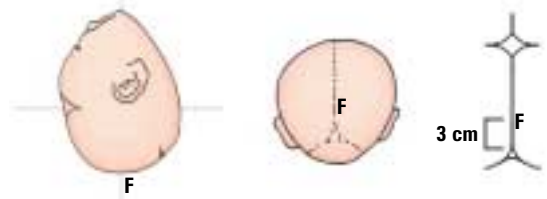


Quick Reference*

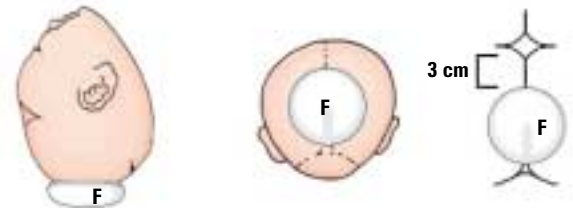
Flexion Point

Correct technique with a vacuum cup should enhance the normal processes of labor and should not depend on traction alone to effect delivery of the baby. The key is to locate the flexion point and place the vacuum cup properly over it. The flexion point is situated on the sagittal suture 3 cm in front of the posterior fontanelle.

When a vacuum cup is attached to the head and traction is applied, the cup becomes the leading part. The center of the cup should correspond to the flexion point so that traction in the line of the pelvic axis will result in the most favorable presenting diameters of the head leading through the birth canal.



The flexion point is situated on the sagittal suture 3 cm forward of the posterior fontanelle.



Flexing Median Application

The center of the vacuum cup should be placed over the flexion point with the sagittal suture in the midline.

Flexion Point Location

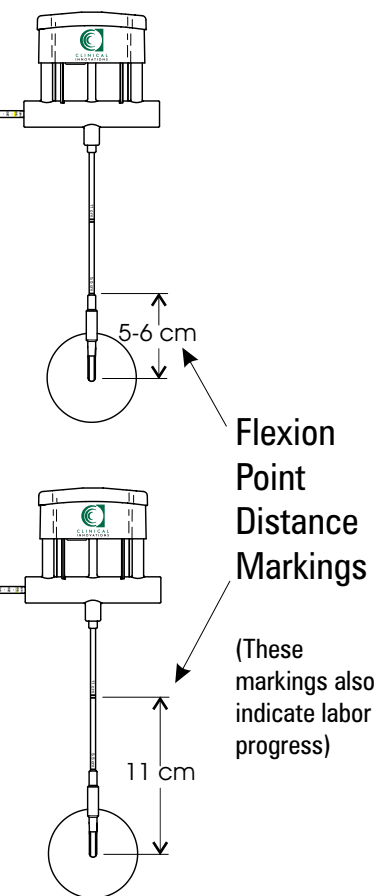
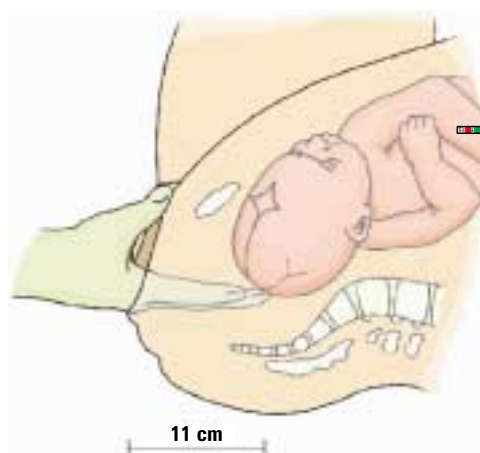
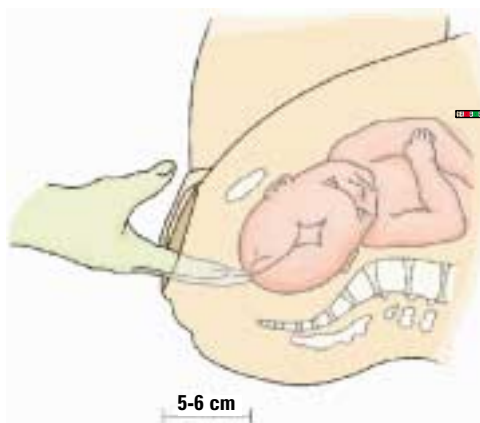
The flexion point may be located by identifying the posterior fontanelle and then moving the finger anteriorly a distance of approximately 3 cm along the sagittal suture. The tip of the finger will mark the flexion point.

Two observations are required:

- ▶ Distance from flexion point to posterior fourchette.
- ▶ Degree of lateral displacement of the flexion point from the midline axis of the pelvis.

Distance Measurement

- ▶ Place tip of examining finger on flexion point.
- ▶ Calculate distance from flexion point to fourchette by measuring distance from tip to where finger makes contact with fourchette.
- ▶ The distance from the tip of the middle finger to the proximal interphalangeal joint is 5 - 6 cm, and to the metacarpophalangeal joint is 10 - 11 cm.



