# INTRODUCTION

Childlessness is generally a tragedy to the married couples, and can be a cause of marital upset as well as of personal illhealth and unhappiness *(Balen et al., 1997)*.

Assisted reproduction currently is considered available treatment option for many infertile couples *(Alborzi et al., 2003)*. Intrauterine insemination (IUI) is often chosen before in vitro fertilization (IVF) *(Hughes., 2003)*.

Intrauterine insemination with washed sperms plays an important role in treatment of unexplained infertility by increasing the number of motile spermatozoa that reach the mature oocyte and fertilization can be enhanced resulting in a higher pregnancy rate *(Snick H. 2002)*.

The addition of ovulation induction to IUI may correct subtle ovulatory dysfunction by increasing the number of oocytes available for fertilization and improve the quality of these oocytes *(Dicky et al., 1993)*. Several investigators have shown that ovulation induction with oral and injectable fertility drugs combined with IUI increases the pregnancy rate especially in patients with anovulation and unexplained infertility *(Arici A. et al., 1994)*.

Among the different methods available for ovulation prediction and detection monitoring of follicular growth with the use of transvaginal ultrasonography is used most widley *(Nachtigall et al., 1993)*.

The association between mean follicular diameter and pregnancy has been investigated in only one previous IUI study by *Chaitali et al., 2003* who reported that women with follicular diameters $\geq$ 20mm were less likely to become pregnant as compared to women with diameters between 15.00 and 19.99 mm.

*Chaitali et al., (2003)* report was the motive to conduct this thesis to find the relationship between ovarian follicular response (number and diameter of the follicles) to ovulation induction agents and pregnancy among couples undergoing ovulation induction and IUI.