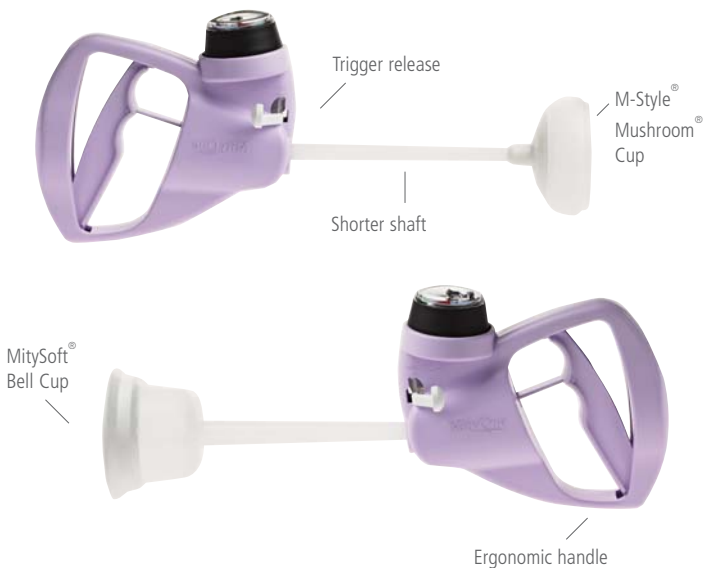


MityOne™

Softer, safer vacuum-assisted delivery systems

Advanced MityOne Pump and Cups

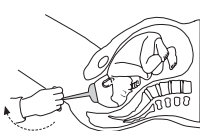


Points to Document

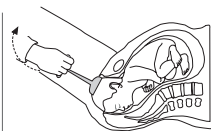
- Indication(s) for use
- Content of counseling provided to patient
- Patient's questions, comments and consent
- Presence of complete cervical dilation
- Fetal station, position, molding, caput, asynclitism and attitude
- Steps taken to confirm proper placement of the cup
- Number of "pop-offs," if any
- Duration of time the cup was on the fetal head
- Maximum vacuum attained
- Cumulative amount of time the cup was at or near maximum vacuum levels
- Outcome
- Presence of pediatrician (if applicable)
- Reasons for proceeding to C/S (if applicable)
- Appearance of fetal head on delivery
- Notification of vacuum use given to pediatrician and nursery
- Manufacturer of the devices used

Sources: Perez A., Cutting Your Legal Risks with Vacuum-Assisted Deliveries. OBG Management; March 1999, pg. 22-35 (Expert contributors were: Drs. C Brumfield, LC Gilstrap, JP O'Grady, MG Ross and BS Schifrin).

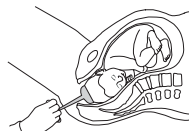
ARC OF DELIVERY



Pelvic Floor



Outlet



Mid Pelvis

Vacuum-Assisted Delivery Guidelines

INDICATIONS:

- Non-reassuring fetal status
- Failure to deliver spontaneously following an appropriately managed second stage
- Need to avoid voluntary expulsive efforts
- Inadequate expulsive efforts

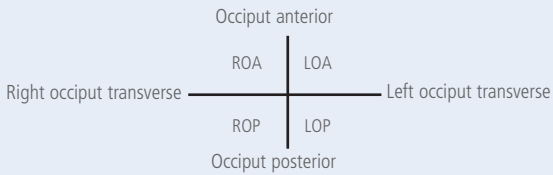
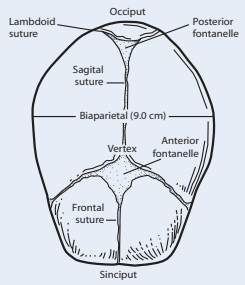
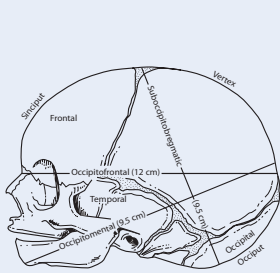
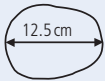
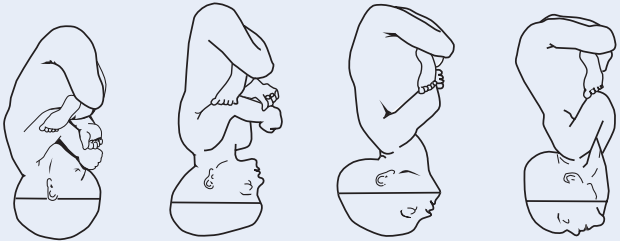
CONTRAINDICATIONS:

- Cephalopelvic disproportion
- Non-vertex positions (i.e., breech or transverse lie/position) face or brow presentation
- Suspected macrosomia
- Previous scalp sampling
- Previous failed vacuum extraction

PREREQUISITES FOR VACUUM DELIVERY:

- Term infant
- Ruptured membranes
- Empty bladder and rectum
- Engaged vertex presentation
- Complete cervical dilation and effacement

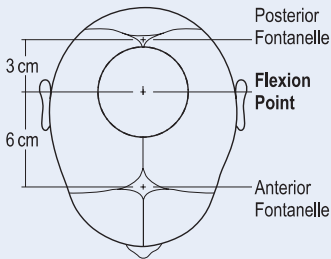
Important Landmarks



Vacuum-Assisted Delivery Keys

DO:

- Place center of the cup along Median Flexion Point, 2 - 3 cm anterior to the Posterior Fontanelle.
- Pull in harmony with contractions.
- You may reduce vacuum levels between contractions or keep at current level.
- Pull along curve of pelvic axis.



DO NOT:

- Manually rotate cup.
- Continue vacuum procedure if total vacuum time exceeds **15 - 30** minutes.
- Continue vacuum procedure if the extractor cup "pops off" **3** times.
- Continue vacuum procedure if the vertex has not advanced substantially with each traction attempt.

How to insert MityOne® Cups



Bend the stem of the
M-Style® Mushroom® Cup



Squeeze the edges of
MitySoft® Bell Cup

These guidelines are summary points only. Please reference the complete operational guidelines provided by the manufacturer.

For more information call: 1-800-MITYVAC

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800.243.2974 | 203.601.5200 | coopersurgical.com | 95 Corporate Drive | Trumbull, CT 06611

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