In 2008, guidance was issued by the Department of Health that the NHS number should be used to identify all procedures commissioned and paid for by the NHS in England and Wales so that effective audit of outcomes could be done.

Abortion is the one procedure that so far has been able to avoid this requirement. On the HSA4 form for notifying the Chief Medical Officer, the abortion provider is obliged to provide a reference number but crucially this does not have to be the NHS number. By failing to make this compulsory, the Department of Health is unable to establish an accurate abortion registry.

In Scotland where most abortions are provided in NHS hospitals, researchers have collected long term data on prematurity - linked to a previous abortion using hospital ID numbers - but this kind of research is not possible in England and Wales.

Health planners and doctors need access to this data. So do counsellors and taxpayers. Above all, women considering abortion should have the best quality information. There should be no contention about this.

Linking data on abortion with other health outcomes is essential for research into women's health. Finland has had a computerised abortion registry since 1983 and Denmark since 1973. These abortion registries are very accurate and record linkage data in these and other countries has been used to investigate outcomes such as preterm birth, maternal mortality and mental health problems including suicide.

The Department of Health and Social Care should stop dragging its feet and bring abortion providers into line with the rest of the NHS and make record linkage research possible in England and Wales.