drinking from the bottle because the heat denatures the probiotic.

**42) Q: What is the mortality rate of kittens who do not receive colostrum?**

**A:** Very high. We don't actually know the exact number because most of the kittens we get have received some colostrum/milk from their mother before being found by good Samaritans. Since they drink immediately after being born, it is very unusual for them to receive NO colostrum.

**43) Q: Any tips on how to get the kitten to accept the bottle for the first time if they refuse?**

**A:** If a kitten refuses to take the nipple or won't suckle, try rubbing it on its forehead or stroking its back. This replicates the activity of a mother cat's cleaning and can effectively stimulate the kitten to nurse. Sometimes a kitten is simply picky; there are two kinds of nipples, one shorter and one longer, so try different nipples to see if they prefer one over the other.

**44) Q: I always have to squeeze the bottle, and even with that they sometimes suck the bottle to collapsing...**

**A:** Sometimes loosening the lid/nipple will help to allow some air to get in as the kitten sucks. You should never have to squeeze, but if you are, that might mean that the nipple hole is not big enough. We do a cross hatch (cut a cross into the nipple) to allow more milk to come through when suckling than just a tiny hole. Every kitten is different so you have to try different things to get the right flow for the right age kitten.

**45) Q: Benebac is expensive. Any cheaper alternatives?**

**A:** We don't use probiotic. If you do, you can buy acidophilus powder online which is like Benebac, but generic.

**46) Q: Should kittens be given l-lysine daily at all ages?**

**A:** You can do that to prevent herpes from being really nasty if you are seeing a lot of URI, but good disease control should prevent herpes spread.

**47) Q: What is Austin Pet's Alive success/save rate for bottle baby kittens?**

**A:** 80% of all ages is the rate that we see when there are no disease outbreaks. The more kittens you take in under 2 weeks of age, the higher the mortality rate.

**48) Q: What is your treatment for ringworm?**

**A:** For kittens younger than 6 weeks, we dab on lyme sulfur dip to affected areas. At 6 weeks, we start oral itraconazole.

**49) Do you schedule volunteers 24 hours per day in the nursery?**

**A:** Yes

**50) Q: Do you recommend the use of intranasal vaccinations or standard injection vaccinations?**

**A:** We use standard injections because they have been shown to work as well and don't tend to cause the mild URI signs.

**51) Q: What is the dose for Baytril for parvo protocol?**

**A:** For cats we use 5mg/kg once a day SQ diluted in fluids. A veterinarian should be involved in parvo treatment dosages and prescriptions.

**52) Q: Another protocol we've encountered incorporates dosing kittens with fresh frozen plasma upon intake. What is your opinion about this, and what are the benefits/drawbacks?**

**A:** That is super expensive. If you know the kittens did not receive colostrum, this may be lifesaving, but if they did receive colostrum, this is probably a cost that is not possible with high volume rescue. There is no negative other than cost that I can think of.

**53) Q: How early can you start oral antibiotics on kittens?**

**A:** As early as they need them.

### **Q&A with Heidi Beyer, CVT**

**1) Q: What are the three reflexes that you check? Routing, Righting, and...?**

**A:** I check the Righting reflex by placing the kitten in the palm of my hand upside down and see how quickly and vigorously it gets back into the upright position.

I check the Routing reflex by making a fist with my hand and placing the thumb and forefinger portion over the kittens face/mouth and see if she pushes against me searching for a food source.

I check the suckling reflex by placing my clean pinkie finger in the kitten's mouth and see if it actively suckles.

If these reflexes are greatly diminished/absent, I consult my veterinarian for intervention.

**2) Q: In reference to probiotics, how much do you use for each feeding, and any particular brand?**

**A:** I use Benebac. I start with 0.1 cc twice daily if the babies are newborn to about 5 days, then 0.2 cc twice daily to about 10 days, then 0.3 cc twice daily to 3 weeks, then cut back to 0.3 cc once daily until eating solid food and stools remain normal. I really like Benebac as it is a paste and not hard to syringe into the kittens' mouths. When the babies are very tiny I squirt it in very carefully as they do not understand the texture difference from milk and I make sure they can swallow it.

**3) Q: How early can you test for FeLV? Do you test for FeLV and giardia in each kitten or just one per litter?**

**A:** I have always tested the babies at 8 weeks of age per the veterinarians I have worked with. I do not know how early the antigen can show up in their blood. I have always tested each kitten in a litter, and I do not test for giardia unless I suspect they have it, or under the direction of the vets I am working with.

