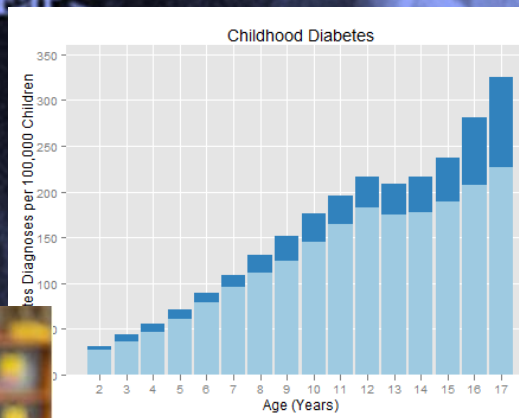


# Maternal Obesity, Diabetes and Fetal Programming



**Michael G. Ross, M.D., M.P.H.**

**Mina Desai, Ph.D.**

**Department of Obstetrics & Gynecology**

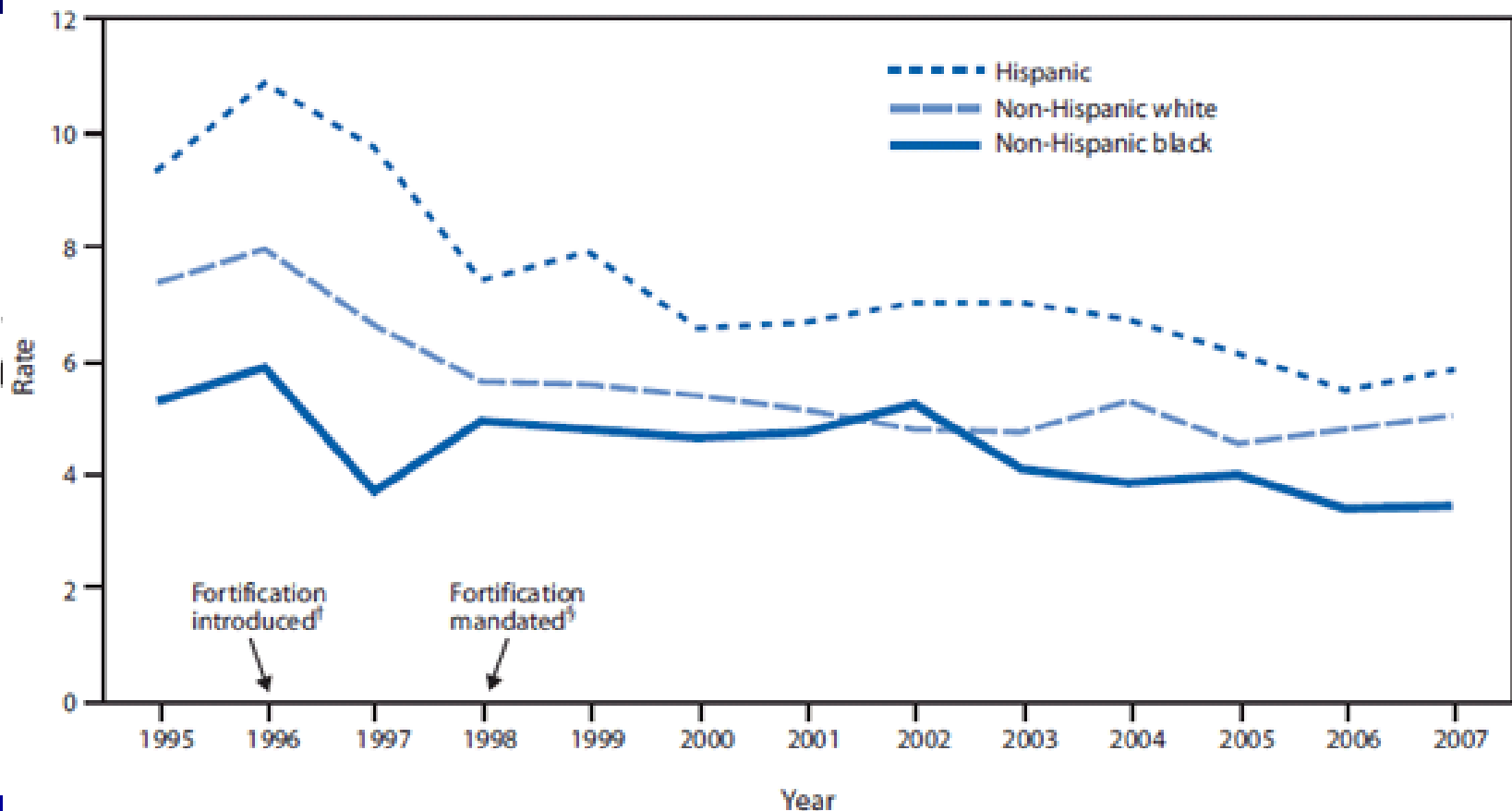
**UCLA School of Medicine**

# Outline: Fetal Programming

- **Human epidemiology**
- **Animal studies**
  - **Phenotype**
  - **Mechanisms of Programming**
    - **Scope of the effect**
    - **Importance of the clinical interventions**
    - **Need for basic science advances**

# Prenatal Care Objectives Past, Present and Future

1900-1950: Preventing Maternal Mortality  
1940-1990: Preventing Birth Defects  
Present and Future: Optimize Offspring Health



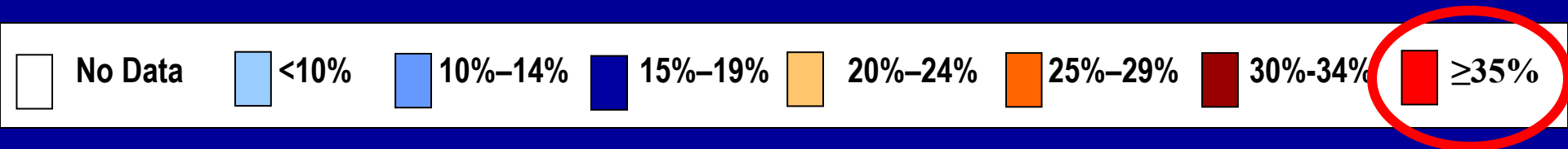
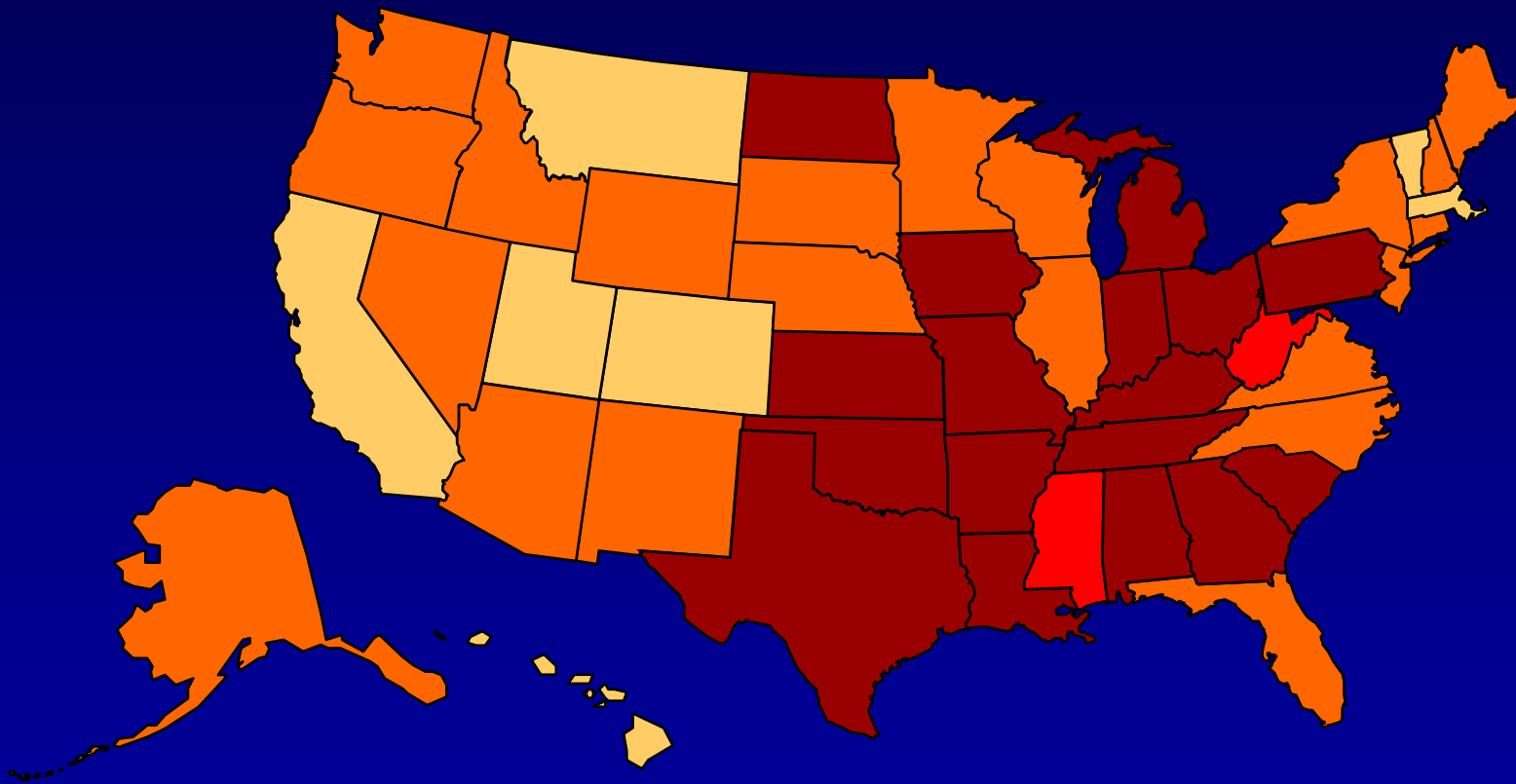
# Metabolic Syndrome



- **Traits:**
  - Obesity
  - Hypertension
  - Type 2 diabetes mellitus
  - Dyslipidemia
- **Mortality:** Leading cause of death in the United States
- **Obesity:** U.S. adults 65% overweight, 31% obese, Childhood obesity 20%
- **Hypertension:** 29% of U.S. population
- **Diabetes:** 27% of U.S. population

# Obesity Trends\* Among U.S. Adults

CDC, 2013

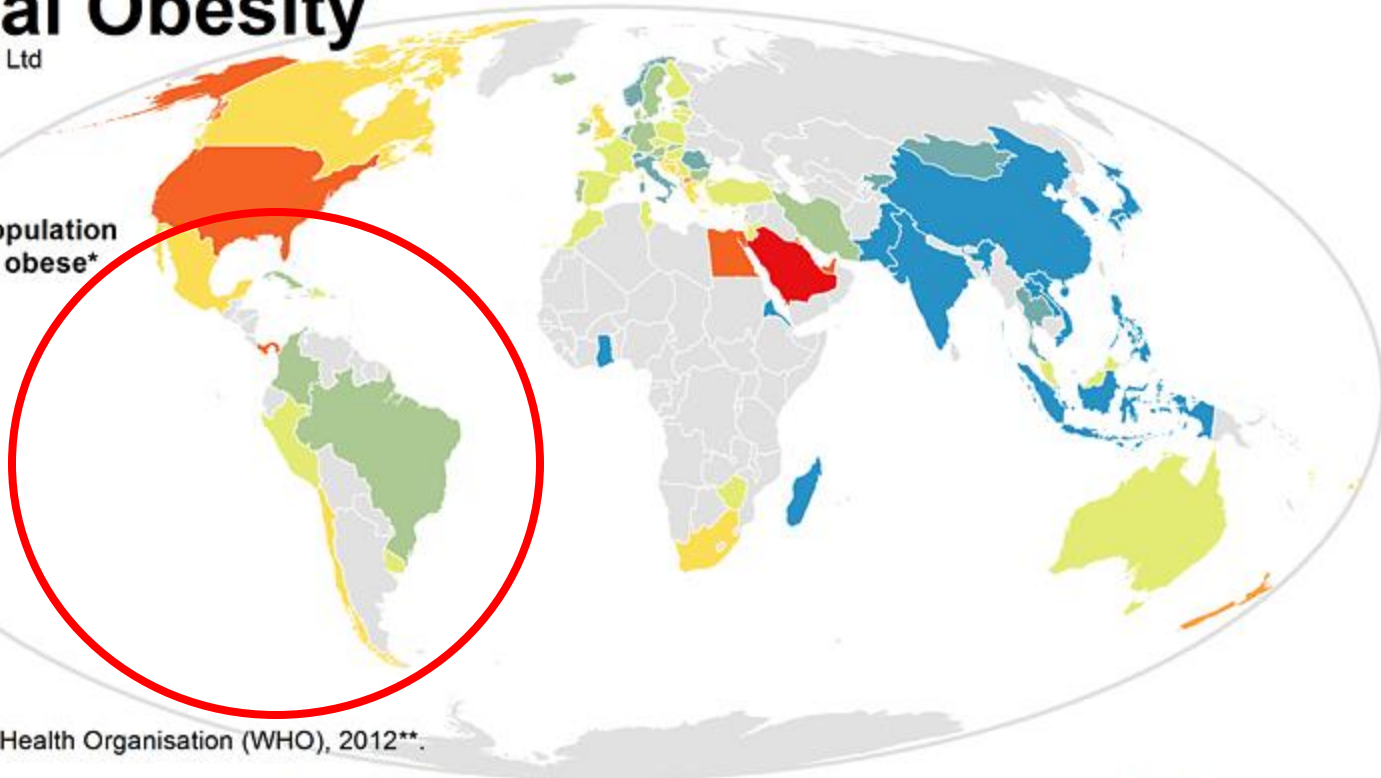
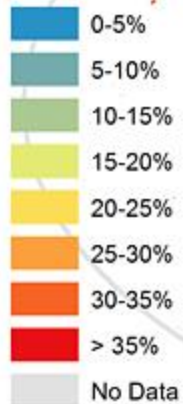


# Global Obesity

## Global Obesity

© Lovell Johns Ltd

% of adult population  
classified as obese\*



Source: World Health Organisation (WHO), 2012\*\*.

\*An obese adult is classified as having a BMI greater than 30.

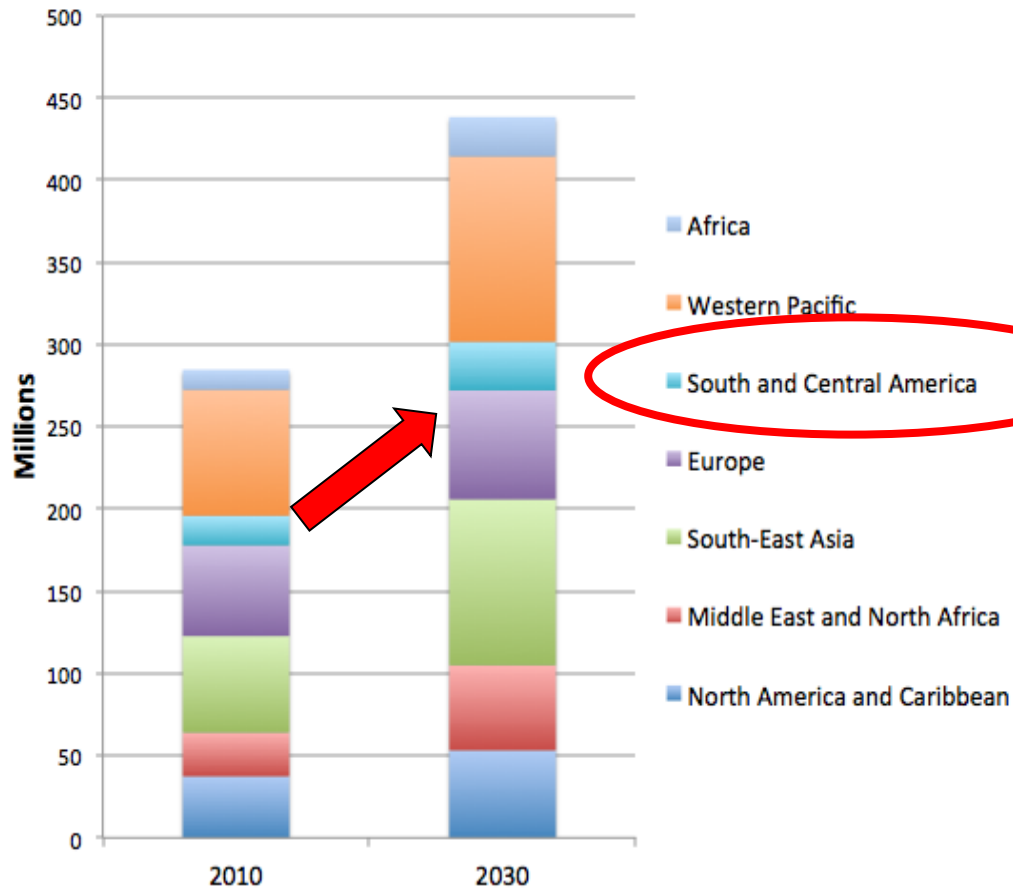
\*\*The map uses the latest available data which varies in year of data collection.

