INTRODUCTION

Induction of labor is a common obstetric intervention that implies stimulation of uterine contraction before the spontaneous onset of labor, with or without ruptured membranes (*Cunningham et al*, 2001).

Labor induction, when performed in a woman with an unripe cervix often results in prolonged & difficult labor. Failed induction requiring cesarean delivery are common in this setting (Sanchez-Ramos and Kaunitz, 2000).

To decrease the duration of labor & operative delivery, numerous agents had been used, both mechanical &pharmacologic, for cervical ripening. (Buccellato, Stika, and Fredriksen, 2000).

Mechanical methods include laminaria, extraamniotic Foley balloon catheter, & extra-amniotic sodium chloride infusion via Foley catheter (*Buccellato*, *Stika*, *and Fredriksen*, 2000).

Pharmacological agents most frequently used for induction of labor are oxytocin & prostaglandins (*M.T. El-Sherbiny et al.2001*).

Prostaglandin E2 (PGE2, dinoprostone), applied locally to the cervix or vagina, has been widely studied as an induction agent, & has been found to be safe & effective (ACOG committee opinion 2000).

Misoprostol is a prostaglandin E1 analogue that has been recently explored for its effectiveness & safety in induction of labor; it is less expensive, more stable, & easier to store than PGE2 preparations (dinoprostone). (ACOG, committee opinion; 2000).

Vaginal administration of misoprostol has been widely investigated for its effectiveness in labor induction (*Windrim et al. 1997*).

Orally administrated misoprostol studies for labor induction at or near term in women with intact membranes are few (*Wing, Ham, and Paul.1999*).

Orally administration of misoprostol is appealing for several reasons, convenience& lake of invasiveness. Fewer cervical examinations could also potentially result in lower peripartum infection rates. Oral administration if proved safe & effective could potentially reduce overall hospitalization time by permitting administration of the medication in an outpatient setting (*Wing, Ham, and Paul.1999*).