

Obesity during pregnancy results in maternal intestinal inflammation, placental hypoxia, and alters fetal glucose metabolism at mid-gestation

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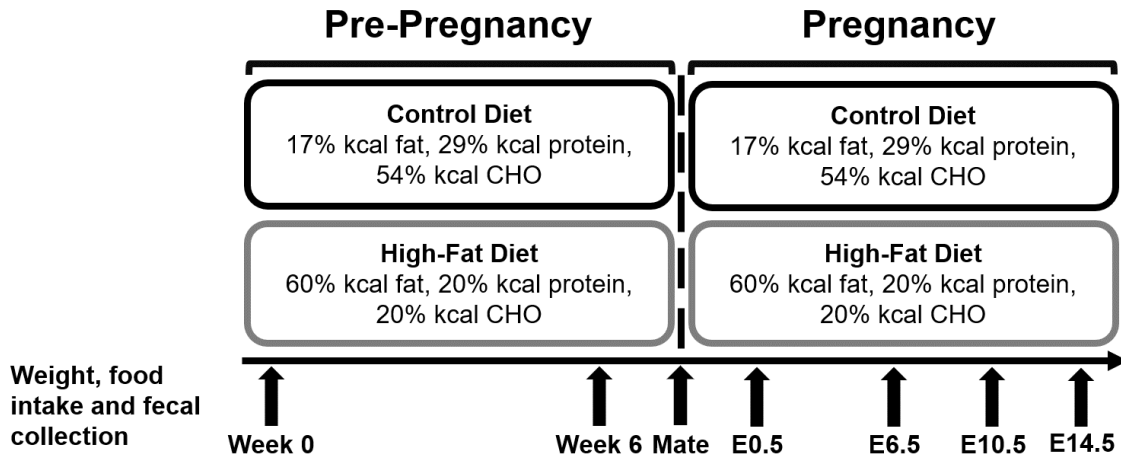
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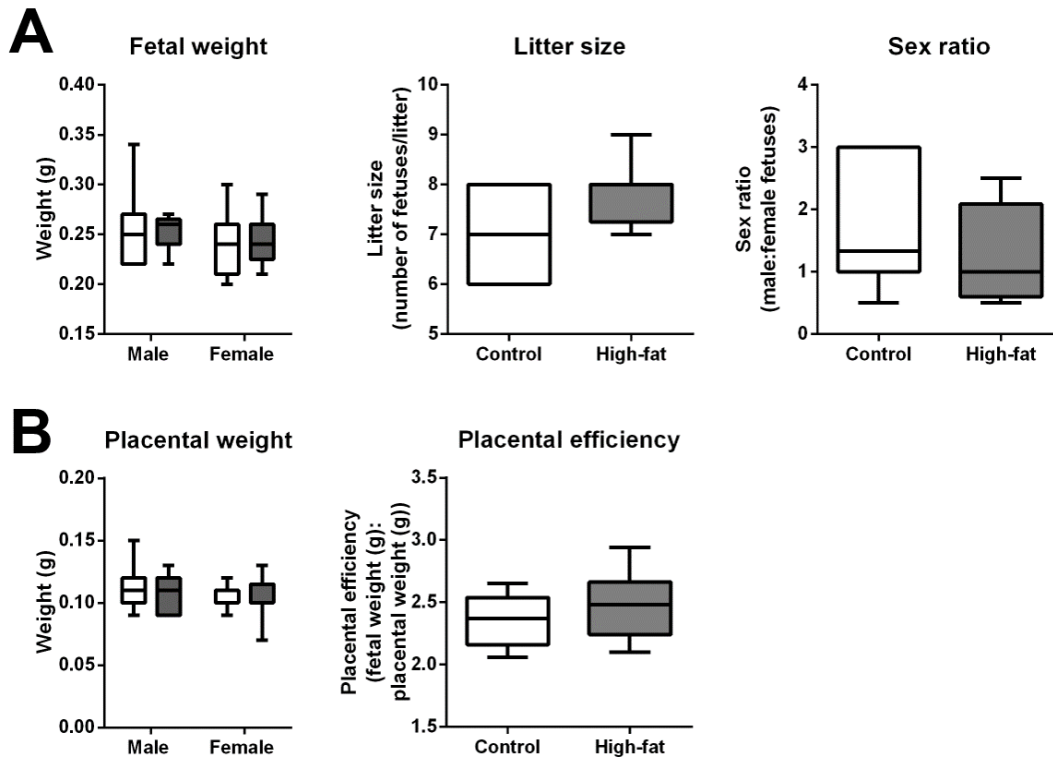
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Figures