[www.lovelljohns.com](http://www.lovelljohns.com)

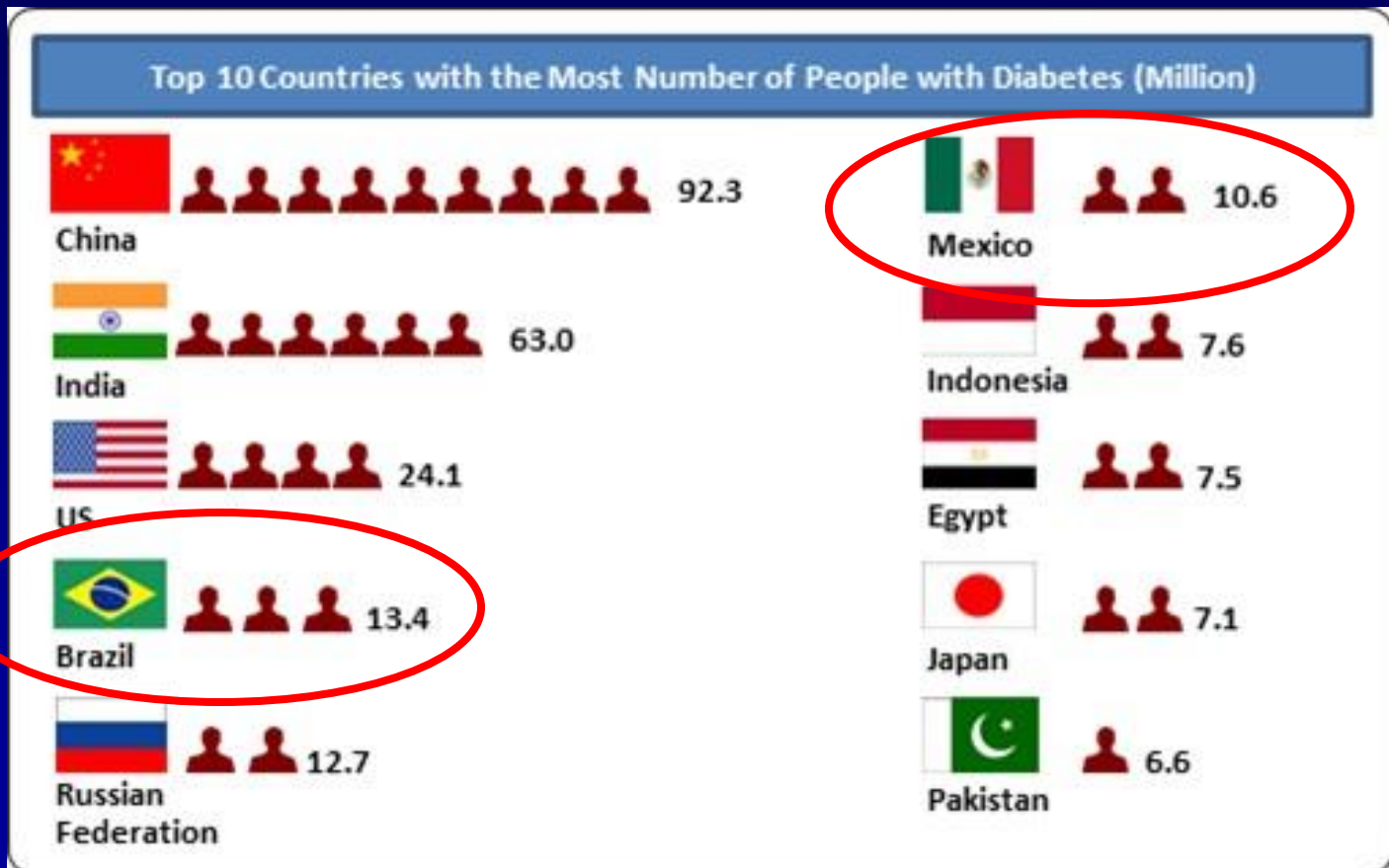


# Global Diabetes

Global Diabetes Prevalence, 2010 & 2030



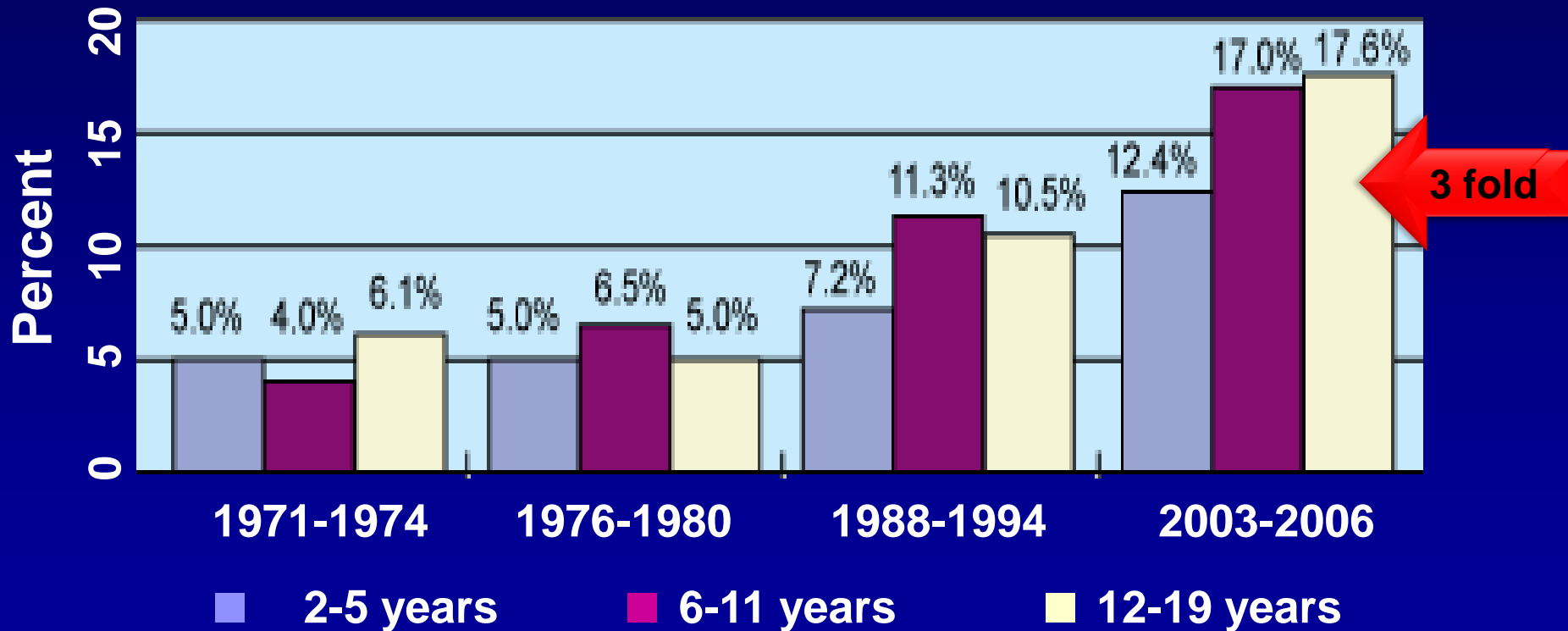
# Top 10 Countries with Most Number of People with Diabetes





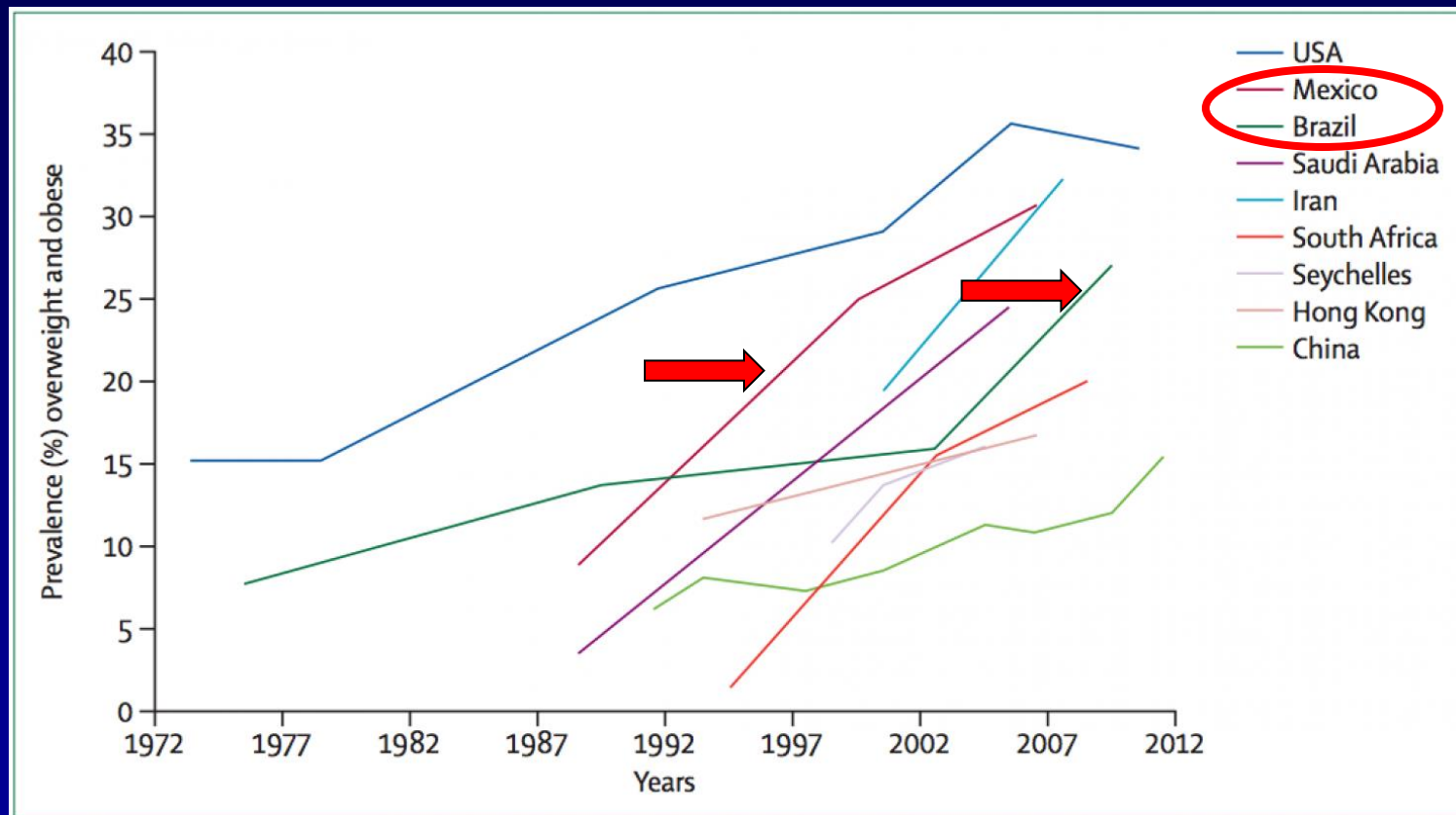
# Prevalence of Obesity\* Among U.S. Children and Adolescents (2 –19 Years)

National Health and Nutrition Examination Surveys



\*Sex-and age-specific BMI  $\geq$  95th percentile based on the CDC growth charts

# Child Overweight and Obesity



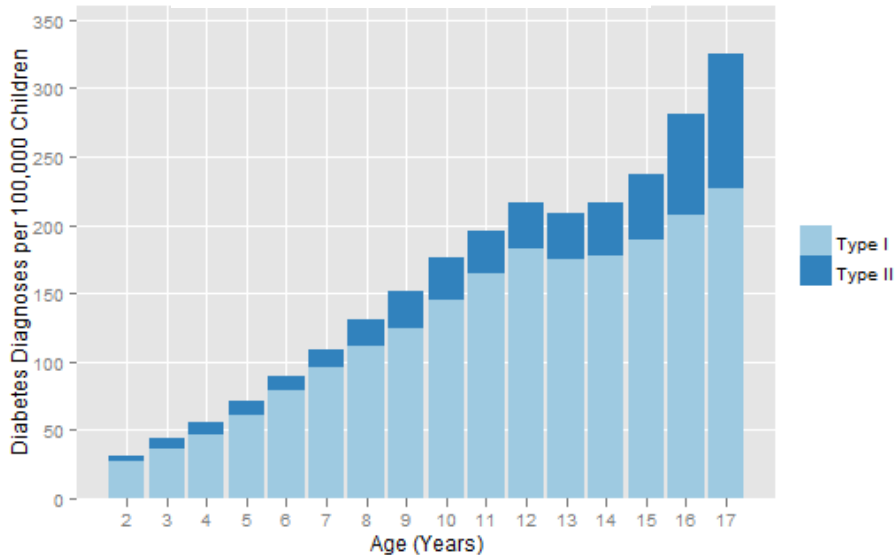
**Figure 1: Prevalence trends for child overweight and obesity in the USA and eight low-income and middle-income countries**

Source: World Obesity Federation, collated from published sources. Further details in appendix. Measurements of body-mass index are based on professionally measured heights and weights.

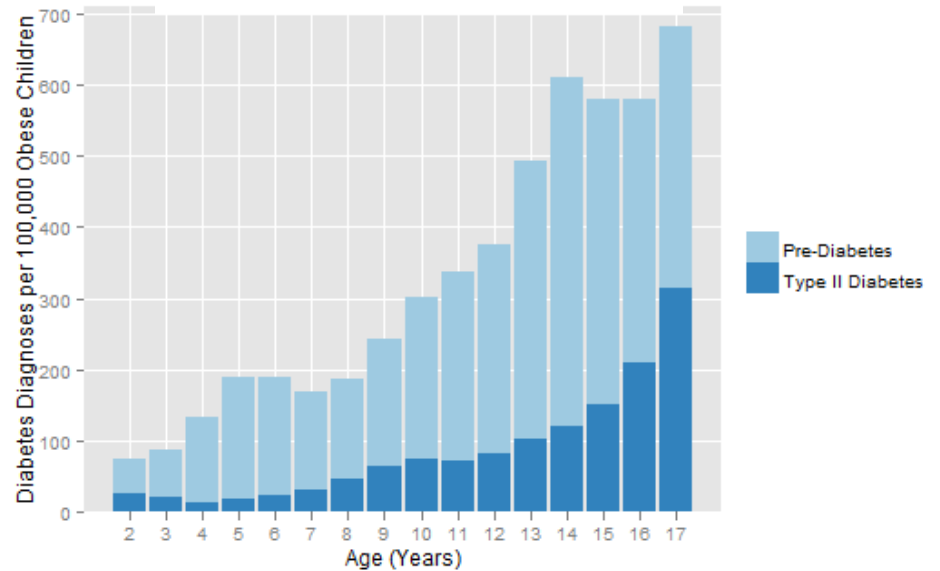
# Childhood Diabetes

2 fold rate of diabetes  
in obese children

## Childhood Diabetes



## Diabetes in Obese Children



# Etiology of Obesity/Diabetes



**Food Availability  
High Fat Diets**



**Reduced Energy  
Expenditure**



**Propensity for  
Obesity/Diabetes**



**Developmental  
Programming**

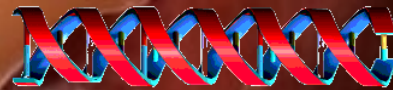
# Developmental Programming

Fetal Nutrition, Stress  
Environmental Toxins

Altered cell number  
and differentiation



Modified gene expression  
altered function



Propensity for Obesity/Diabetes



# **Barker Hypothesis**

## **Developmental Programming**

**Small for Gestational Age (SGA) and/or  
Low Birth Weight (LBW) human newborns**

- Paradoxical increased risk of hypertension, obesity, and diabetes as adult**



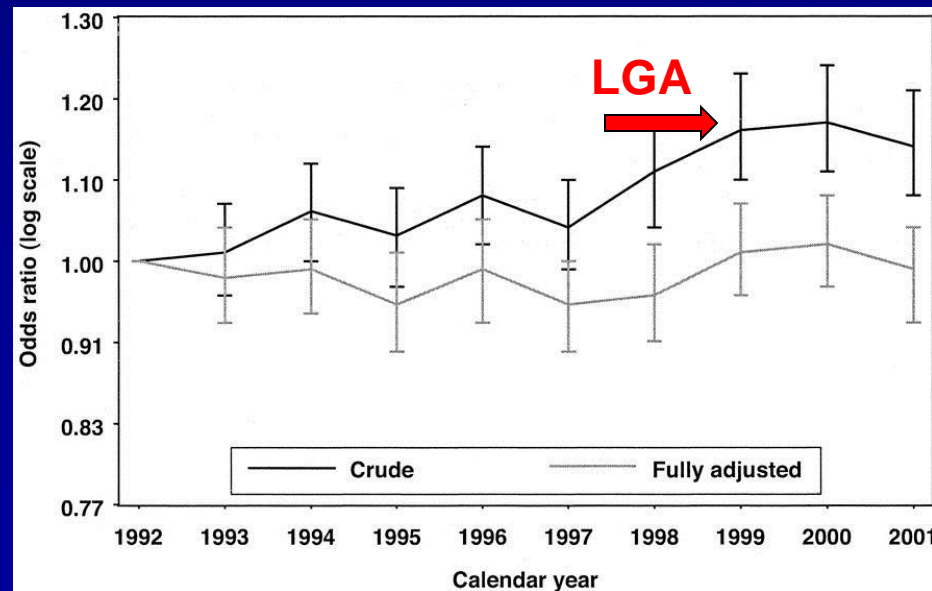
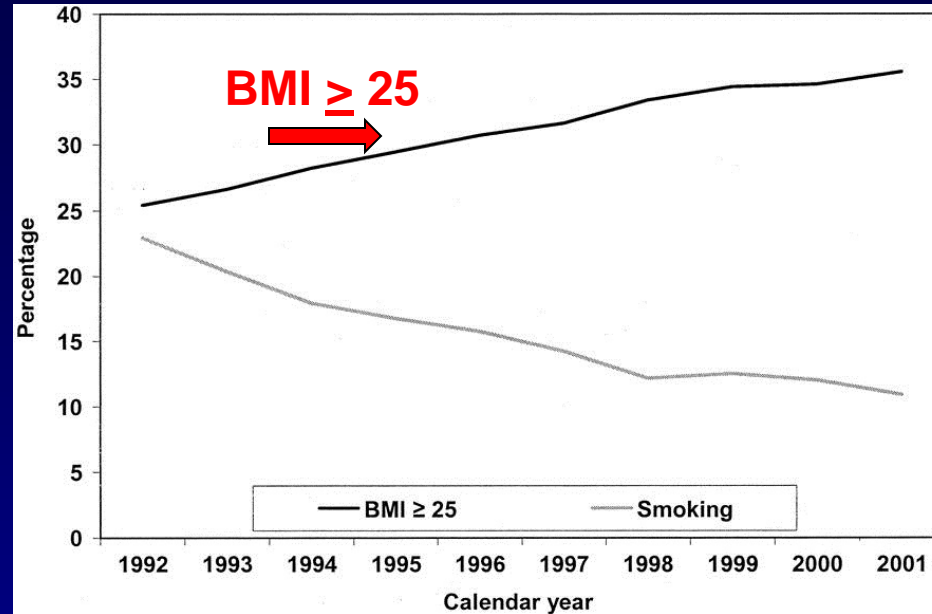
# **Barker Hypothesis Developmental Programming**

