INTRODUCTION

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Induction of labour is indicated in medical obstetric and fetal conditions in which prolongation of pregnancy would jeopardize maternal and fetal well-being and in which there are no contraindications to the use of amniotomy, oxytocin and prostaglandins (PGs) ***(Xenakis et al., 1997).***

Labour induction is frequently indicated in women with unfavorable cervix often resulting in prolonged and difficult labour. Failed induction requiring cesarean delivery are common in this setting ***(Sanchez-Ramos et al., 1997).***

From practical standpoint, to be successful induction of labour result in uterine contractions and progressive dilation of the cervix, culminating in vaginal delivery ***(Xenakis et al., 1997).*** Agents have been used to ripen the cervix include foley's catheter, laminaria tents, oxytocin, prostaglandins, estrogen gels, and relaxin ***(Sanchez-Ramos et al., 1995).***

Various techniques have been used for induction of labor. Induction of labor with prostaglandins (PGs) offers the advantage of promoting both cervical ripening and myometrial contractility ***(Birlain, 2001).***

In an attempt to reduce expense, misoprostol which is inexpensive, prostaglandin E1 analogue, was evaluated and proved to be as effective as PGE2 (dinoprostone) and more effective than oxytocin. In addition, it is more stable and does not need to be refrigerated ***(Birlain et al., 2001).***

There was no gastrointestinal or other side effects. Oral admistration of misoprostol has been shown to effect cervical ripening and induction of labour ***(Margulis et al., 1992).***

The prostaglandin E2 derivative is the only pharmacologic agent approved by food and drug administration for cervical ripening and labour induction, this preperation is expensive and its cost is further increased because many patients require two or more doses to achieve adequate cervical ripening ***(Buser et al., 1997).***

In a closely supervised hospital setting with adequate monitoring, oral misoprostol has the potential to induce labour as safely and effectively as its vaginal analogue ***(Hall R, Duarte-Gardea M, Harlass F., 2002).***