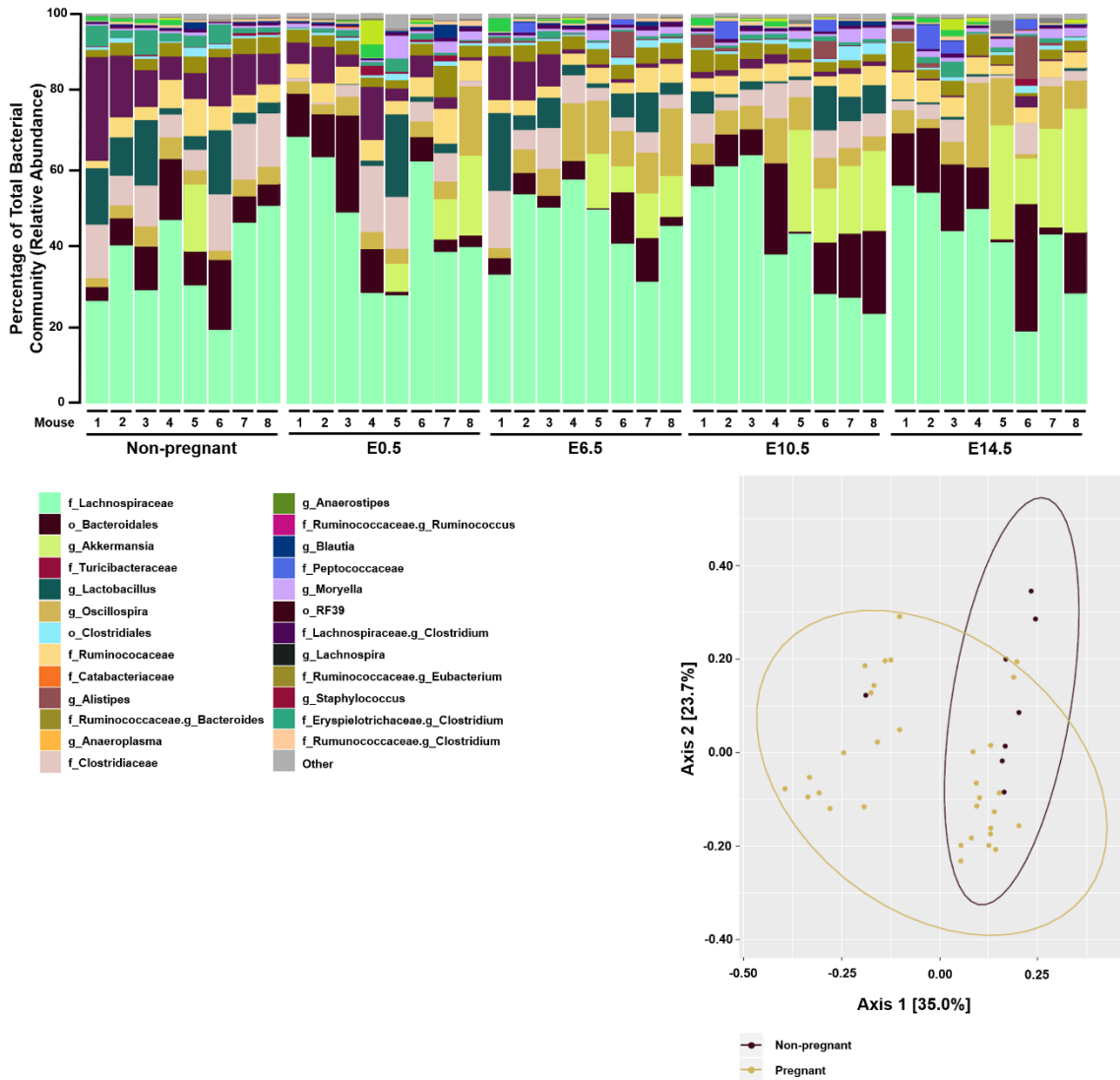


Supplemental figure S1. Experimental design. A schematic representation of the experimental animal design. C57BL/6 females were randomly assigned to 1 of 2 dietary groups: Control diet (17% kcal fat, 29% kcal protein, 54% kcal CHO, 3 kcal/g, n=10) or High fat diet (60% kcal fat, 20% kcal protein, 20% kcal CHO, 5.24 kcal/g, n=10) for 6 weeks and then mated