**4) Q: If a kitten has an obvious deformity such as a limb that is nonfunctional, do you still make an effort to save them?**

**A:** Most definitely yes!!! I had a kitten that was 10 days old and was found missing her left hind leg just a little below the hock. We suspect a predator had started to prey on her and was startled as she was found in the middle of a lawn crying. She did great, she just needed a bandage until old enough to carry the leg and not creep on the stump creating sores. I always consult with my vets, but they are very firm on trying to save every little one we can as long as the kitten has a good quality of life. I also have had several that have needed enucleations at a very young age, again all have done well with one eye and adapt just fine.

**5) Q: At what age or weight is it safe to give a kitten a complete bath?**

**A:** I really find no need to completely immerse a baby kitten in bath water until 4-5 weeks or so. If you use the cotton squares soaked in very warm water, I find you can pretty much wash any part that is soiled and then dry completely, using a hair dryer on a low, warm setting. I will say the kitten gets a bit startled at first, but I use a baby washcloth to stimulate the drying, putting it between the kitten and the dryer, so not to make any part of the kitten too warm. I hold the dryer between my legs and then can use both hands to hold the kitten. Many kittens that get diarrhea can have their whole hindquarters covered in it, so I will wet the butt, tail and hind legs applying a hypoallergenic, non-soap shampoo to clean, rinse well and dry thoroughly, especially the tail so the kitten does not become chilled.

**6) Q: Did I understand that you use the Pediolite in place of water for mixing with the KMR?**

**A:** I actually do not use Pediolite to dilute my KMR, just water. I will use a non-flavored plain electrolyte solution for dilution only if the kitten is critical and their diarrhea is so profuse that I am having trouble keeping up with fluid loss just with the SQ fluids.

**7) Q: Have you lost many kittens in your 20 years of fostering? Was the first time extremely hard for you?**

**A:** Oh my Goodness...it is heart wrenching to actually lose a bottle baby whether I have had the tiny one for an hour or 4 weeks, or in some cases months. My average survival rate for my bottle babies is about 60 to 75%, which I feel is pretty good as I receive from 24 to 44

kittens a season and some of these kittens come from terrible situations and are cold, dehydrated and/or sick when I get them. Also some of the babies may be premature or had sick moms; in the majority of the cases I do not know their history.

**8) Q: Do you check for cleft palates in your initial examination? Do you think this is important?**

**A:** Actually, the first thing I do is open their mouth to check for cleft palates, then take their temperature and count their toes!!! It is extremely important to assess a cleft palate in a newborn, as their prognosis is grave and we have had to euthanize the few I have had, as they were inoperable.

**9) Q: How do you deal with kittens that fight the bottle?**

**A:** I have a large variety of nipples with adapters, and various sizes of bottle nipples as well. You have to have a great deal of patience to find the right match with a reluctant feeder, usually they do get hungry after about the third attempt to feed. I once had one that did not nurse for a full 24 hours. It was REALLY frustrating. I supplemented with SQ fluids and sugar water with just drops at a time of formula, syringe-fed with an insulin syringe (needle removed) to avoid aspiration. I got very little sleep that night. The baby finally caught on and never let go!!!

**10) Q: What age should kittens be before treating for ringworm?**

**A:** I have treated with lime-sulfur dips as early as 3 weeks. However, I did have the diagnosis confirmed by a veterinarian and they advised me. It was a very odd situation as the vet did not believe they had ringworm, as it usually takes three weeks for the lesions to show after exposure, but the vet that cultured them was working on a Ringworm study for her county shelter, and confirmed it. The babies did fine, and I must say were awesome to dip as they were so small, plus they were clear by 9 weeks.

**11) Q: We've also read about incorporating Metamucil into a kitten's diet if it is exhibiting diarrhea (as well as probiotics). Any thoughts or advice?**

**A:** I have actually never used Metamucil.

**12) Q: You mention the consistency of the stools is like toothpaste, at what age does this start to become more solid?**

**A:** I have found the stool to be soft toothpaste consistency to firm toothpaste all throughout the first 3-4 weeks. Once they start eating solid food, it starts to look like an adult cat's stool, only a lot smaller. It also becomes a more adult-like brown color once they eat dry kibble.

**13) Q: How do you deal with bottle babies that have constipation?**

**A:** I have added more water to their formula, given SQ fluids and even a warm water butt bath, while gently massaging their abdomen. This does not always immediately produce stool, but I think it helped to get things going. I have to say, I have had ten times more issues with diarrhea than constipation. Some kittens will go up to 48 hours without a stool at times. I log every feeding, who urinates and who defecates, so I can keep track.