**Large for Gestational Age (LGA) and/or**

**Macrosomic human newborns**

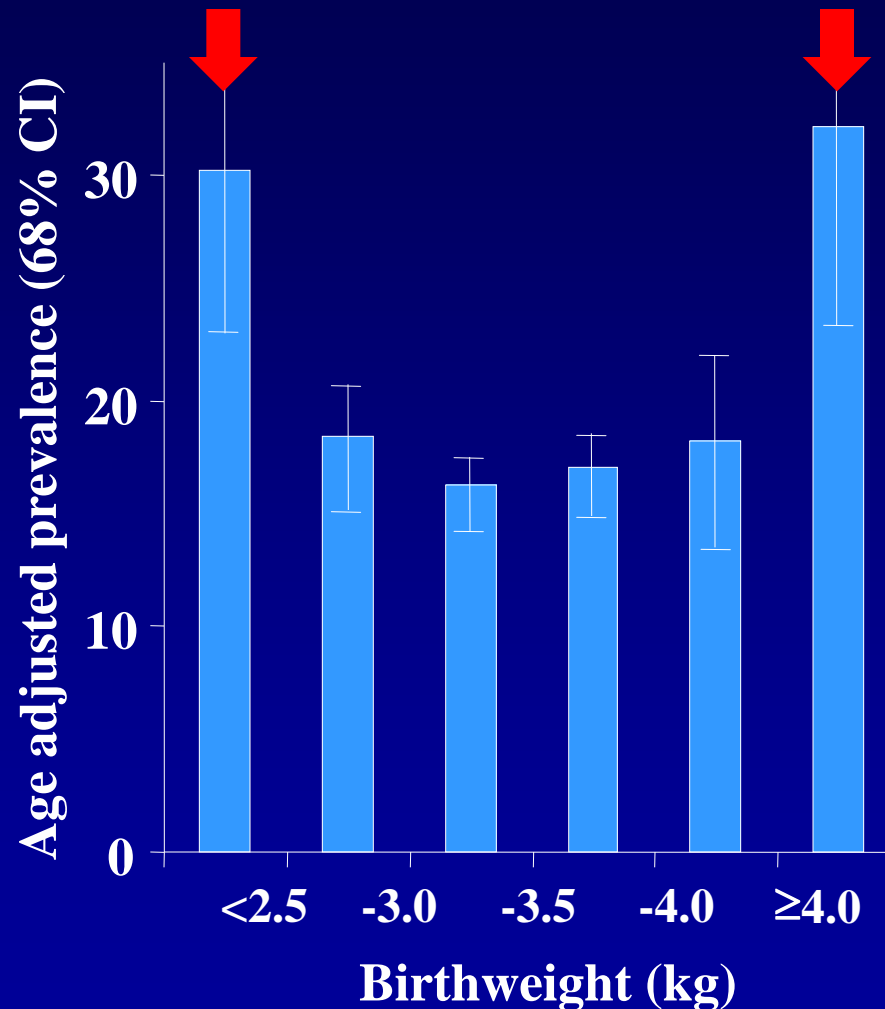
**Markedly increased risk of hypertension,  
obesity, and diabetes as adult**

# Maternal Overweight: Increased LGA Births

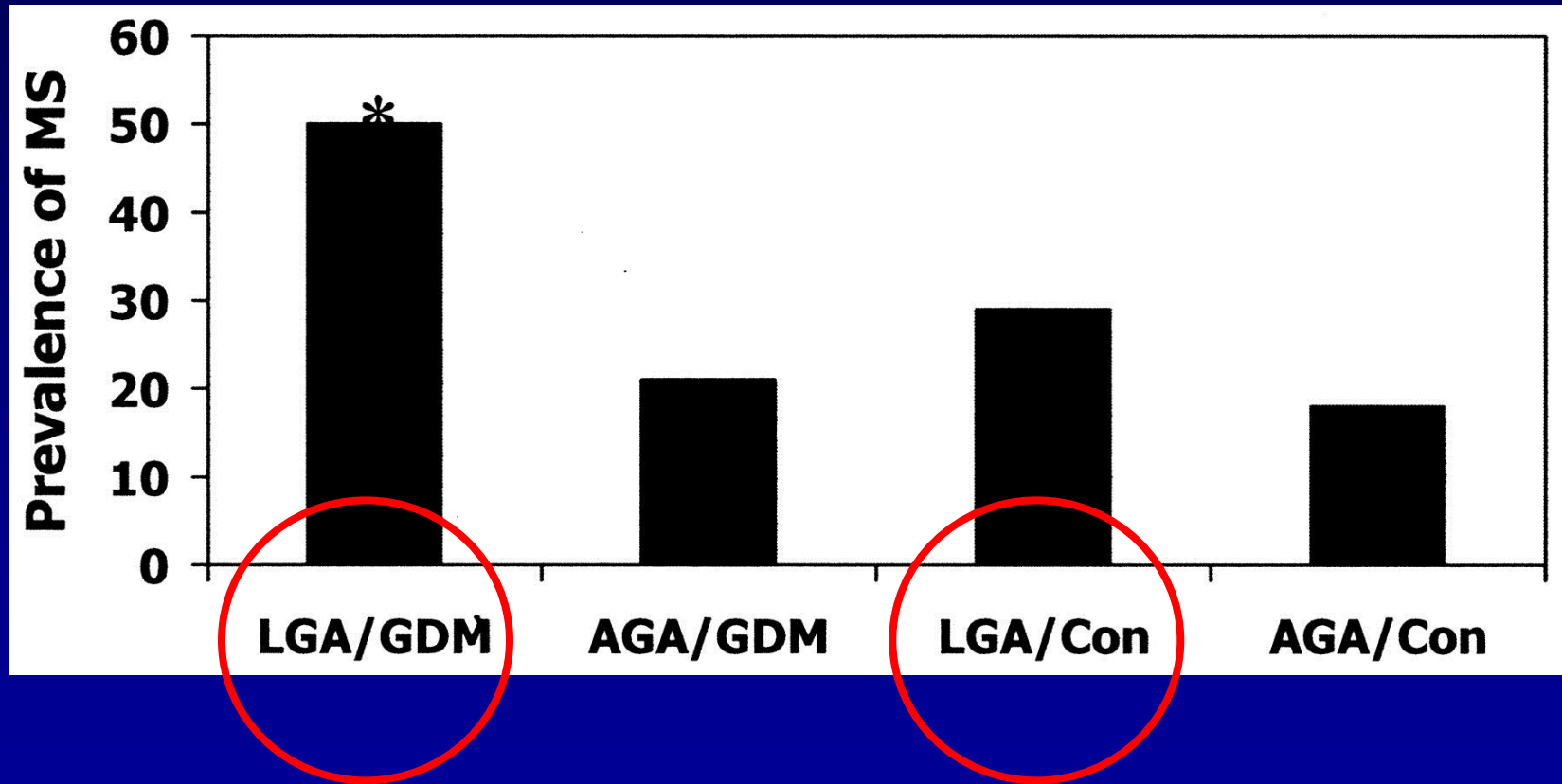


# Birth Weight and Type 2 Diabetes

1179 Pima Indians aged 20-39 years



# Prevalence of Metabolic Syndrome among children grouped according to birth weight and maternal diabetes



# Birth Weight and Adult Diseases

## Epidemiological Studies



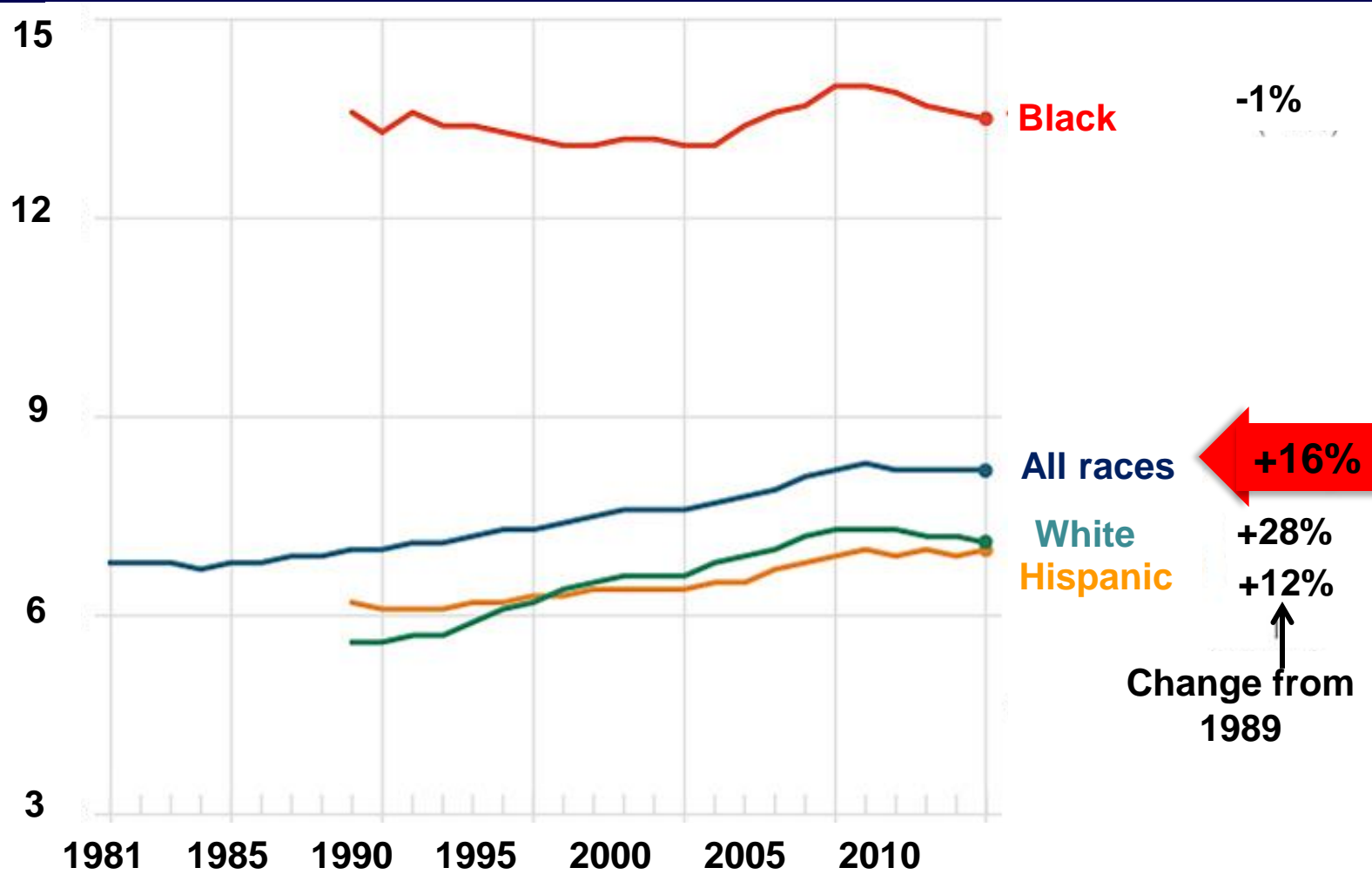
- **Obesity**
- **Diabetes**
- **Cardiovascular Disease**
- **Hypertension**
- **Lipids**
- **Fatty Liver**
- **Immuno-compromise, Allergies**
- **Addiction, Substance abuse**

# Models of Fetal Programming

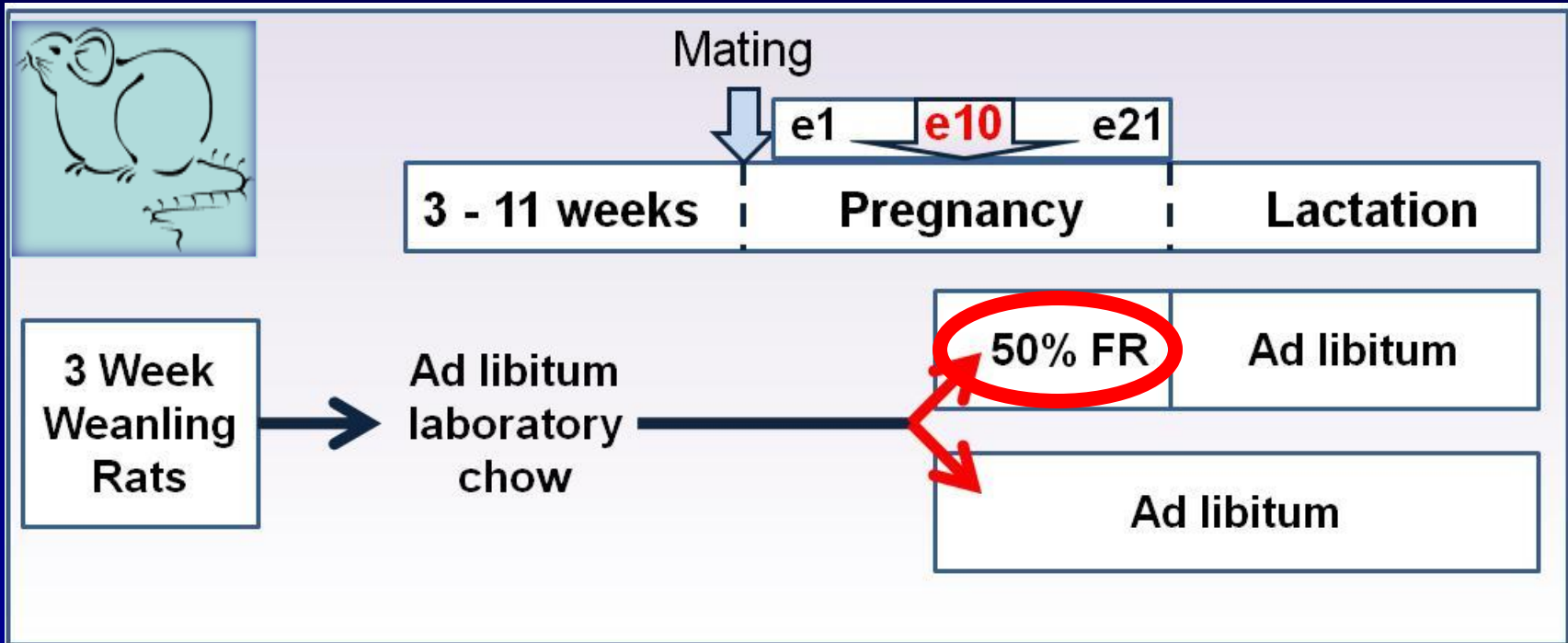
- **Low Birth Weight**
- **Maternal Obesity**
  
- **Phenotype**
- **Mechanisms of Appetite and Adipose Programming**



# Low Birth Weight Trends in USA



# Model of Intrauterine Growth Restriction (IUGR) Maternal Food Restriction (FR)

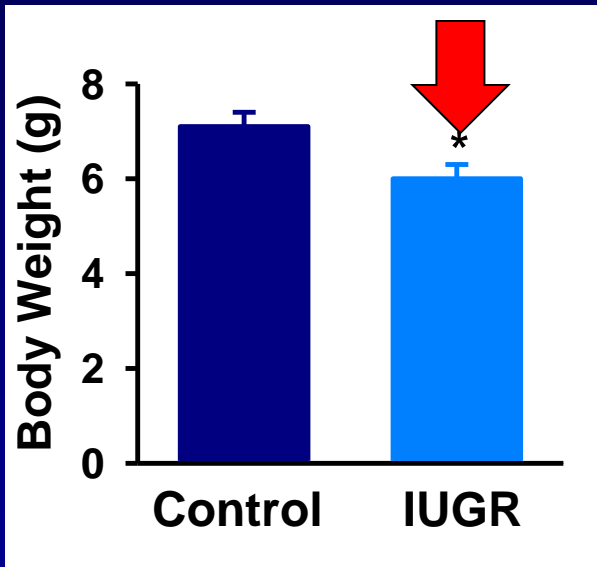


## OFFSPRING

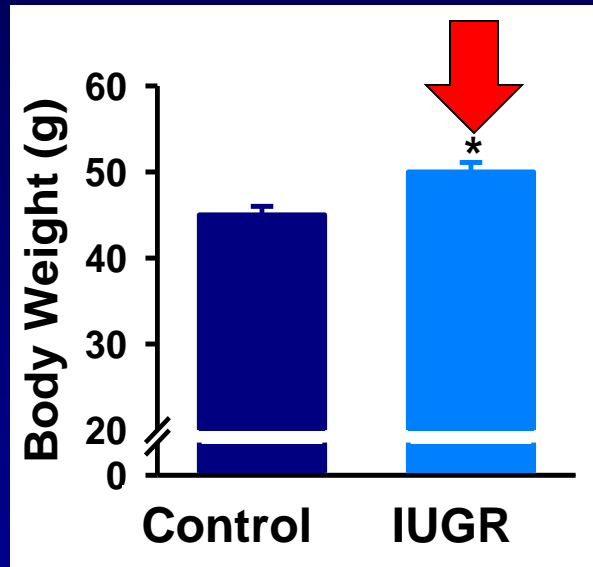
- **Litter size:** Culled to 4 males and 4 females at birth
- **Nursing:** All pups cross-fostered to ad libitum fed Control dams until p21
- **Weaning:** At p21 to ad Libitum food and water