Lateral Displacement

- ▶ Place tip of index finger of left hand under symphysis pubis to mark midline reference position.
- ▶ Identify flexion point as previously described.
- ▶ Observe distance between finger tips to estimate extent of lateral displacement or rotation of flexion point.

*Refer to Indications/Contraindications for Use on package label.

Cup Type Selection

The location of the flexion point determines the type of cup that should be used. The Kiwi OmniCup can be used with all presentations but the Kiwi ProCup should only be used in occipitoanterior presentations.

OmniCup™ (occipitoposterior/lateral presentations)



The OmniCup is not restricted by the vulva and perineum in its movements because the suction tube is in the same plane as the body of the cup.

This feature allows the cup to be easily inserted through the introitus, maneuvered under the caput and directed over the flexion point.

Movement of the OmniCup in the birth canal is limited only by the amount of space between the fetal head and mother's sacrum posteriorly and the side walls of the pelvis laterally.

Provided the operator is skilled in the use of this cup, flexing median applications may be achieved consistently in nearly all malpositions of the occiput.

Thus, the OmniCup should, by permitting better applications, decrease failure rate when the occiput is lateral or obliquely posterior. The OmniCup can also be used in outlet and low occiput anterior presentations.

Cup Insertion

Insertion technique depends on the cup selection. For each cup type the lithotomy position with a wedge under one maternal buttock to produce some lateral tilt is recommended for vacuum extraction. In this position, orientation and location of the flexion point and correct application of the cup is most readily achieved.

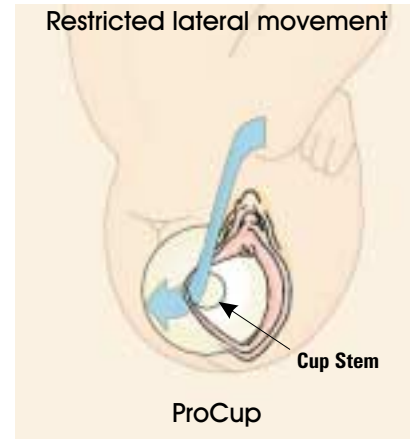
Insertion Steps

- ▶ Perform vaginal exam to ensure amniotic membranes are ruptured, cervix is completely dilated and effaced and to determine fetal presentation, position, and flexion point location.
- ▶ Retract perineum with two fingers of non-pulling hand to form a space and insert cup gently in one movement.
- ▶ If using ProCup, slightly rotate to ensure cup edges unfold.
- ▶ Press cup against fetal head and maneuver until its center lies over flexion point.
- ▶ Check that cup is correctly placed by noting that there is a distance of at least 3cm between anterior fontanelle and nearest part of cup (application distance) and that sagittal suture passes under middle of cup.
- ▶ Check that no maternal tissue or a fetal electrode is trapped between cup and scalp in anterior positions, by holding cup in position with one hand and running index finger of other hand around rim of cup (With occipitolateral and posterior positions, it is usually impossible to reach behind a correctly placed cup without displacing the cup.).
- ▶ Initiate cup seal by raising vacuum to approximately 100 mm Hg (yellow zone) on Palm Pump vacuum indicator.
- ▶ Re-examine to ensure no maternal tissue has been drawn under cup and reapply cup if necessary.
- ▶ Use vacuum extractor per hospital protocol.

ProCup™ (occipitoanterior presentations)

The Kiwi ProCup is for occipitoanterior positions where the flexion point is near the introitus. Maneuverability is limited by the cup stem pressing against the labial tissues and perineum.

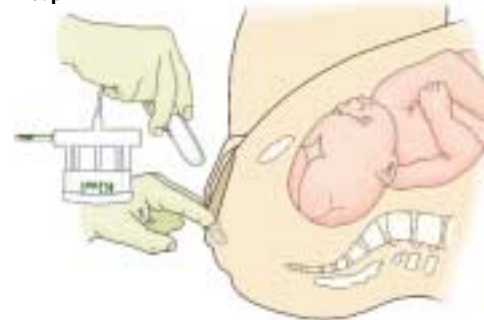
The ProCup is not suitable for use in the majority of midcavity occipitoposterior or deflexed occipitolateral positions because the flexion point in these cases is usually located outside the range of cup movement, thus making it difficult or impossible to achieve a correct (flexing median) application.



The Kiwi ProCup is for outlet and low occiput anterior presentations.

A good rule of thumb is to not use the ProCup unless you can see the fetal head between contractions.

OmniCup™



All Presentations, Posterior, Lateral, etc...

ProCup™



OA - Outlet Presentations Only

DO NOT PLACE CUP ON ANY PORTION OF FETAL FACE OR EAR. ONLY PLACE CUP OVER FLEXION POINT.