with males. Fecal samples were collected from control females prior to dietary intervention (Week 0), after 6 weeks of dietary intervention (Week 6) and throughout gestation (E0.5, E6.5, E10.5 and E14.5, control n=7, high fat n=9). Abbreviations: CHO: Carbohydrate.



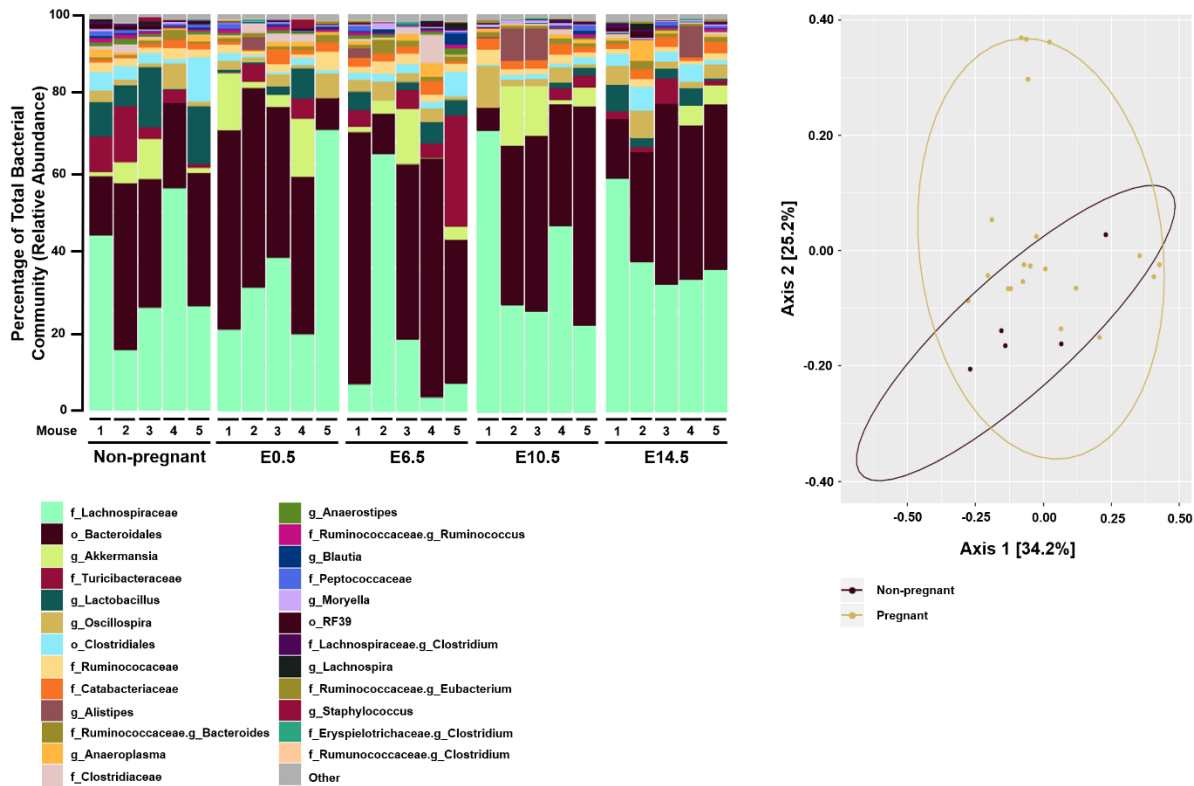
Supplemental figure S2. Maternal obesity did not impact fetal or placental weight at E14.5.