# Body Weight of Male Offspring

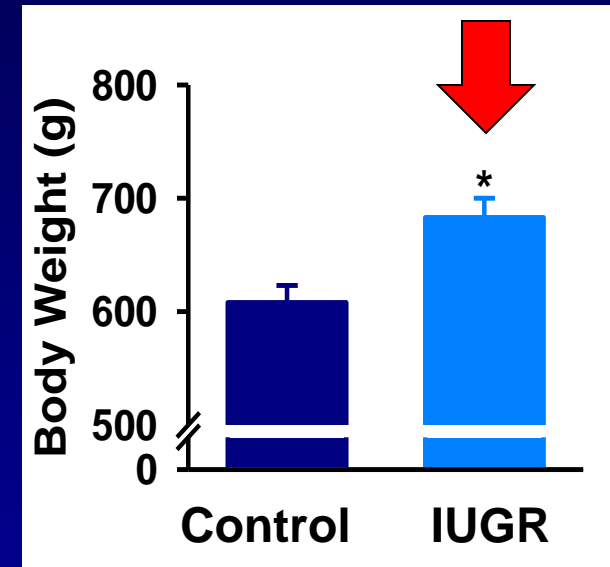
1 Day



3 Weeks



9 Months



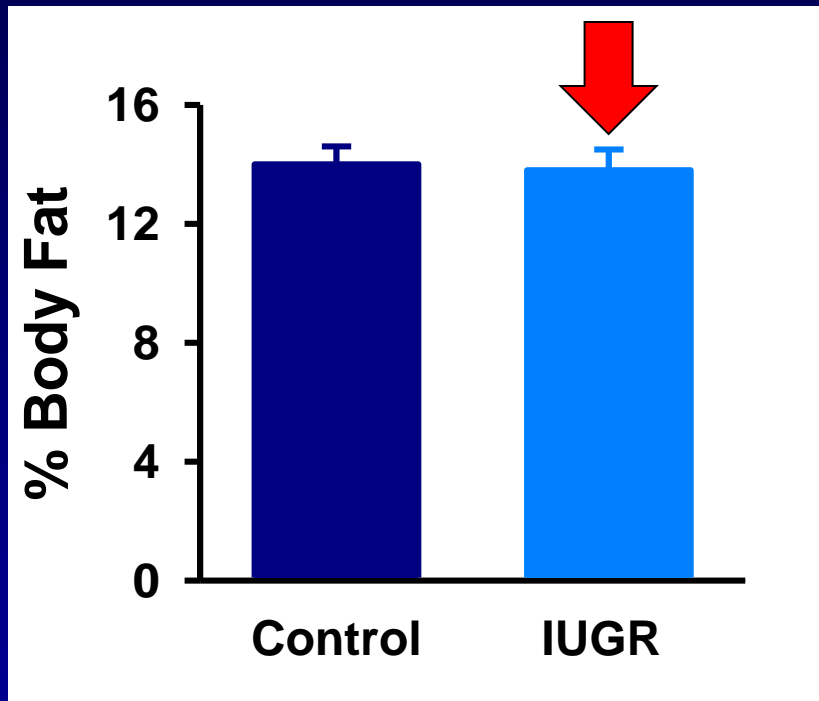
**Rapid Catch-up Growth**

Mean  $\pm$  SE; \*  $p < 0.01$

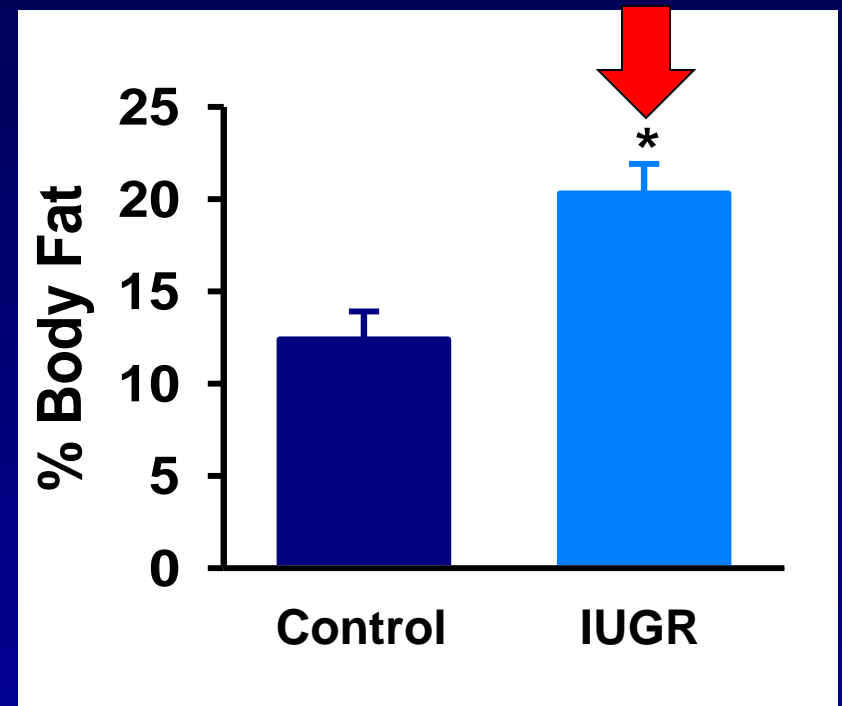
Desai et al, Am J Physiol, 2005

# % Body Fat of Male Offspring

3 Weeks



9 Months

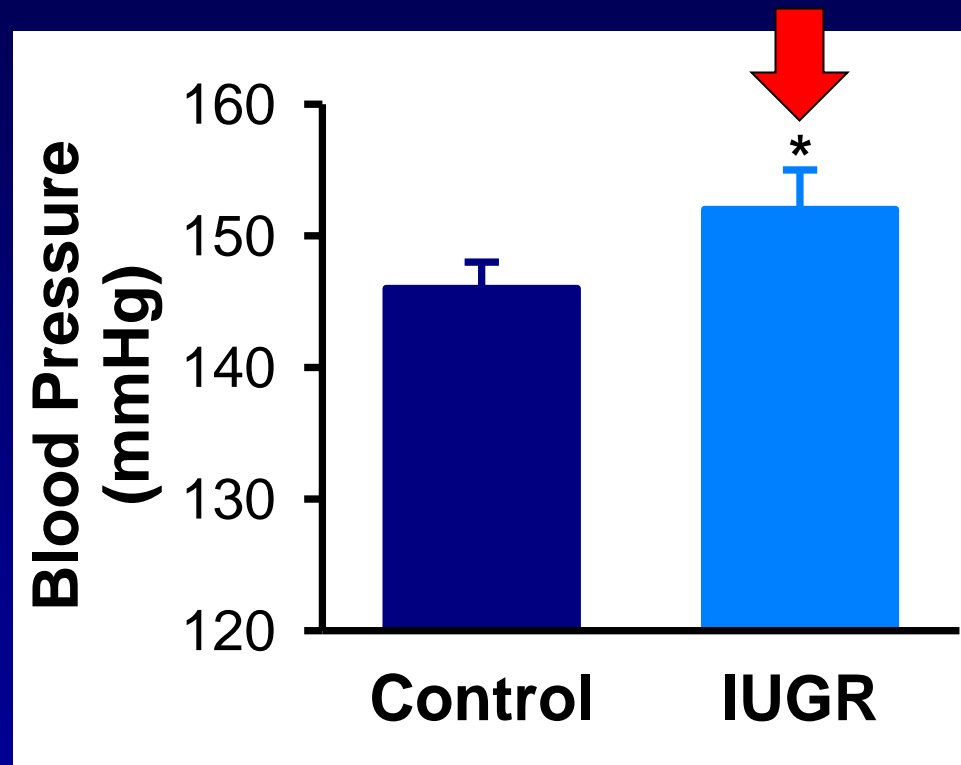


Adult Obesity

Mean ± SE; \* p < 0.001

Desai et al, Am J Physiol, 2005

# Systolic Blood Pressure 3 Month Obese Adult Males



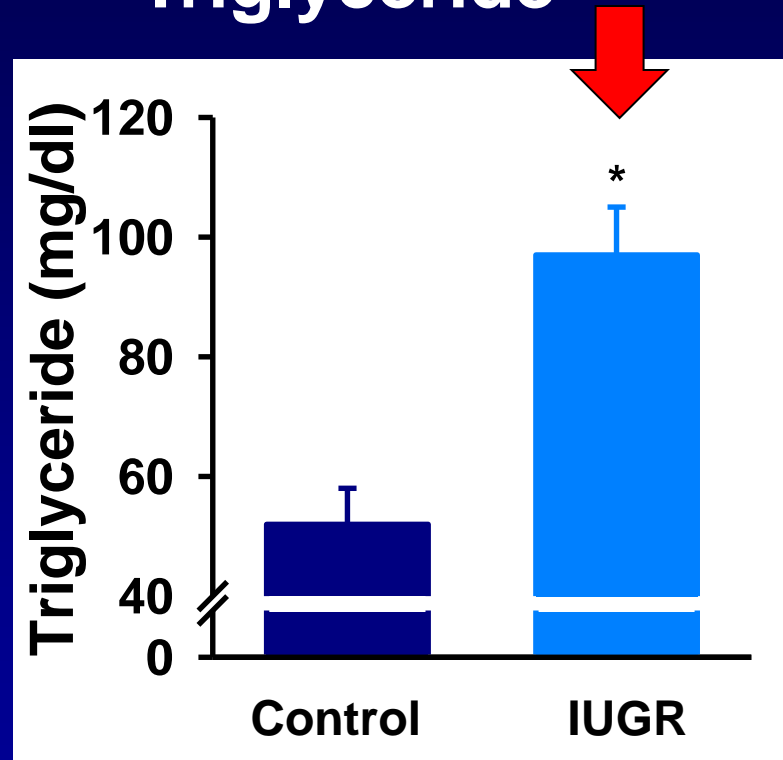
**Hypertension**

\*  $P < 0.05$  vs. Control

# Lipid Profile

## IUGR Obese Adult Males

Triglyceride



**Hypertriglyceridemia**

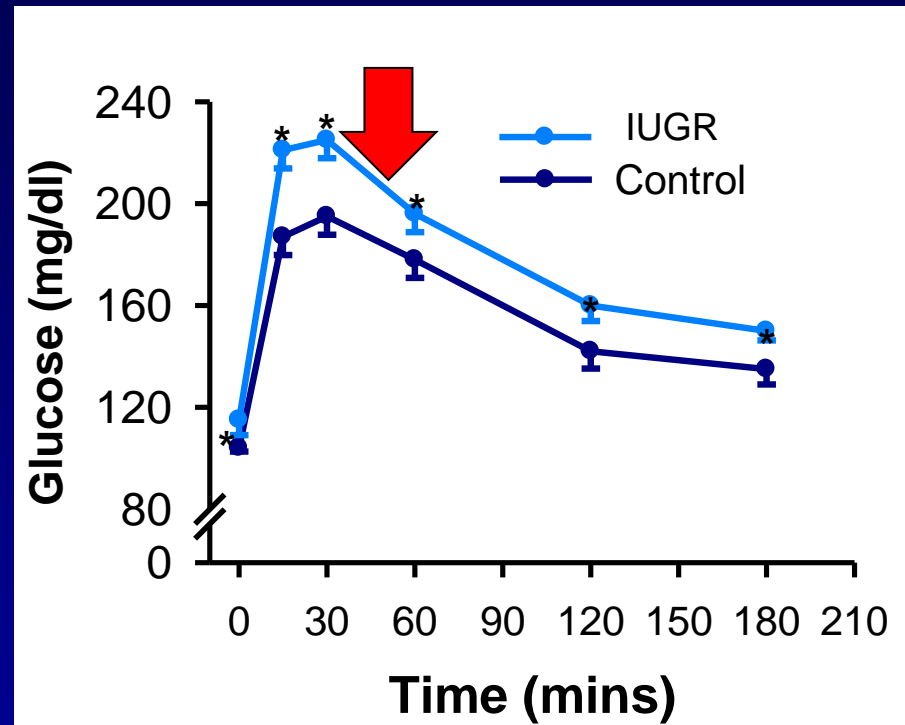
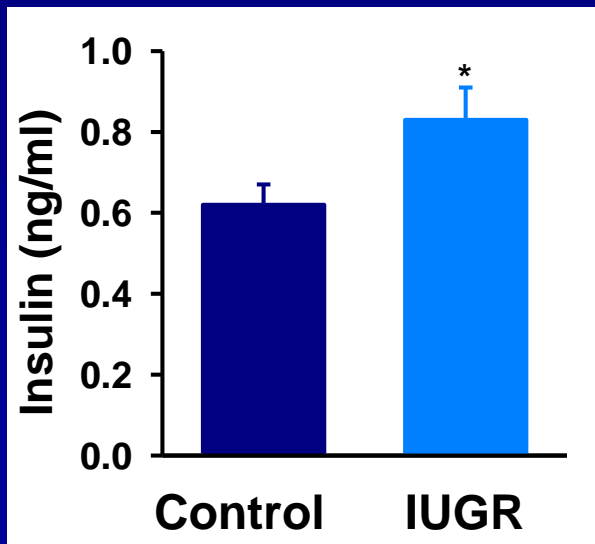
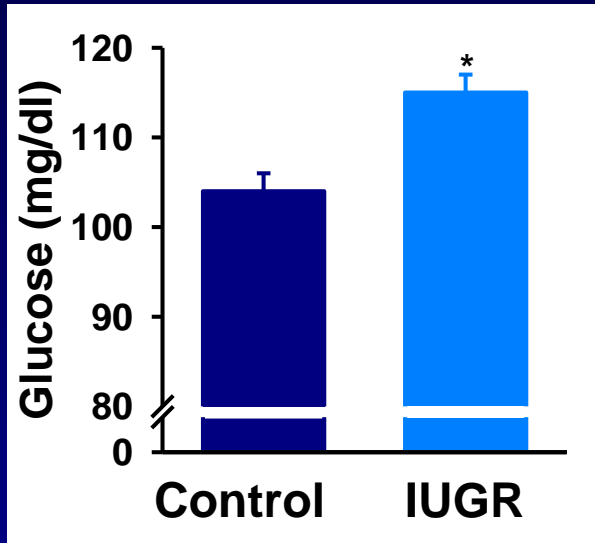
Mean  $\pm$  SE; \*  $p < 0.001$

Desai et al, Am J Obstet Gynecol, 2007



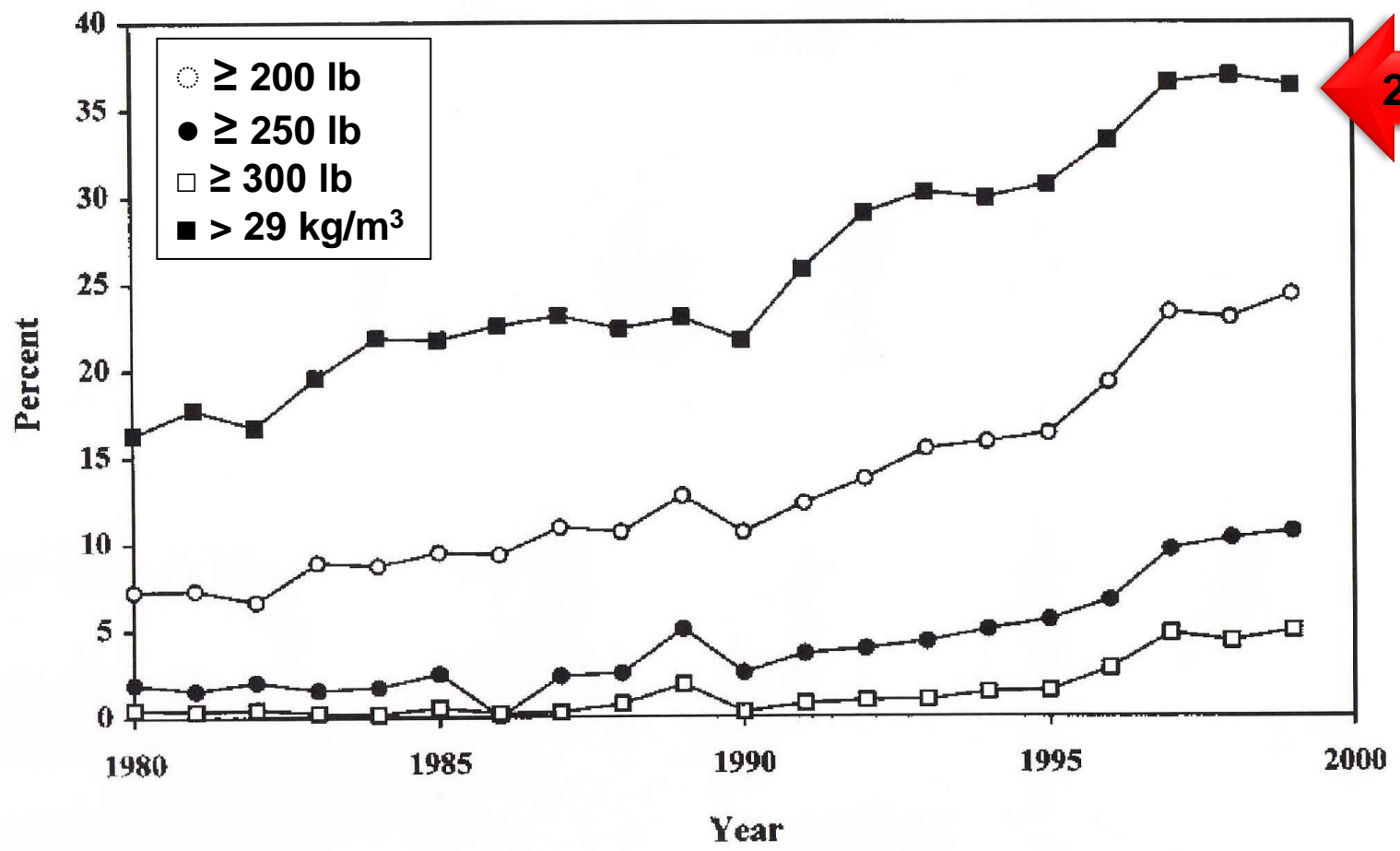
# Diabetes: Insulin Resistance

## IUGR Adult Males



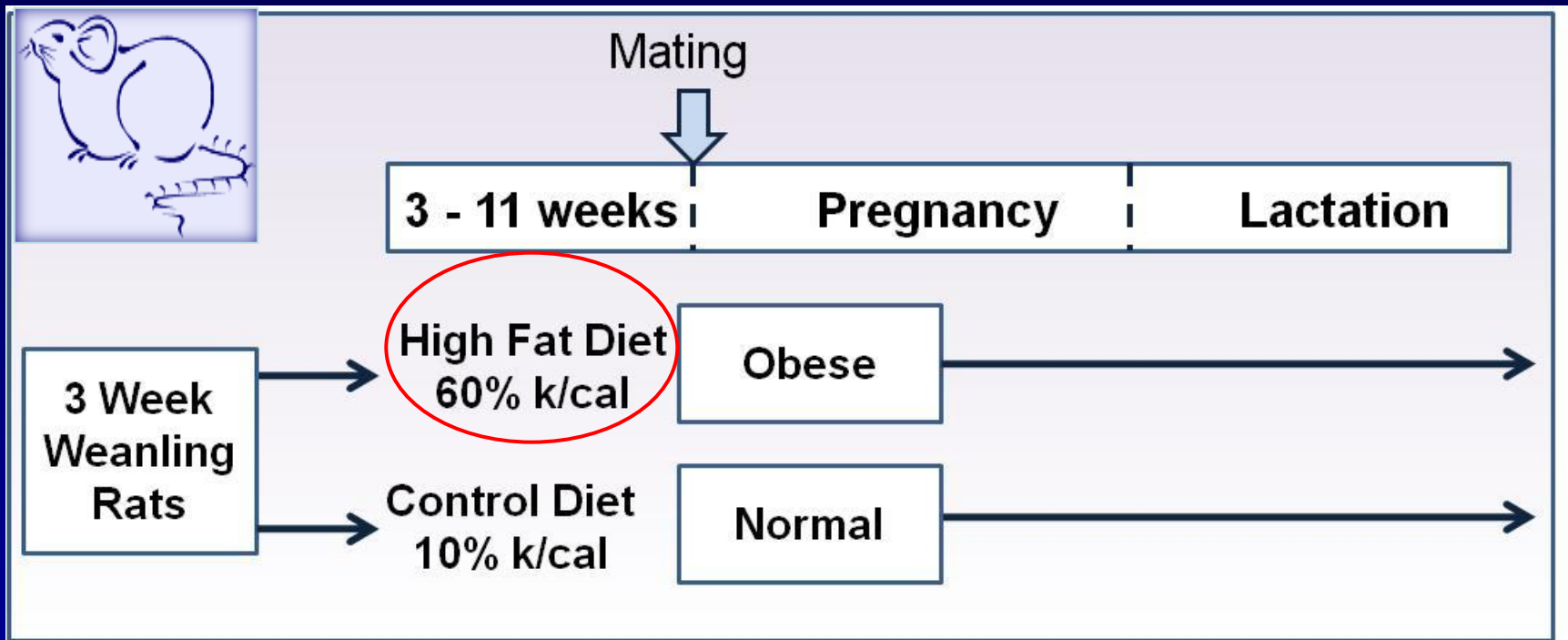
**Insulin Resistance**

# First Prenatal Visit: Prevalence of Maternal Obesity



2 fold

# Model of Maternal Obesity High Fat Diet

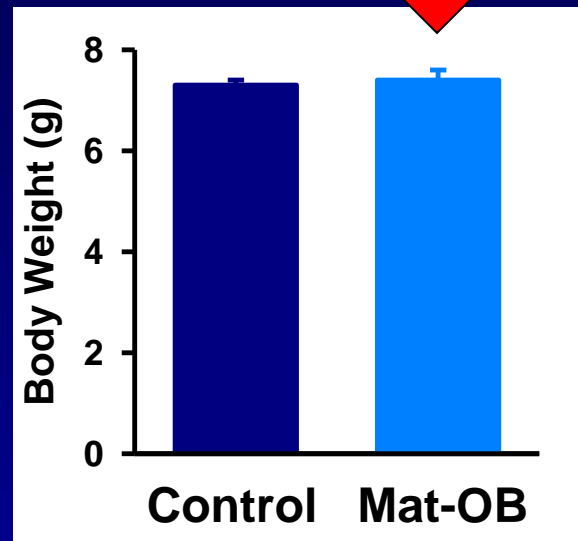
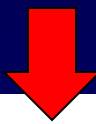