**14) Q: What to do about a kitten that chews the nipples?**

**A:** Kittens will chew the nipple more as they are teething, so when they start, I give them a brief time out and try to feed again. You want to always inspect the nipples after each feeding to make sure they are not causing pieces to become loose, chewed off and swallowed. Make sure you have a lot of back up nipples on hand, plus some are more sturdy than others.

**15) Q: How often should a formula-fed kitten defecate?**

**A:** Usually every 24-36 hours, but some will go a full two days. If the kitten seems abdominally painful, bloated and will not nurse after 48 hours, seek a veterinarian's intervention.

**16) Q: Do you find that bottles or syringes are better for hand feeding?**

**A:** I used to be a diehard syringe feeder with an adapter and nipple, but in doing this webinar I have been converted somewhat to the bottle. I realized your average bottle feeder may not have access to syringes and the adapter I use, so I started just using the bottle and successfully fed two kittens that were 3 days old with a bottle. Advantages of syringe feeding are: 1) more control of the flow; 2) precise measuring of amount fed; 3) less air; and 4) can assist a weak nursing kitten to get the milk if done properly to avoid pushing too hard, too fast. Advantages of the bottle 1) easier to purchase when needed; 2) more natural for kitten to nurse, and if you need someone else to help you feed, they can pick it up with minimal instruction, so there is less stress on them and babies.

**17) Q: Where do you buy your scales? Which brand?**

**A:** I bought my scale on EBay. It is a digital scale, and measures in grams/ounces/pounds and kilograms. Your average kitchen scale is not bad, but unless it is digital, you could have trouble when weight gain is small, plus some kitchen scales have small baskets/platforms and kittens outgrow them pretty quickly.

**18) Q: Is it ok to feed fresh goat milk instead of formula? Or a mix of them?**

**A:** I only use formula made specifically for kittens. No formula is a perfect substitute for mom's milk, so I go with one that is at least as close as can be.

**19) Q: What is a good canned kitten food to have when they go from bottle to food?**

**A:** I really like the Royal Canin Baby Cat Pate in the 3 oz. cans. It slurries very well with water for syringe feeding, and I have had less diarrhea issues with weaning. Once their teeth are in – upper and lower, at about 3.5 to 4.5 weeks, I offer free-feed Royal Canin Baby Cat dry food. The pieces are tiny and perfect for experimenting kittens! I admit these diets are not as inexpensive as others, so whenever someone wants to donate to my cause, I direct them to what I use or ask for a gift card to purchase them. A second choice would be Iams kitten pate, and when they can handle chunkier food I have been known to use Science Diet Kitten canned Turkey and Giblets.

**20) Q: How do you know that the kitten has fluid in its lungs?**

**A:** A kitten with fluid in its lungs and/or aspiration pneumonia will have difficulty breathing and may have gurgley breathing noises. They also posture in such a way that they are sitting upright, do not look comfortable and will try to elevate their head at times. They also will become frantic when you handle them as they cannot breathe well and this panics them. They NEED veterinarian intervention ASAP.

**21) Q: Can we use Pedialyte?**

**A:** I only use a non-flavored plain electrolyte solution for very ill kittens that have profuse diarrhea, and then it is to either mix with the powder according to directions instead of water, or for a few feedings, I dilute the already mixed formula 50/50.

**22) Q: What is fading kitten syndrome?**

**A:** Fading Kitten Syndrome is when a kitten becomes lethargic, hypothermic and hypoglycemic and they just get worse and appear to “fade away.” It is very serious, can come on suddenly and if no intervention occurs quickly, the kitten will die. It has been my experience that it is a general term and can involve a lot of conditions which lead to death, but many times you cannot identify one specific cause. The thing to do is treat the symptoms. The best thing to do is be proactive and develop a plan ahead of time with a veterinarian so when your baby crashes at 2:30 AM on Sunday morning, you can implement your treatment until help is available. Unfortunately, not all kittens that have Fading Kitten Syndrome will survive.

**23) Q: How long (time-wise) should kittens be stimulated after feeding?**

**A:** Usually the kitten will start to urinate immediately, and this can last for about 10 to 15 seconds. I extend stimulation to about 30 seconds. If defecation is about to occur, the kitten will all of a sudden tense its lower body and strain from the abdomen. I then rub either side

of the rectum very gently and the stool should start to come out. Occasionally the stool may appear “stuck” and the kitten strains harder and cries. You can gently push on either side of the rectum at 3 and 9 o’clock with steady even pressure, using finger tips, not your nails. I find this may help the stool “pop” out, and kitten is a lot happier!!! I DO NOT “squeeze” the rectum like expressing the anal glands, I just gently push with my fingertips at 3 and 9 o’clock. You need to be very careful with tiny rectums, so as to not cause damage by squeezing.