A. Fetal weight, litter size and sex ratio of control and high-fat exposed fetuses. **B.** Placental weight of control and high-fat exposed litters. Placental efficiency (feto-placental weight) of control and high-fat pregnancies. Data are presented as box and whisker plots, min to max, where the centre line represents the median. Data were analyzed using a Student's t-test. Control: open bar, n=7; high fat n= 9.



Supplemental figure S3. The maternal intestinal microbiota in control pregnancy.

A. Taxonomic summaries of microbial relative abundance resolved to the order (o), family (f), or genus (g) level classification within control fed females prior to pregnancy and at four time points during gestation; E0.5, E6.5, E10.5, and E14.5 (n=5). **B.** Principle Coordinate Analysis using the Bray-Curtis dissimilarity metric.



Supplemental figure S4. The maternal intestinal microbiota is remodeled by maternal obesity. A. Taxonomic summaries of microbial relative abundance resolved to the order (o), family (f), or genus (g) level classification within high-fat fed females prior to pregnancy and at four time points during gestation; E0.5, E6.5, E10.5, and E14.5 (n=8). We see a consistent mDIO impact on pregnancy related shifts in maternal intestinal microbiota **B.** Principle Coordinate Analysis using the Bray-Curtis dissimilarity metric. The effect of diet according to the PERMANOVA test was significant (p=0.001) and substantially large (R²=0.598).

Tables

Supplemental Table S1

Primary antibodies				
Target peptide	Antibody name	Supplier	Catalogue number	Dilution
Intestine				
CD3	Anti-CD3 antibody [SP7]	Abcam	ab16669	1:150
Placenta				
F4/80	Anti-F4/80 antibody [CI:A3-1]	Abcam	ab6640	1:100
CA IX	Anti-Carbonic Anhydrase IX antibody	Abcam	ab15086	1:600
VEGF	VEGF antibody [A-20]	Santa Cruz Biotechnology	sc-152	1:400
CD31	Anti-CD31 antibody [P2B1]	Abcam	ab24590	1:200
α SMA	A-Actin antibody [1A4]	Santa Cruz Biotechnology	sc-32251	1:400

