day. In third trimester smokers, the probability was 14.5% for those who smoked 1-9 cigarettes per day, 15.0% for those who smoked 10-19 cigarettes per day, and 16.6% for those who smoked ≥20 cigarettes per day.

The probability of preterm birth decreased the earlier smoking cessation occurred in pregnancy. For example, the probability of preterm birth was 9.8% (95% CI: 9.7-10.0%) in 25-29 year-old non-Hispanic white primigravida who smoked 1 to 9 cigarettes per day before pregnancy and maintained this frequency throughout their pregnancy. The probability of preterm birth was 9.0% (95% CI: 8.8-9.1%) if smoking cessation occurred at the start of the second trimester (an 8.9% relative decrease), and 7.8% (95% CI: 7.7-8.0%) if cessation occurred at the start of pregnancy (a 20.3% relative decrease).

The study authors conclude that smoking cessation may be especially difficult for pregnant women. However, quitting – and quitting early in pregnancy – was associated with reduced risk of preterm birth.

DR PETER SAUL

Soneji S, Beltran-Sanchez H. Association of maternal cigarette smoking and smoking cessation with preterm birth. *JAMA Network Open* 2019;2(4):e192514

Sexual health

Where do patients seek help for genitourinary symptoms?

The majority of patients with genitourinary (GU) symptoms do not attend sexual health clinic (SHCs), although many would consult their GP, an analysis of Natsal-3 survey data has shown.

Natsal-3 is a probability sample survey of sexual behaviour involving 15,162 women and men in Britain aged 16-74 years.

In this study, 1,403 participants (1,182 women) aged 16-44 years had experienced specific GU symptoms in the past four weeks. To estimate unmet need for sexual healthcare, the prevalence of non-attendance at SHCs was calculated for those who reported symptoms. Hypothetical service preferences of these participants were also determined.

Semi-structured interviews were conducted with 27 Natsal-3 participants (16 women) aged 19-47 years who had never attended an SHC to examine the reasons for non-attendance. This was carried out 22-44 months after the initial survey fieldwork.

The majority of women 85.9% (95% CI: 83.5-87.9%) and men 87.6% (95% CI: 82.3-91.5%) had not attended an SHC in the past year.

As a hypothetical care provider for sexually transmitted infections (STIs), general practice was preferred for both women 58.5% (95% CI: 55.2-61.6%) and men 54.3% (95% CI: 47.1-61.3%) who reported symptoms. Those who had previously attended an SHC were more likely to go back to one as their preferred service.

Those who thought symptoms might be problematic tried to self-diagnose or self-treat by buying over the counter products, changing their diet or reducing alcohol consumption. Overall, 16 of the 27 interviewed who had not consulted an SHC did seek help elsewhere and more than half went to see their GP. Women were better at seeking care as they were already engaged with healthcare providers for women's health issues.

A quarter of symptomatic individuals did not seek healthcare from any service. Some were selective about which symptoms were important enough to seek advice, others thought they would go away, but stigma and structural barriers (real or perceived) were factors influencing why they chose not to seek care.

Individuals went through four strategies to deal with their symptoms; starting with normalising symptoms, seeking further information, then escalating to attempting self-treatment, before actively seeking care at a service depending on perceived cause and level of concern.

Timely access to testing, diagnosis and treatment of STIs can improve symptoms, reduce complications and reduce infectivity. From this probability sample survey, an SHC is not always the first choice, for whatever reason, for many people with symptoms suggestive of an STI.

In fact, many would seek further advice and care from general practice. It is important therefore for primary care staff including GPs and nurses to be equipped with the knowledge and skills to manage an unmet need for sexual health problems in the population.

DR RICHARD MA

Mapp F, Wellings K, Mercer CH et al. Help-seeking for genitourinary symptoms: a mixed methods study from Britain's Third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). *BMJ Open* 2019;9:e030612

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