

# MityOne®

Vacuum-Assisted Delivery System By CooperSurgical

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Provides Control, Safety  
and Efficacy<sup>1,2</sup>



CooperSurgical®



# Effective<sup>1</sup> and Easy to Use

## Placing Precise Control in the Practitioner's Hands

- MityOne® M-Style® Mushroom® Cup flexes up to 90 degrees in any direction, facilitating a smooth insertion for non-OA positions.<sup>4,6</sup>
- The freely rotating stem minimizes torsion-related injuries while maintaining needed control.<sup>1</sup>
- Handles are ergonomically designed for intuitive handling for different hand sizes.<sup>6,7,8</sup>



The flexible Mystic® II and MityOne® M-Style® Mushroom® Cup flexes up to  
**90° in any direction**  
to facilitate use in OP positions.<sup>4</sup>

## A Safer Approach to Vacuum-Assisted Delivery

Safety is integrated into all aspects of the MityOne from the pump to the cups.

- The self-limiting vacuum will not exceed the recommended suction level of 58 cm Hg.<sup>6,7</sup>
- A color-coded rotary gauge clearly visible on the handle makes it easier to manage vacuum levels between contractions.<sup>6,7</sup>
- CooperSurgical vacuum-assisted delivery devices feature an easy-to-reach vacuum release valve for practitioner control.<sup>6,7</sup>

## High Efficacy Rate Minimizes Laceration Rates

Effective M-Style® Mushroom® Cup has a proven success rate of up to 97% with laceration rates averaging less than 1.59%.<sup>2,3,4</sup>

M-Style® Mushroom® Cup demonstrated up to a  
**97%**  
efficacy rate.<sup>2,3,4</sup>

- The low-profile, semi-rigid M-Style® Mushroom® Cup ensures a gentler approach compared to a rigid cup when more traction is required.<sup>2</sup>
- Soft bell cup interface may result in less trauma versus rigid cups.<sup>5,8</sup>
- Multiple device options addressing varying non-OA positions and cesarean sections.<sup>1,6,7,8</sup>

## Designed Based on Feedback From Obstetricians

- MityOne® devices feature short, semi-rigid stems allowing for user tactile feedback and intuitive handling for greater control in following the pelvic axis during childbirth.<sup>1</sup>
- MityOne® devices have freely rotating stems that allow the handle to rotate without transferring torsion to the fetal head.<sup>1</sup>
- Effective M-Style® Mushroom® Cup has a proven success rate of up to 97% and laceration rates averaging less than 1.59%.<sup>2,3,4</sup>
- MitySoft® Bell Cup offers a patented interface with a rigid wall and soft lip that reduces risk of trauma in OA presentations.<sup>5,8</sup>
- MityOne® devices offer a built-in safety valve to prevent exceeding recommended vacuum levels of 58 cm Hg.<sup>6,7</sup>

## MityOne® Devices

These devices feature a shorter semi-rigid stem, eliminating the transfer of torque to the fetal scalp, improving tactile feedback, and reducing the risk of cup detachments during traction.

They also offer a self-limiting pressure gauge that will not exceed 58 cm Hg.<sup>1,6,7</sup>





# MityOne® Product Family



MityOne Pump with  
M-Style® Mushroom® Cup



MityOne Pump with  
MitySoft® Bell Cup



M-Style®  
Mushroom® Cups



MitySoft®  
Bell Cups

## Ordering Information

ORDER #	PRODUCT	CONTENTS
<b>MityOne® Vacuum Pumps</b>		
10067	MityOne Vacuum Devices with M-Style® Mushroom® Cup	12/Box
10068	MityOne Vacuum Devices with MitySoft® Bell Cup	12/Box

Please contact your CooperSurgical® sales representative for additional information, or to place your order directly contact CooperSurgical Customer Service at: **800-243-2974**

### IMPORTANT SAFETY INFORMATION

Read the Instructions for Use Prior to Use.

The Single-Use Vacuum Devices and Cups (VAD) are indicated for use for non-reassuring fetal status, failure to delivery spontaneously following an appropriately managed second stage of labor, need to avoid voluntary expulsive efforts and/or inadequate expulsive efforts. No indication is absolute.

### CONTRAINDICATIONS

Do not initiate vacuum: non vertex positions, suspected cephalopelvic disproportion, previous scalp sampling, suspected macrosomia, risk of shoulder dystocia, failed vacuum or forceps attempt, less than 34 weeks gestation, unengaged vertex, incompletely dilated cervix, need for active device rotation, suspected fetal bleeding abnormalities. WARNINGS: DO NOT exceed recommended vacuum levels. These instructions are intended as general guidelines. Practitioners should refer to current institutional and recognized guidelines that address VAD. Should only be performed or supervised by a trained and experienced operator.

For detailed instructions and risk information, please refer to the Instructions for Use.

1. Ali UA, Norwitz ER. Vacuum-assisted vaginal delivery. Rev Obstet Gynecol. 2009;2(1):5-17  
2. Chang X, et al. Vacuum assisted delivery in Ecuador for prolonged second stage of labor: maternal-neonatal outcome. Journal of Maternal-Fetal and Neonatal Medicine. 2007; 20(5):381-384  
3. Lo J, et al. First UK experience of Mityvac vacuum delivery system. Journal of Obstetrics and Gynecology. 2001; 21(6):601-602  
4. Bofill JA, et al. A randomized trial of two vacuum extraction techniques. Reviews in Obstetrics and Gynaecology. 1997; 80(5, Part 1):643-797  
5. Johanson R, Menon V. Soft versus rigid vacuum extractor cups for assisted vaginal delivery. Cochrane Database Syst Rev. 2002;CD000446.  
6. 10067 MityOne® M-Style® Mushroom® Cup Instructions for Use. Trumbull, CT: CooperSurgical; April 2018,  
7. 10068 MityOne® MitySoft® Bell Cup Instructions for Use. Trumbull, CT: CooperSurgical; October 2020.  
8. Greenberg, James, MD. Procedure for Vacuum Assisted Vaginal Birth. In: UpToDate, Connor RF (ED), Wolters Kluwer. October 2023.