Supplemental Table S2

Primer sequences

Gene	Forward primer	Reverse primer	Amplicon length (bp)	GenBank Accession Number
Housekeeping				
<i>β-actin</i>	AGATCAAGATCATTGCTCC	ACGCAGCTCAGTAACAGTC	174	NM_007393.5
<i>Cyclophilin</i>	CTTCGAGCTGTTTGACAGACA	TGGCGTGTAAAGTCACCAC	147	NM_008907.1
<i>Hprt</i>	CAGTCCCAGCGTCGTGATT	TCGAGCAAGTCTTTCAGTCC	142	NM_013556.2
<i>β2m</i>	CTCGGTGACCCTGGTCTTTC	TTGAGGGGTTTTCTGGATAGCA	71	NM_009735.3
<i>Nono</i>	GCCAGAATGAAGGCTTGACTAT	TATCAGGGGGAAGATTGCCCA	105	NM_001252518.1
Inflammation				
<i>Ffar2</i>	ACTTGCCCAAGGAGTTCTGG	AGCTGTCTGCTCTTACCAC	59	NM_146187.4
<i>Ffar3</i>	GTCCAATACTCTGCATCTGTGAC	AGTCCCACGAGGAACACCAA	98	NM_001033316.2
<i>Tlr2</i>	AAGGAGGTGCGGACTGTTT	CCTCTGAGATTGACGCTT	156	NM_011905.3
<i>Tlr4</i>	TCTGGGGAGGCACATCTTC	TGCTCAGGATTCGAGGCTT	72	NM_021297.3
<i>Traf6</i>	GCACGGAAACTTGGGTCTT	CTCTGTTGTCAGTCGACTTG	105	NM_009424.3
<i>Nfkb</i>	CTGCTCAGGTCCACTGCTTG	TTGCGGAAGGATGTCTCCA	112	NM_008689.2
<i>Tnf</i>	CAGACCTCACACTCAGACTA	GGCTACAGGCTTGTCACTCG	86	NM_013693.3
<i>Il6</i>	GGGACTGATGCTGGTGACA	ACAGGTCTGTTGGGAGTGG	90	NM_001314054.1
<i>Il10</i>	ACTTTAAGGGTTACTTGGGTTGC	CCTGGGGCATCACTTCTACC	75	NM_010548.2
<i>Cd3e</i>	CAGAAATGAAGTAATGAGCTGGCTG	CACTGTCTAGAGGGCACGTC	200	NM_007648.5
<i>F4/80</i>	TTGTGGTCTTAACCTCAGTCTGC	AGACACTCATCAACATCTGCG	141	NM_010130.4
<i>Mcp1</i>	CCACAACCACCTCAAGCACT	AGGCATCACAGTCCGAGTCA	75	NM_011333.3
<i>Csf1</i>	TCTAGCCGAGATGTGGTGAC	TATGCGAAGGGGAAGCTCAC	195	NM_007778.4
<i>Csf1r</i>	AAGTGTCTTAGAGGTGGTTTCC	GAAAGGGAACAGAGGAAGAGGC	104	NM_001037859.2
<i>Csf2r</i>	GAGTGACGTGCAGGAGGTTTC	GAGGTCTTCTGAGGGTCT	116	NM_009970.2
<i>Arg1</i>	ACAAGACAGGGCTCCTTTCAG	GGCTTATGTTACCTCCCG	148	NM_007482.3
<i>Nos2</i>	GGTGAAGGGACTGAGCTGTT	ACGTTCTCCGTTCTCTTGACAG	103	NM_010927.4
Barrier function				
<i>Muc1</i>	CAAGTTCAGGTGAGTCCG	TGACTTACAGTCAGAGGCAC	74	NM_013605.2
<i>Muc4</i>	AGATGGCTCTGAACCTAAGTATGC	AGGTGGTAGCCTTTGTAGCC	67	NM_080457.3
<i>Muc2</i>	GAAGCCAGATCCCGAAACCA	GAATCGGTAGACATCGCCGT	81	NM_023566.3
<i>Muc5ac</i>	CTGCCTGTACAATGGGACACT	AACATGTGTTGGTGCAGTCAGT	68	NM_010844.1
<i>Cldn</i>	TCTACGAGGGACTGTGGATG	TCAGATTAGCAAGGAGTCG	84	NM_016674.4
<i>Ocln</i>	AGTTGAACTGTGGATTGGCAG	TAAGCGAACCTTGGCGGC	87	NM_008756.2
<i>Zo-1</i>	GAGAGACAAGATGCCGCCA	CCATTGCTGTGCTCTTAGCG	50	NM_009386.2
Placental nutrient transport				
<i>Slc2a1</i>	GGCTTGCTGTAGAGTGACG	TGTAGAACTCCTCAATAACCTTCTG	275	NM_011400.3
<i>Slc2a3</i>	AATAGGTAGGCTGGGCTTCG	AGAGATGGGGTACACCTTCGTT	184	NM_011401.4
<i>Slc38a2</i>	GCAGTGAATCCTTGGGCTT	TAAAGATCCTCCTTCGTTGGCAG	140	NM_175121.3
<i>Fabp4</i>	AAGCTGGTGGTGAATGTGTTA	CCTCTTCTTTGGCTCATGC	77	NM_024406.2
Gluconeogenesis				
<i>Pgc1a</i>	TTGACTGGCGTCATTCCGGG	AGAGCAGCACACTCTATGTCAC	84	NM_008904.2
<i>Pc</i>	AGGGCGGAGCTAACATCTACC	CCCCTCGAAGCTGTTGGAACT	74	NM_001162946.1
<i>G6p</i>	TATTGTTGGTGTGCCCTTG	AGTCCAATACATGAGGCTGGC	121	NM_175935.3
<i>Pepck</i>	CTGAAGGTGTCCCCTTGTGTC	CATCTTGCCCTTGTGTTCTGC	110	NM_00110 44.2
<i>Hnf4a</i>	GGTAGGGGAGAATGCGACTC	TCAGATGGGGACGTGTCATTG	142	NM_008261.3
<i>Nr1h3</i>	CGACAGTTTTGGTAGAGGGAC	TGCAGAATCAGGAGAAACATCAG	106	NM_001177730.1
<i>Nr1h2</i>	CGCCACGTCAACCACTATTA	TCCTCTGGCTCCACGATGTA	96	NM_001285518.1