## OFFSPRING

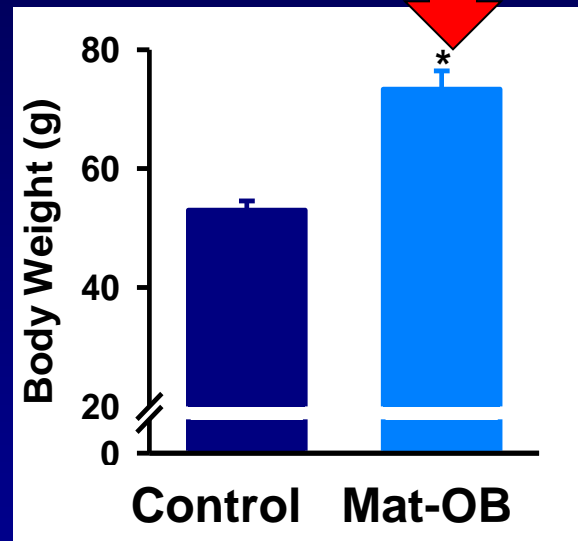
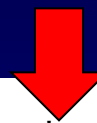
- **Litter size:** Culled to 4 males and 4 females at birth
- **Nursing:** All pups nursed by same dams until p21
- **Weaning:** At p21 to ad Libitum food and water

# Body Weight of Male Offspring

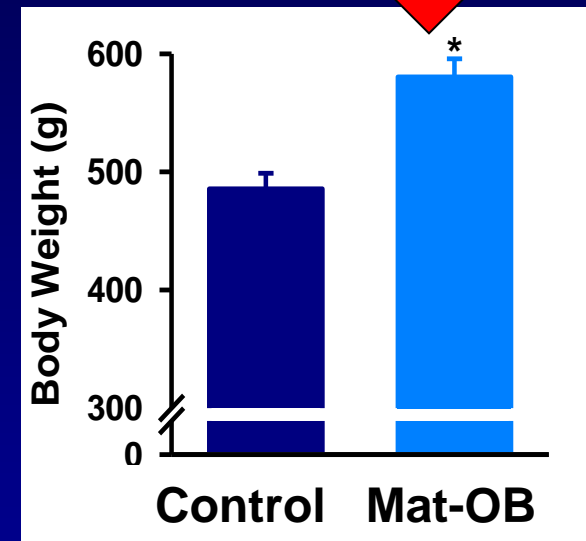
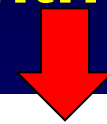
1 Day



3 Weeks



6 Months

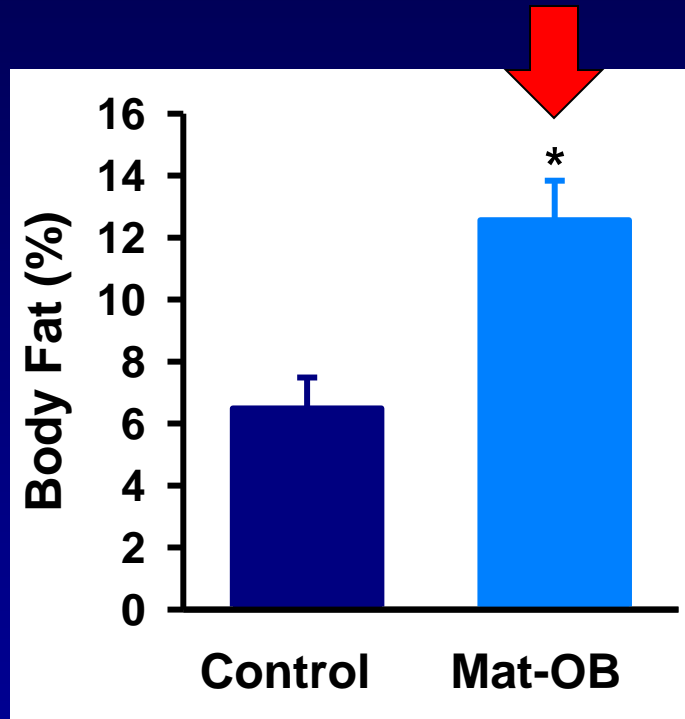


Accelerated Growth During Nursing

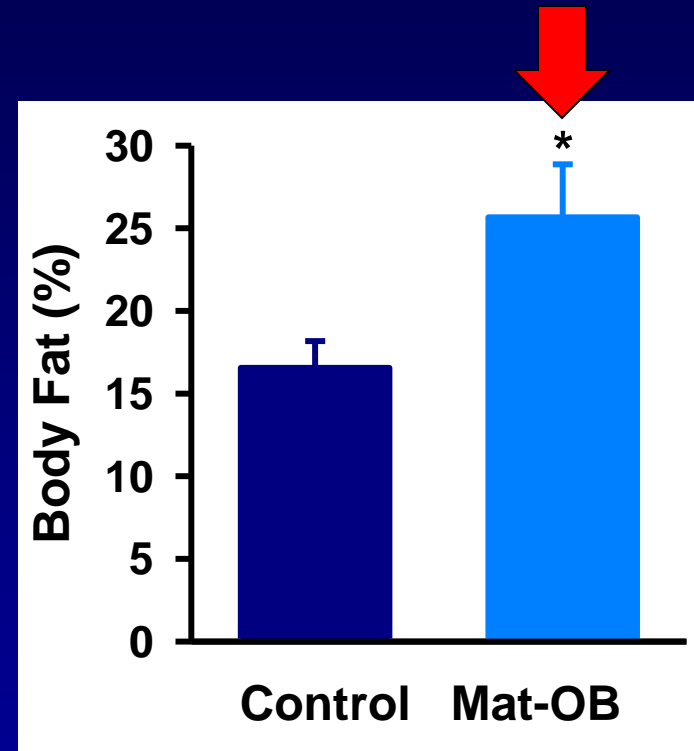
Mean ± SE; \* p < 0.01

# Percentage Body Fat: Male Offspring

3 Weeks



6 Months

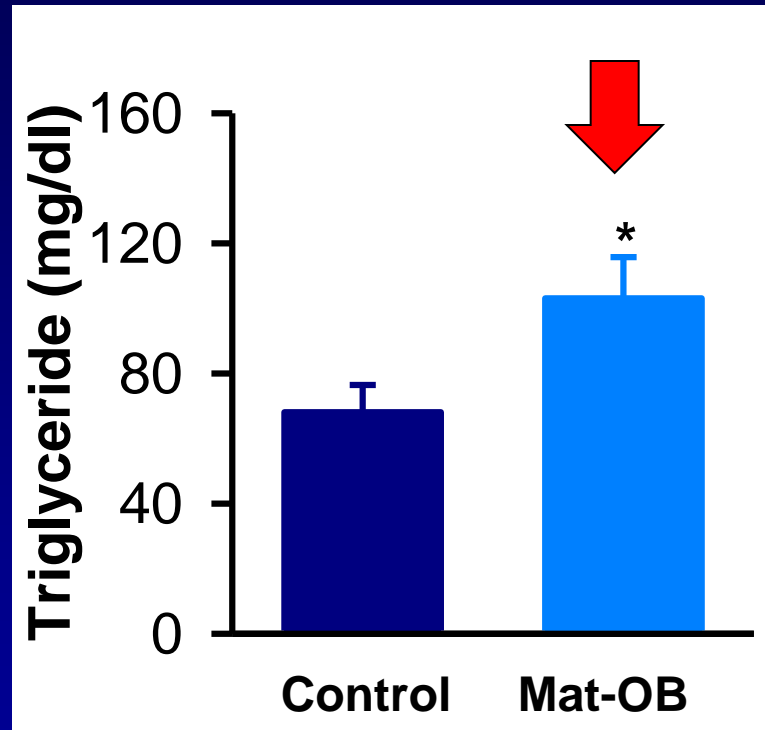


Early Onset Obesity

Mean  $\pm$  SE; \*  $p < 0.001$

# Plasma Triglycerides: Male Offspring

3 Weeks

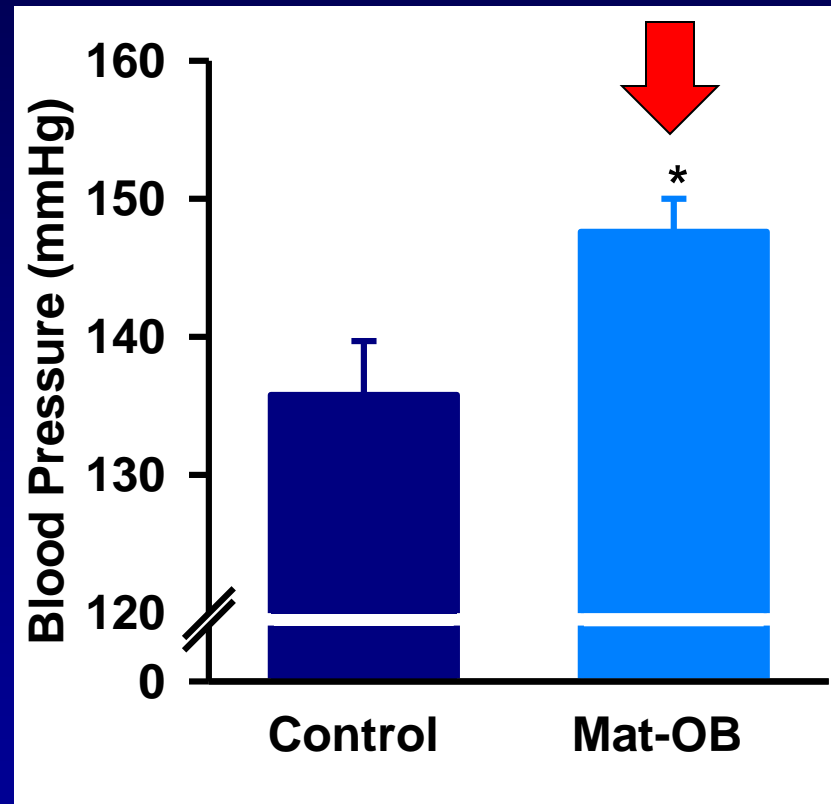


**Hypertriglyceridemia**

Mean  $\pm$  SE; \*  $p < 0.01$



# Systolic Blood Pressure 6 Week Obese Males

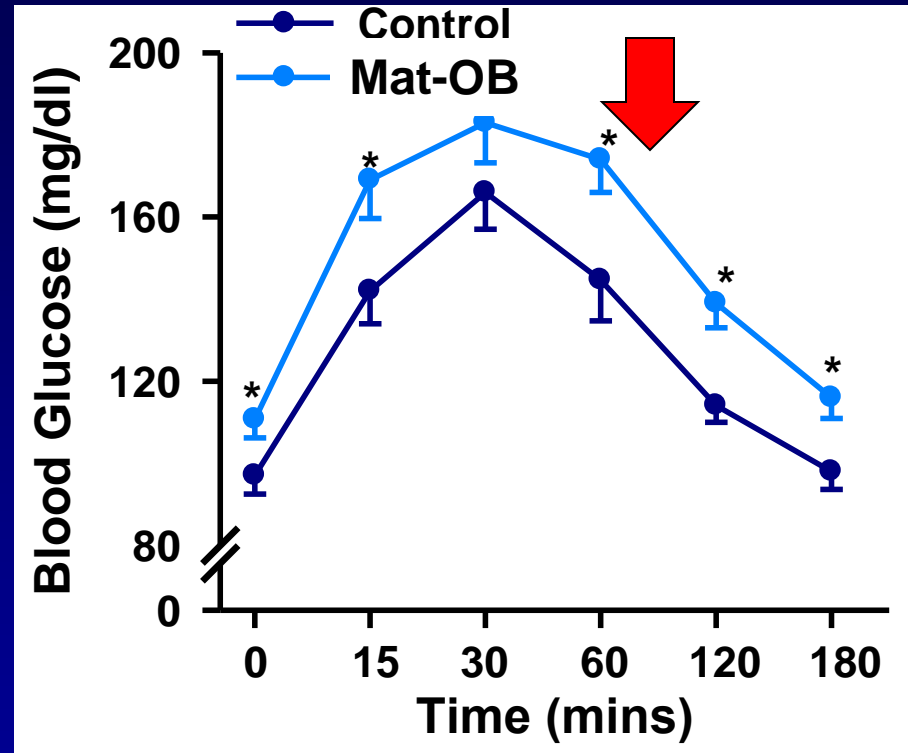
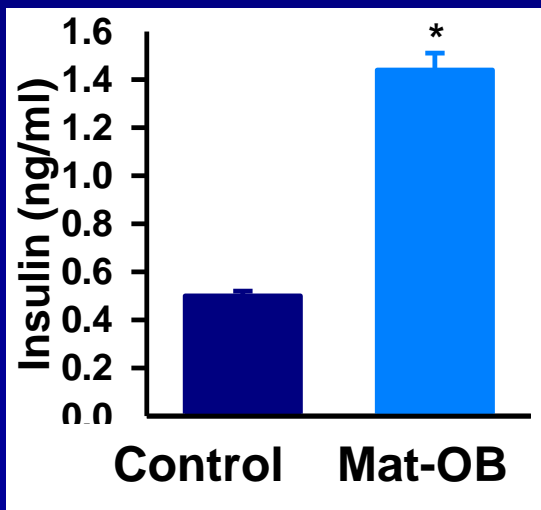
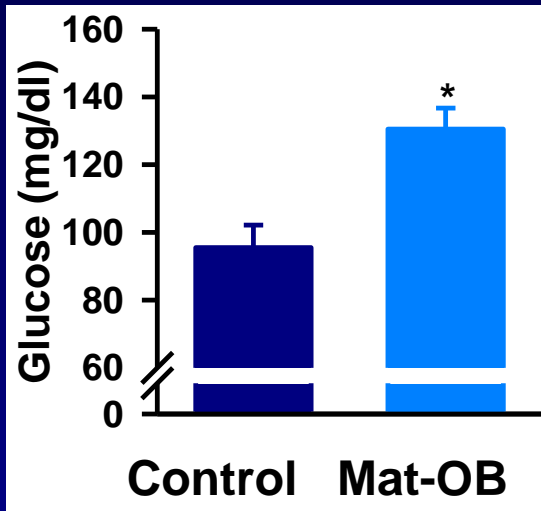


