<u>INTRODUCTION</u>

Infertility is defined as the inability of a couple to achieve pregnancy after one year of frequent, unprotected intercourse (Strickler, 1995).

Approximately 25% of women will experience an episode of infertility during their reproductive life (*Greenhill and Vessey*, 1990).

During 1982, nearly one in every 5 married women of reproductive age in the United States reported that they had sought professional help during life times because of infertility (Mosher and Pratt, 1988).

In 1988, 7.9% of all married couples in childbearing age were considered infertile. Eliminating those who were surgically infertile, the percentage was 13.9 % (*Greenhill and Vessey*, 1990).

In a study by *Hull et al.*, (1985) the relative percentage of different cause of infertility were found to be as follows: disorders of ovulation 21 %, tubal problems 14%,male factors 24%,negative postcoital test 7%, endometriosis6%,unexplained infertility 28%.

Artificial insemination(AI) is the instrumental introduction of semen into the female genital tract when normal sexual intercourse is not possible or has no likihood of resulting in a pregnancy (Glassman, 1980).

Beck (1984), consider insemination is artificial when all or part of the ejaculate, fresh or frozen is placed without coitus, in or around the cervix or other site of insemination.

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Prostaglandins(PGs) play a role in the physiological male and female process of reproduction. PGs do not seem to exercise any effect on spermatozoa metabolism, but to influence spermatozoa motility, and the contractility of the vase deferentia, thus intervening in the physiology of ejaculation and on the penetration into the cervical mucus (Charbonnel ,1981).

Due to the reported safety, widespread commercial availability and relative similarity of misoprostol to PGE, the usefulness of vaginally placed misoprostol as adjunctive therapy at the time of IUI was reported by *Brown* et al. (2001) and this was the motive to conduct this study.