**Early Onset Hypertension**

\*  $P < 0.05$  vs. Control

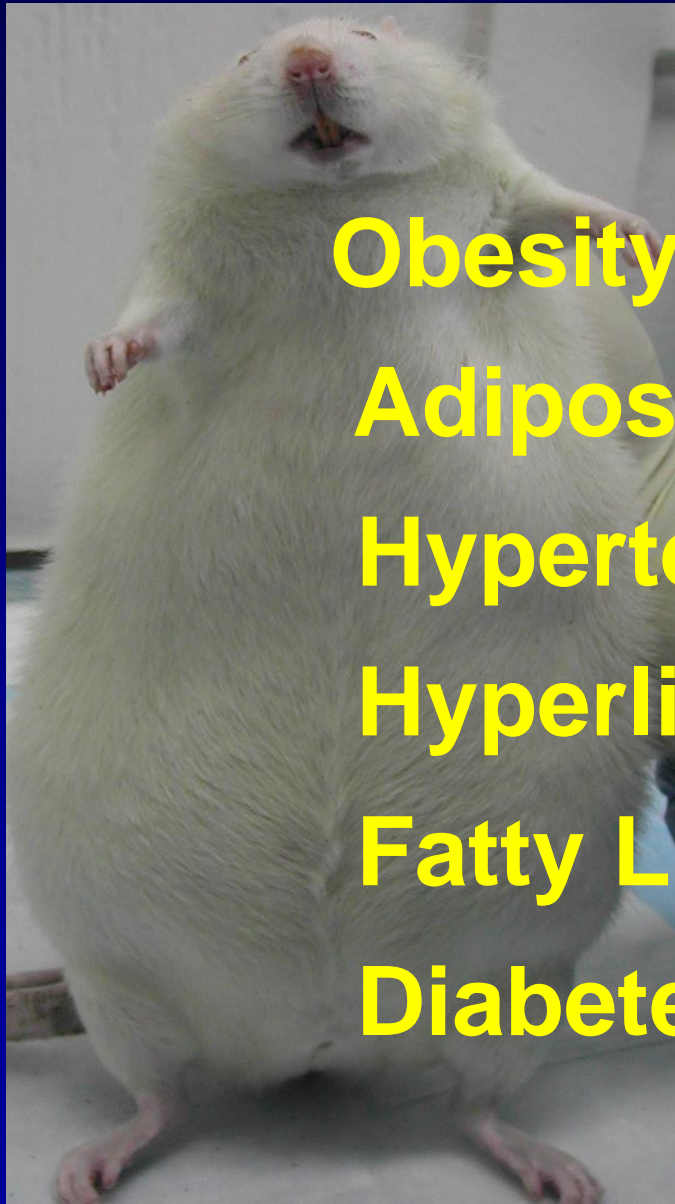
# Diabetes: Insulin Resistance

## 3 Month Obese Males



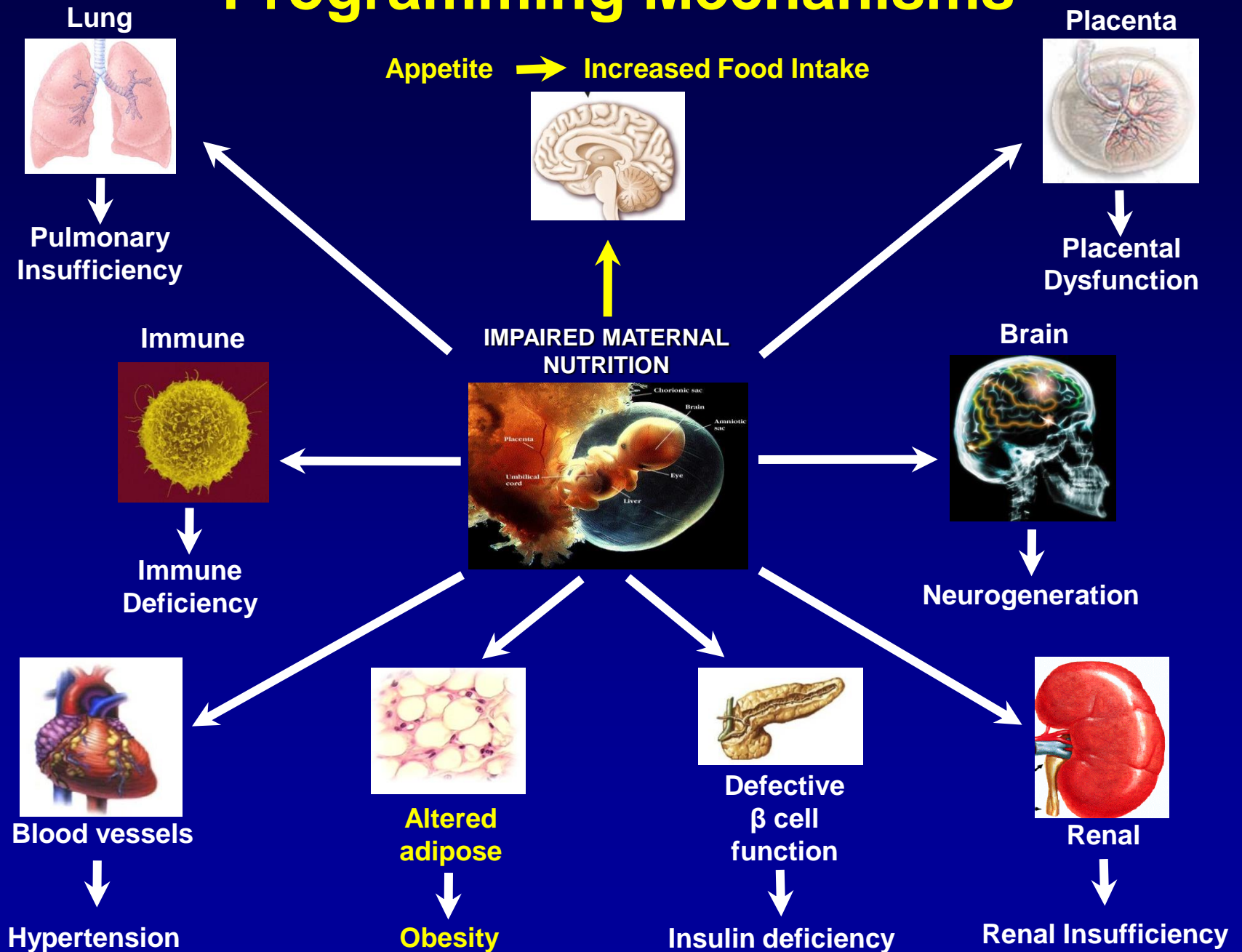
**Insulin Resistance**

# Maternal Undernutrition and Overnutrition: Offspring Programming of Metabolic Syndrome



**Obesity**  
**Adiposity**  
**Hypertension**  
**Hyperlipidemia**  
**Fatty Liver**  
**Diabetes**

# Programming Mechanisms



# Major Contributors of Obesity

**Food Intake**



**Fat Storage**





# “Appetite Efficiency”

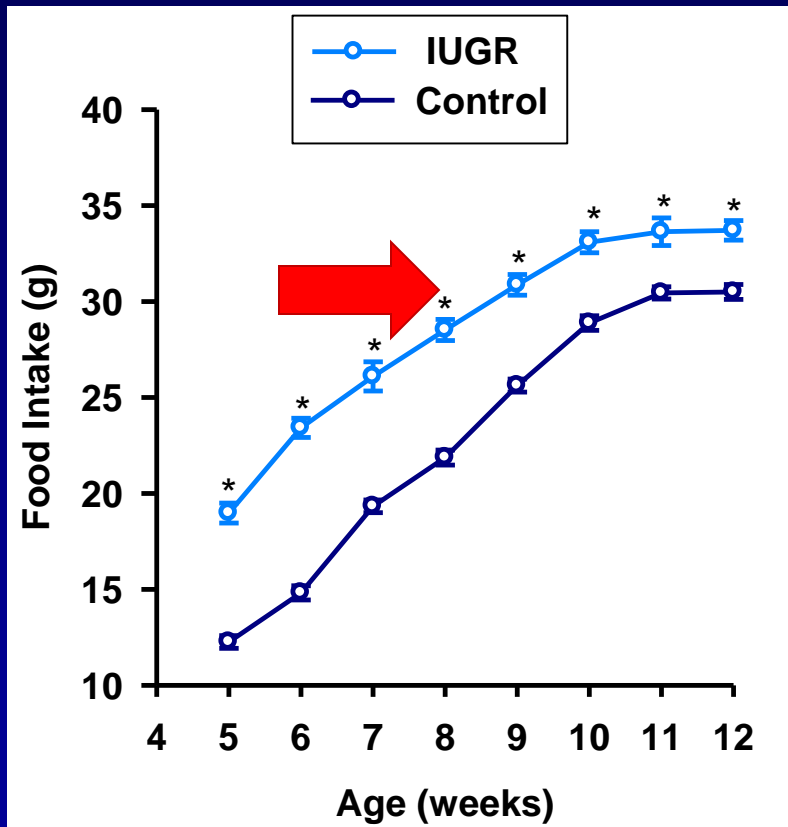
## Time Spent Eating vs. Obesity Rate



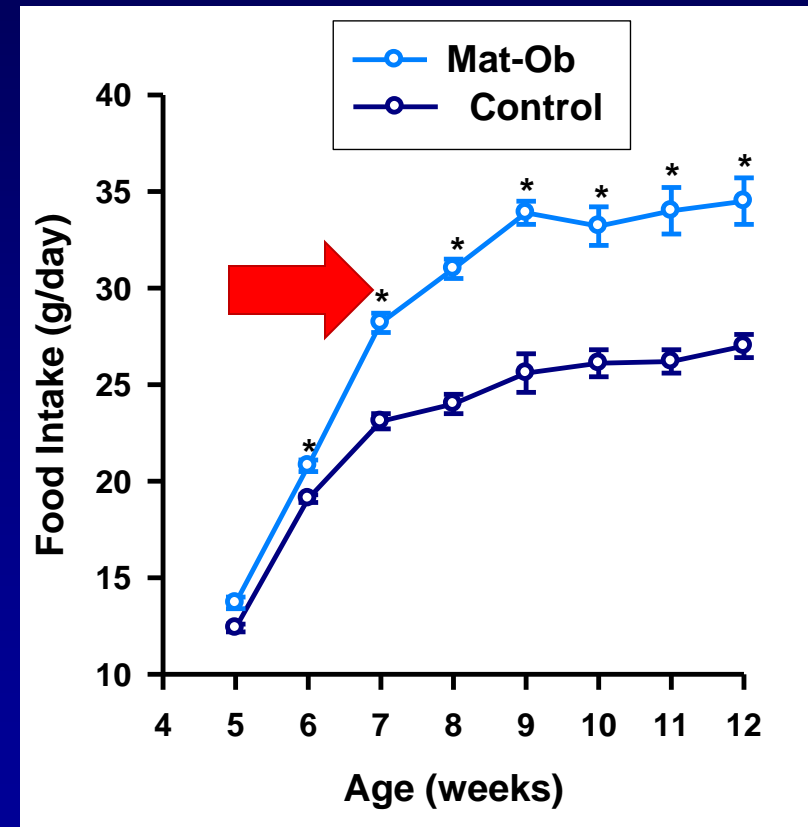
# Mechanism of Obesity

## Increased Food Intake

### Under-Nutrition

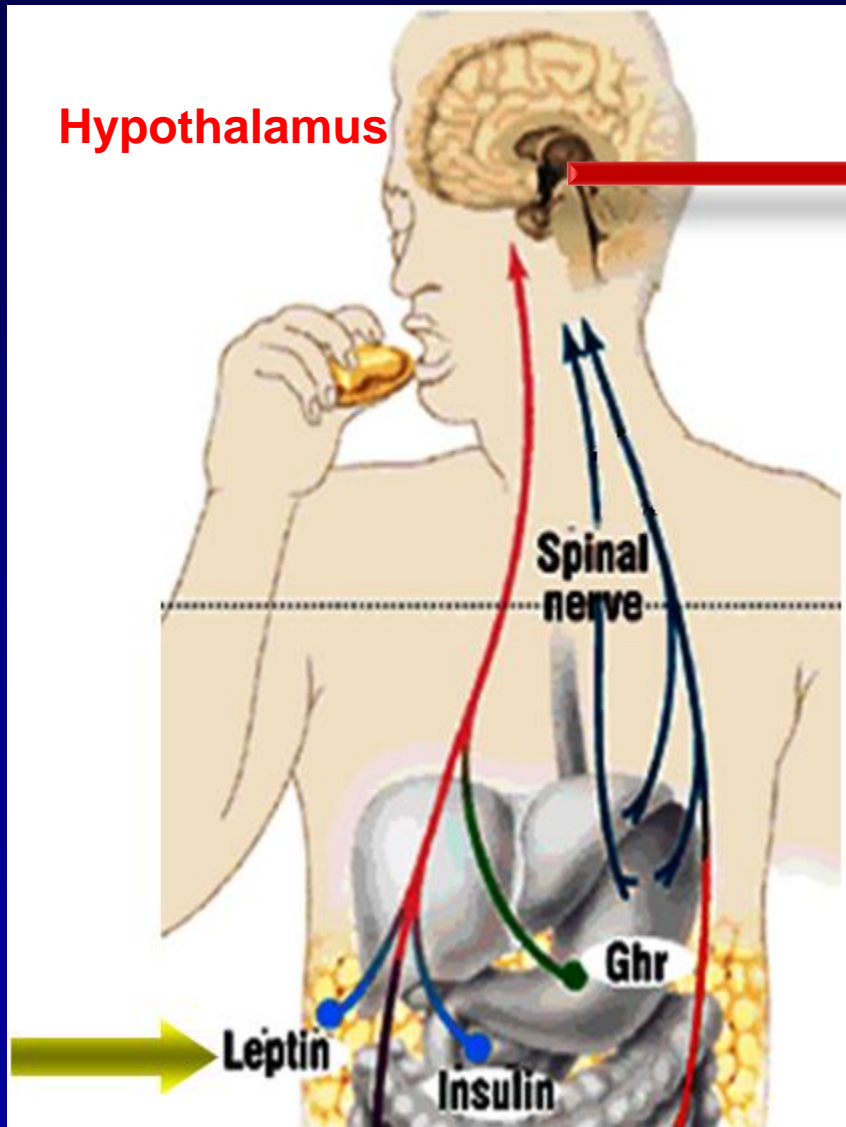


### Over-Nutrition



Weekly food intake; Mean  $\pm$  SE

# Appetite Regulation

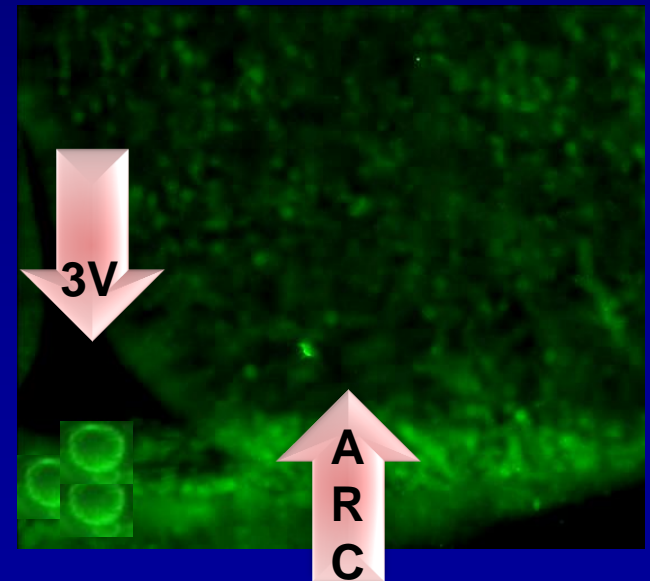
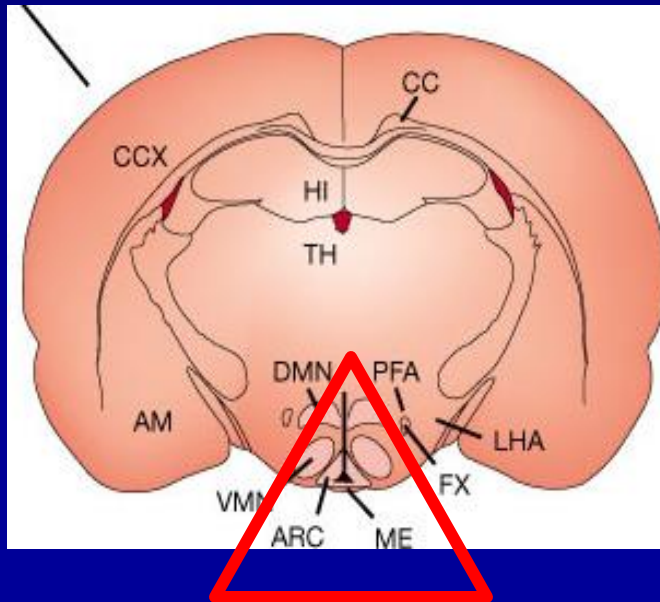




# ARC Nucleus Development

- ARC cells arise from Neural Stem Cells in periventricular region
- Appetite (NPY) and Satiety (POMC) neurons populate the ARC during fetal life and this continues to develop during postnatal life

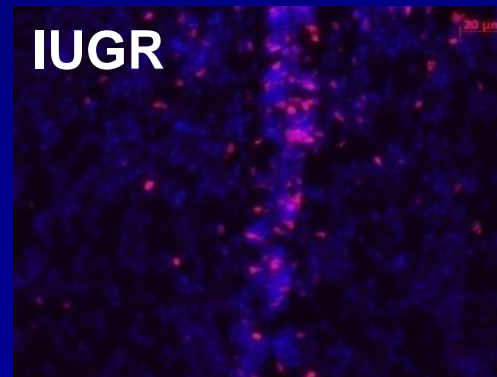
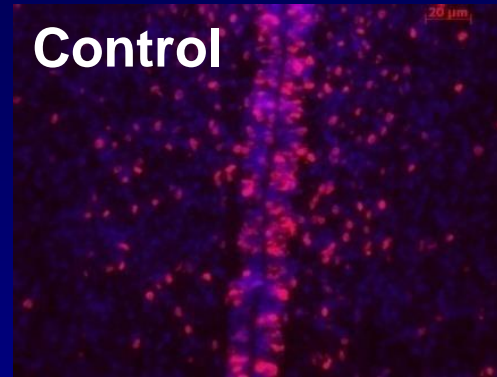
## Appetite Regions



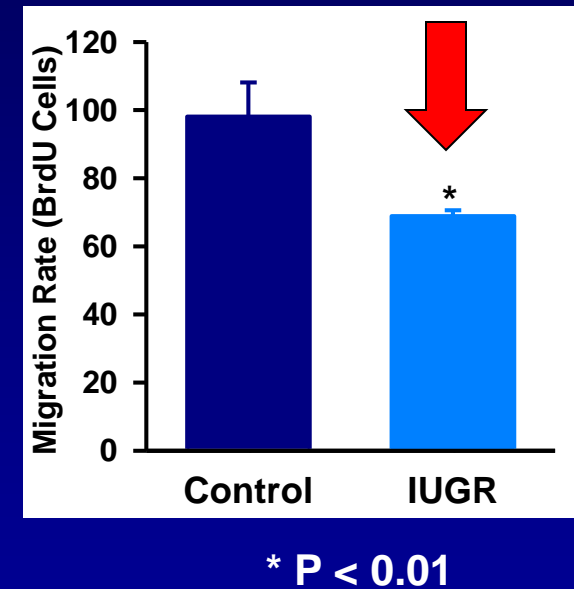
# In Vivo Neural Stem Cell Migration 1 Day Newborn Hypothalamus



3V = Third Ventricle

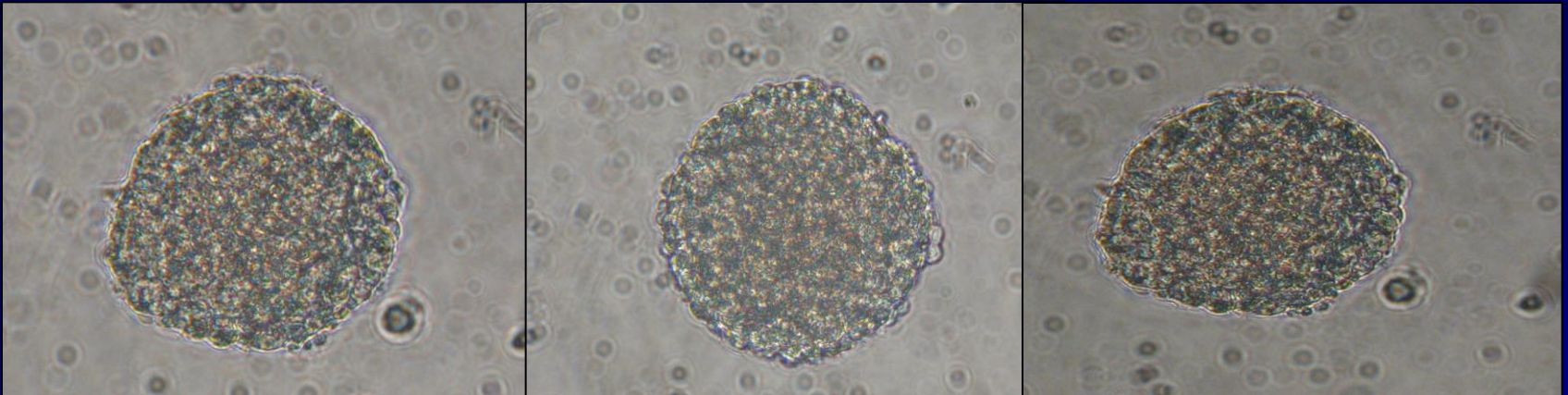


Nestin = marker of NSC  
BrdU = proliferation



# Hypothalamic Neurospheres

## Undifferentiated

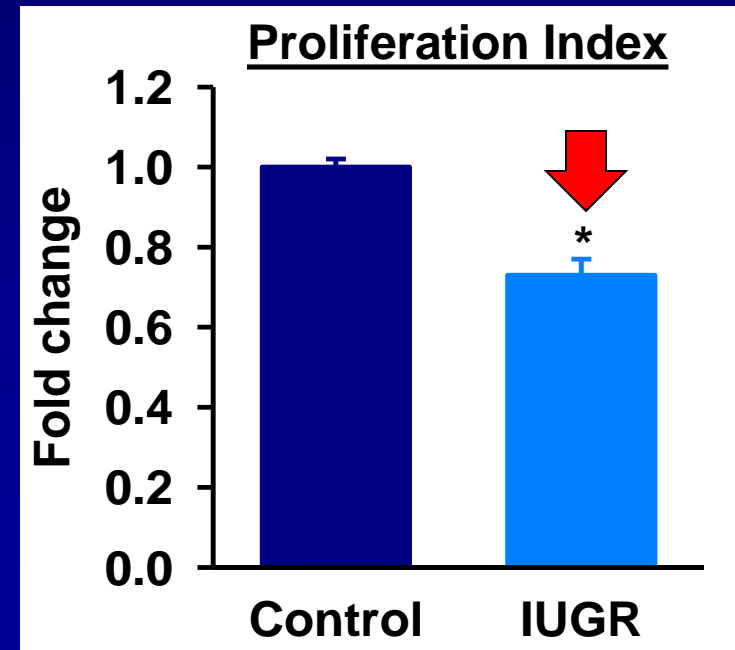
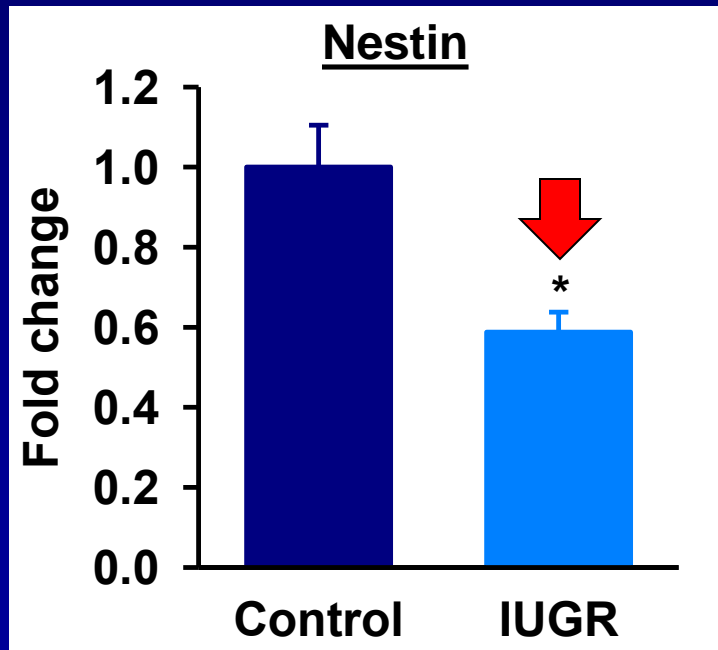
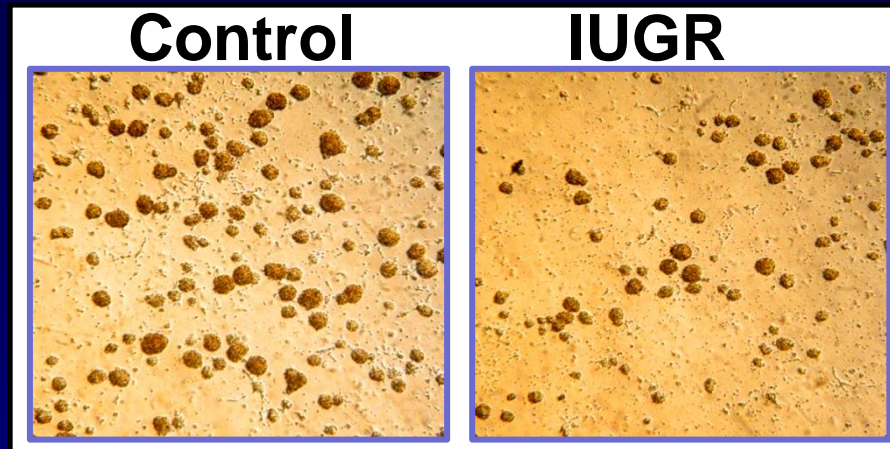


## Early Differentiation





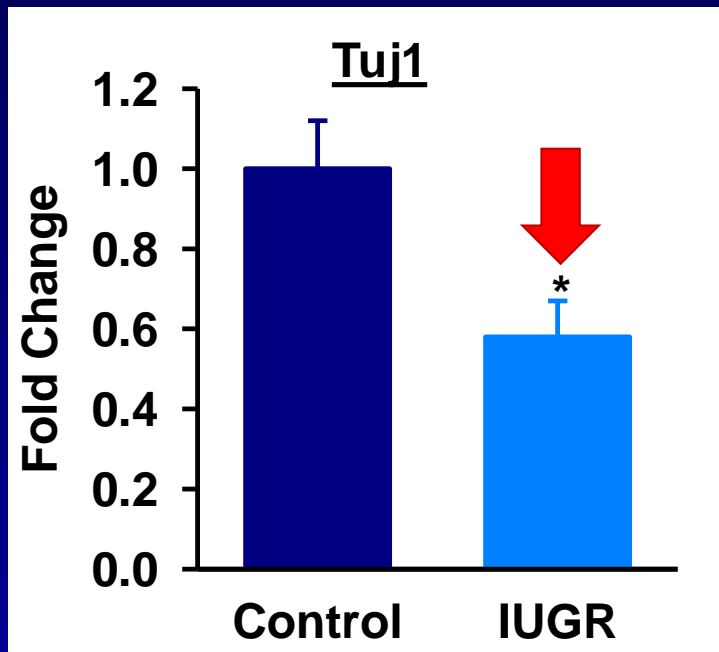
# Neural Stem Cell Proliferation



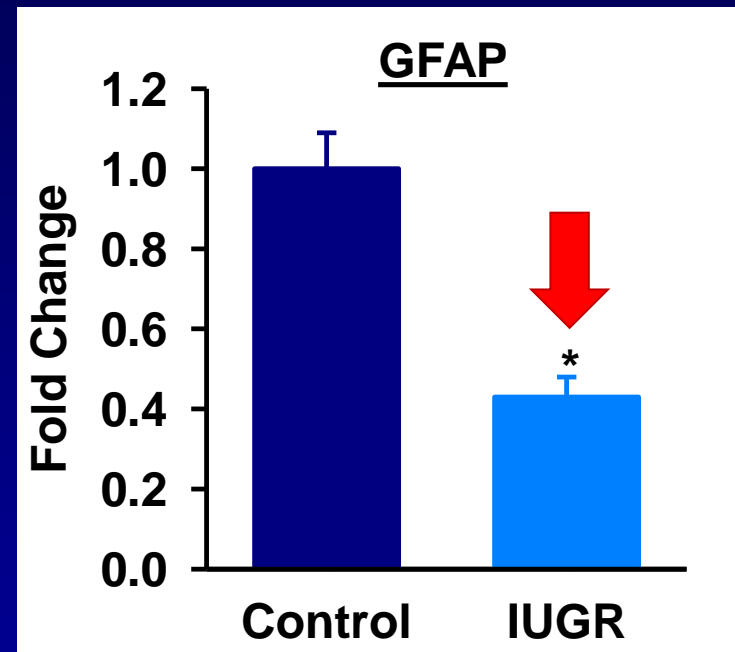
**Decreased Proliferation**

# Neural Stem Cell Differentiation

## Neuron



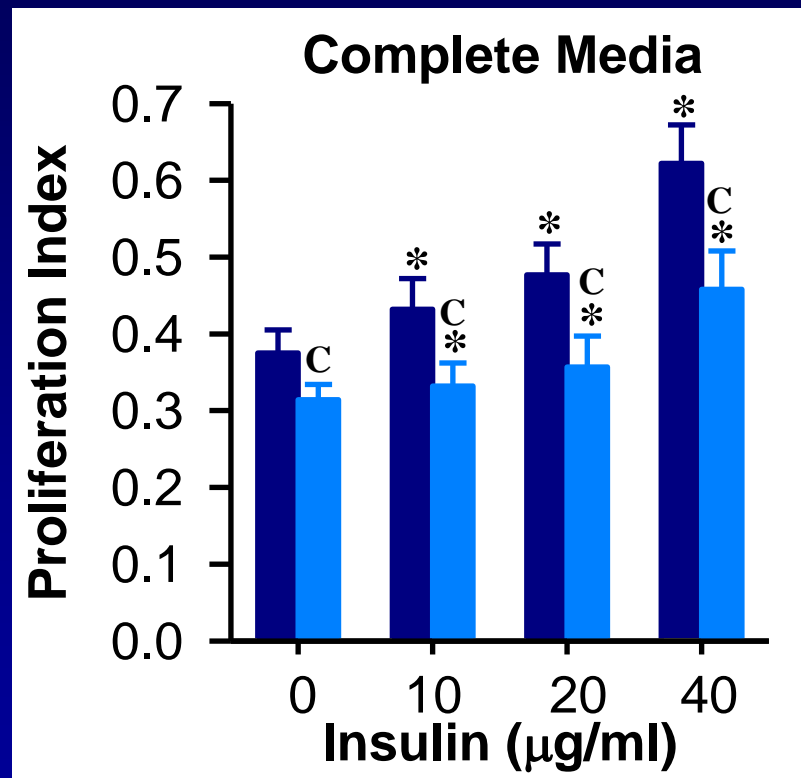
## Astrocyte



**Decreased Differentiation**

# Neural Stem Cell Insulin-induced Proliferation

— Control — IUGR



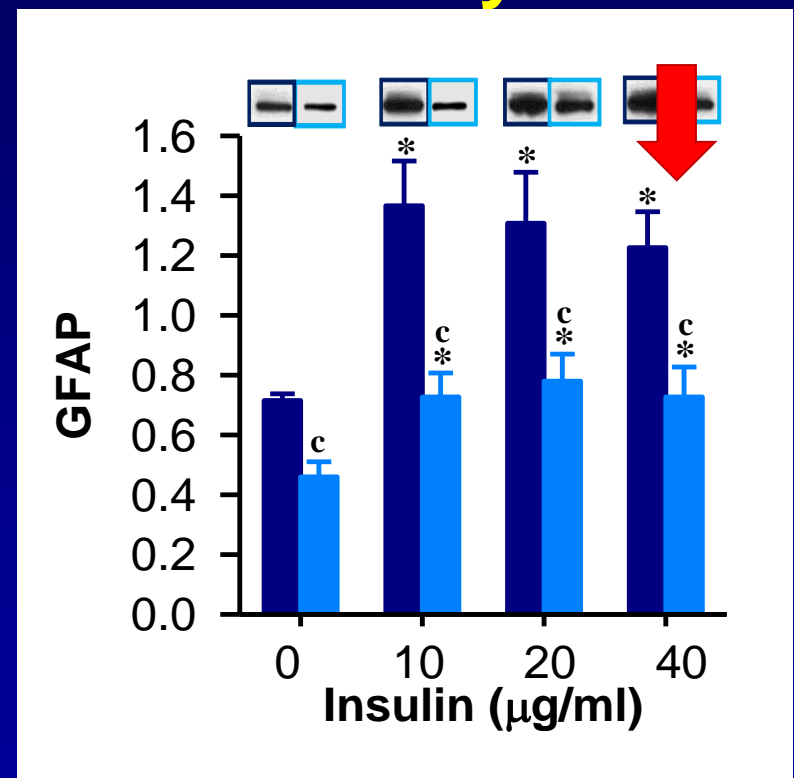
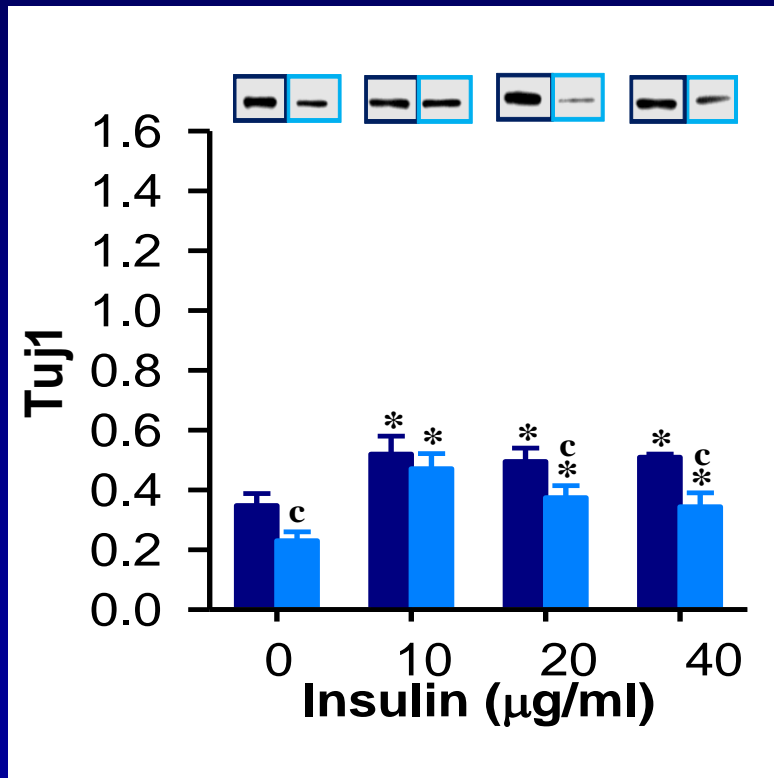
\*  $P < 0.05$  vs. 0 ng/ml; <sup>c</sup>  $P < 0.05$  IUGR vs. Control

# Neural Stem Cell Insulin-induced Differentiation

— Control — IUGR

## Neuron

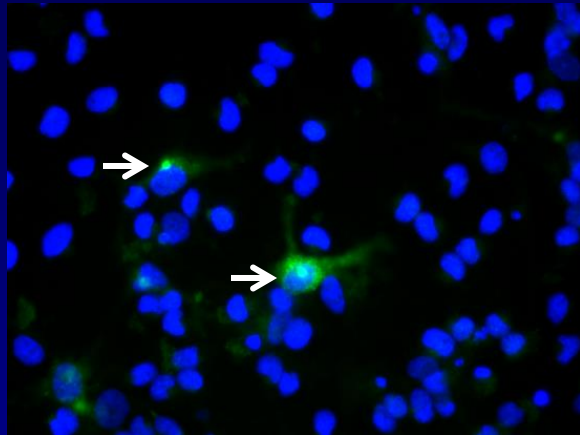
## Astrocyte\*



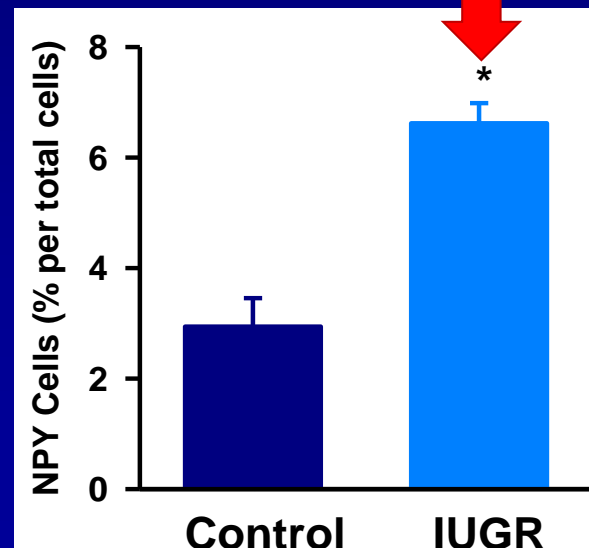
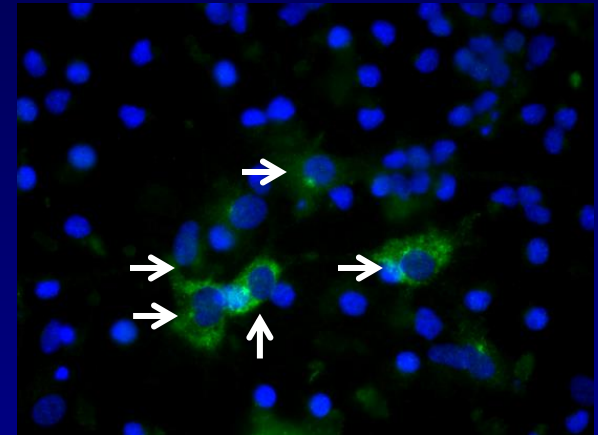
\*  $P < 0.05$  vs. 0 µg/ml insulin; °  $P < 0.05$  IUGR vs. Control

# Differentiated Neural Stem Cell Appetite (NPY) Neurons

Control



IUGR



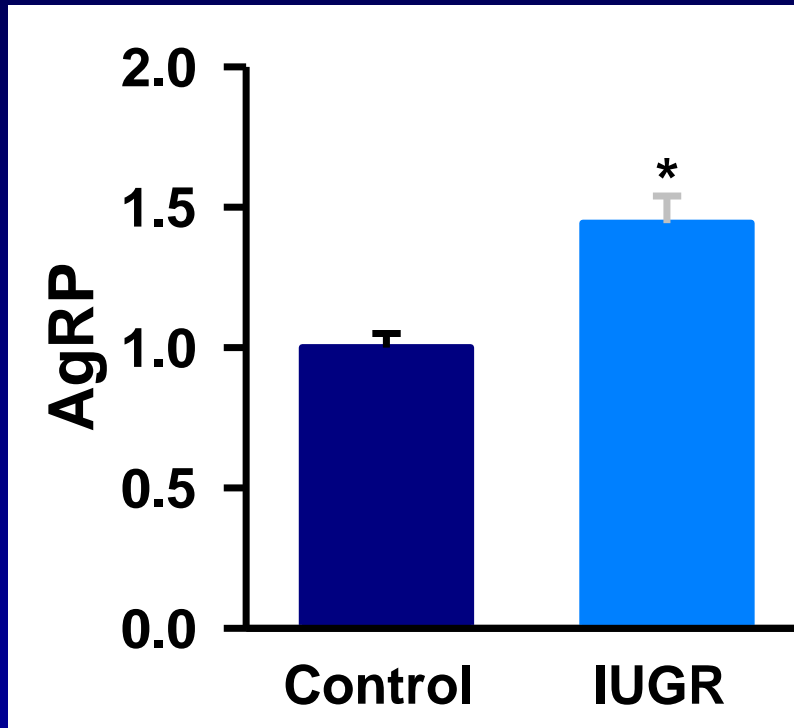
**Increased NPY**  
(appetite neurons)

\* P < 0.05 vs. Control

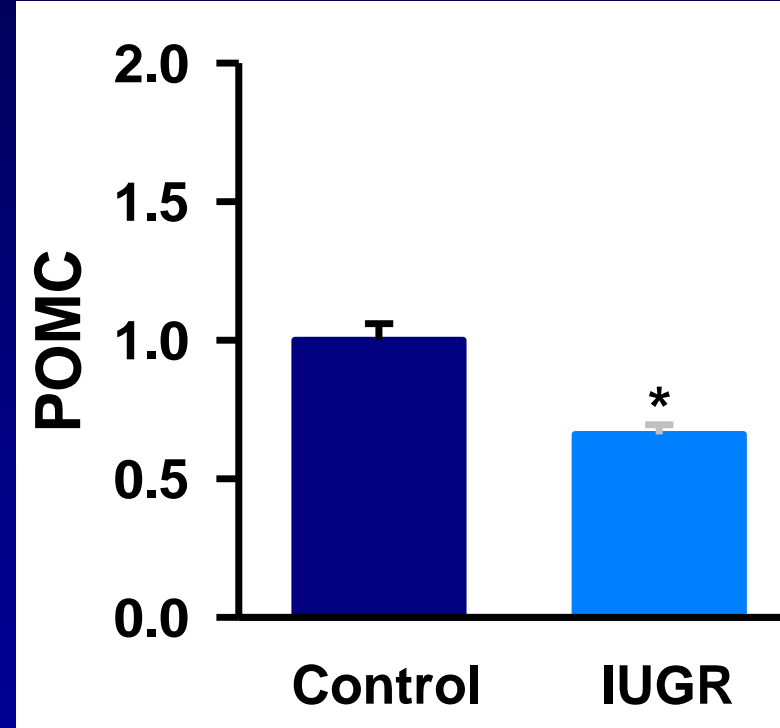


# Hypothalamic Tissue Protein: 1 Day FR

↑ Appetite



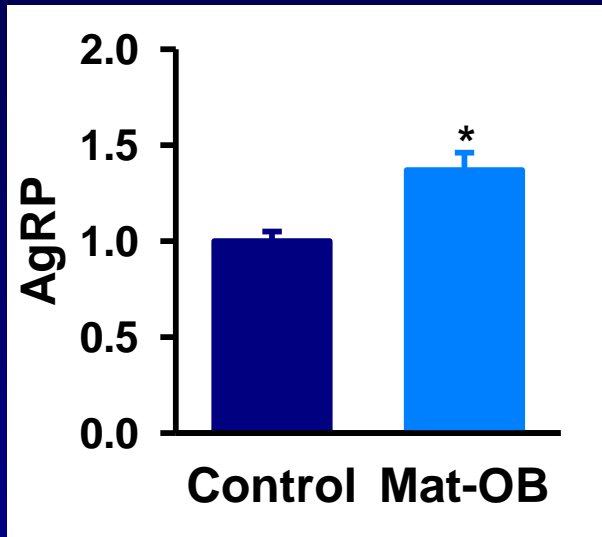
↓ Satiety



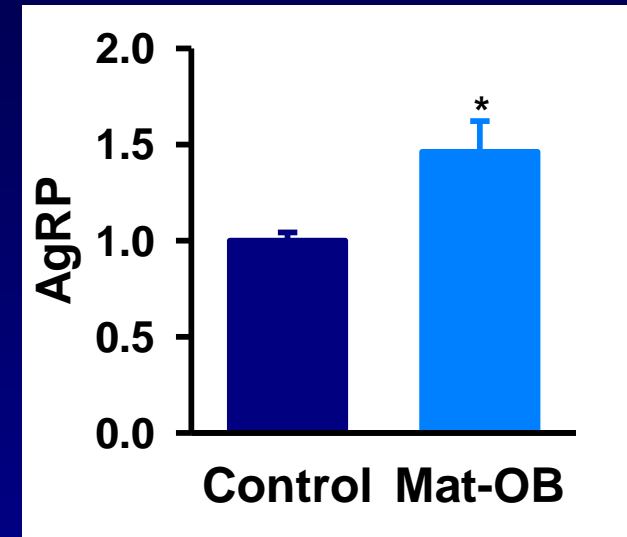
Increased Appetite to Satiety Ratio

# Mat-OB: Hypothalamic Tissue Protein

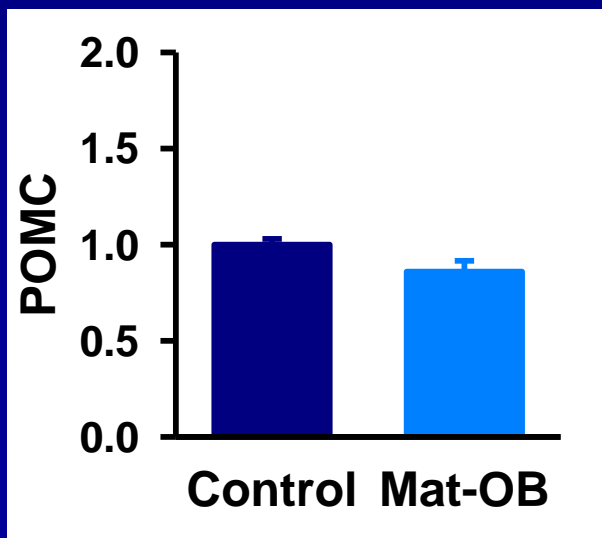
1 Day Old



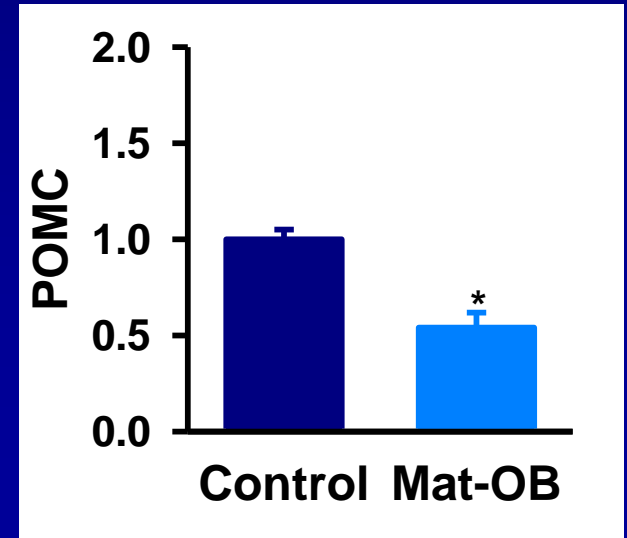
6 Month Adult



↑ Appetite

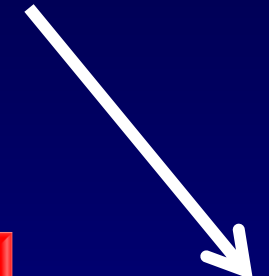
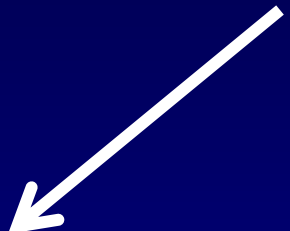


↓ Satiety



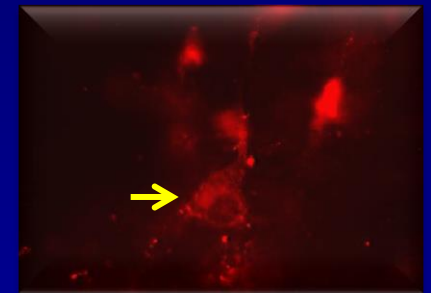
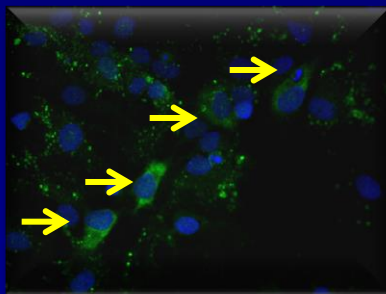
# Mechanism of Enhanced Appetite

Altered Nutrition

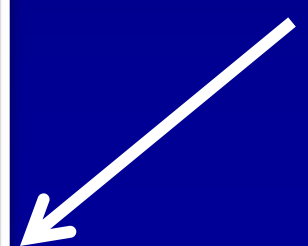
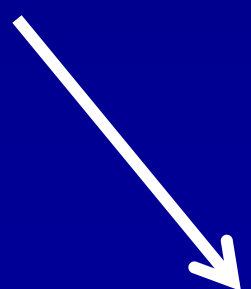


↑ Appetite (NPY) neurons

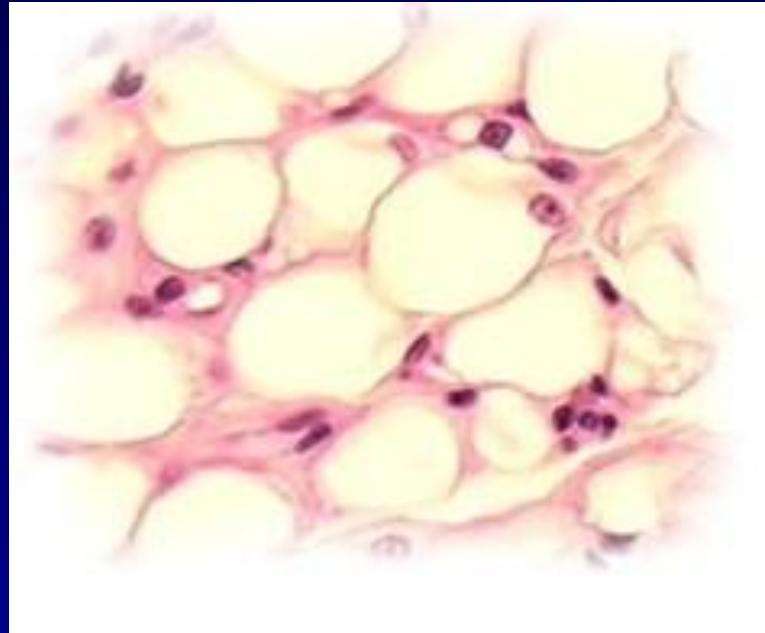
↓ Satiety (POMC) neurons



Increased Food Intake



# What Programs Adiposity ?

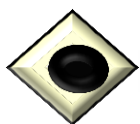


- **Adipose Proliferation and Differentiation**
- **Lipogenesis**

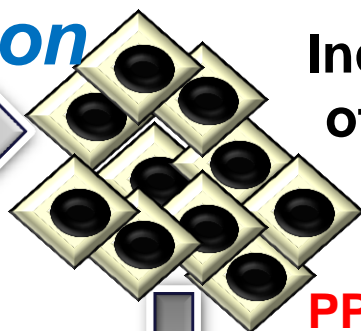
# Adipogenesis

Preadipocyte

*Proliferation*



Pref1

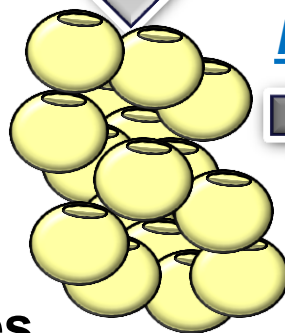


Increased Number  
of Preadipocytes

*Differentiation*

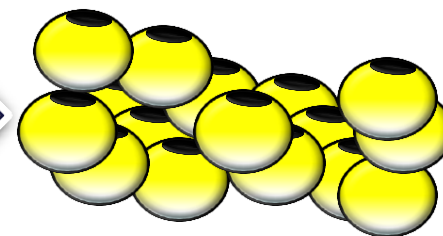


PPAR $\gamma$   
C/EBP $\alpha$   
SREBP1



Mature  
Adipocytes

*Hypertrophy*

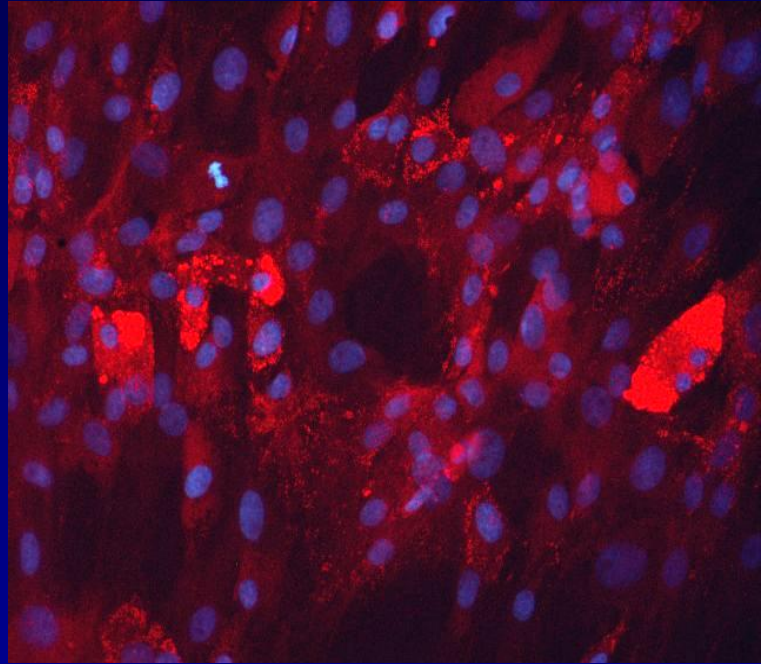
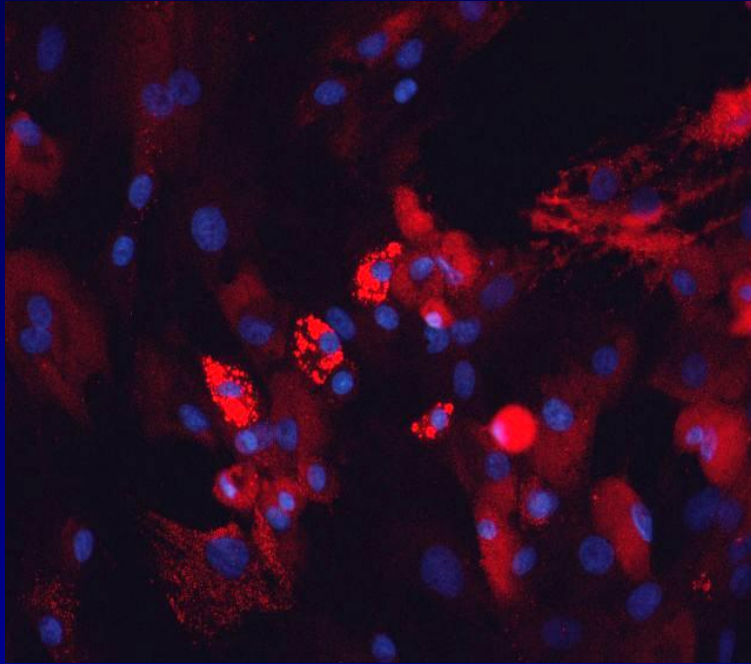


Lipid filled  
Adipocytes

# Primary Cell Culture

**Control**

**IUGR**



- Adipose tissue from 1 day old offspring
  - Preadipocytes
  - Adipocyte

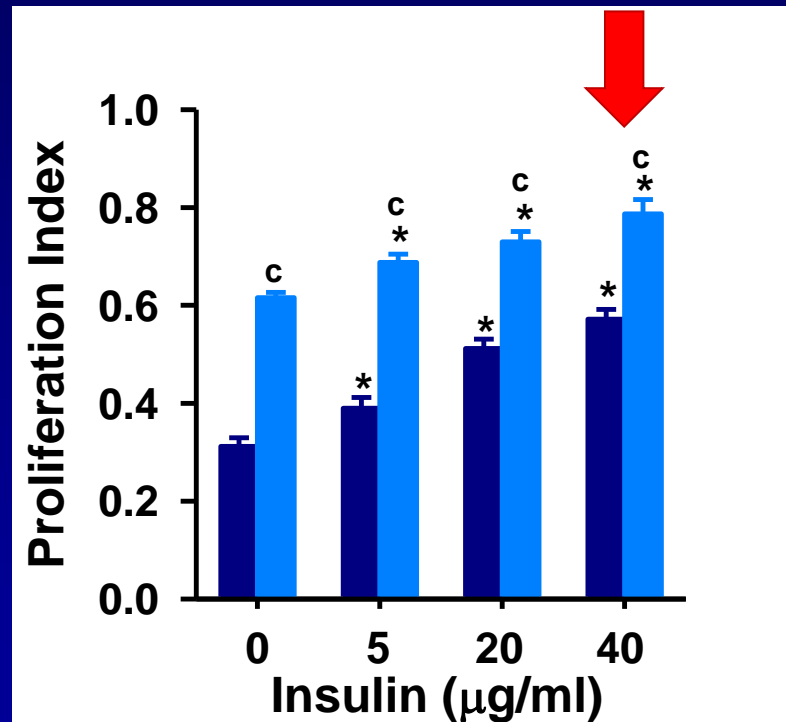
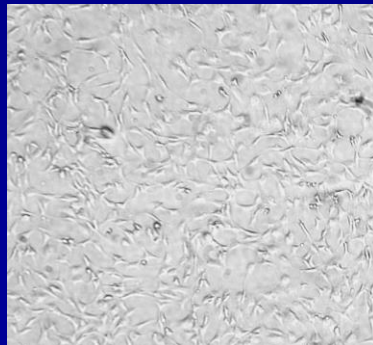
# Preadipocytes from 1 Day Newborn Proliferation

— Control — IUGR

CONTROL

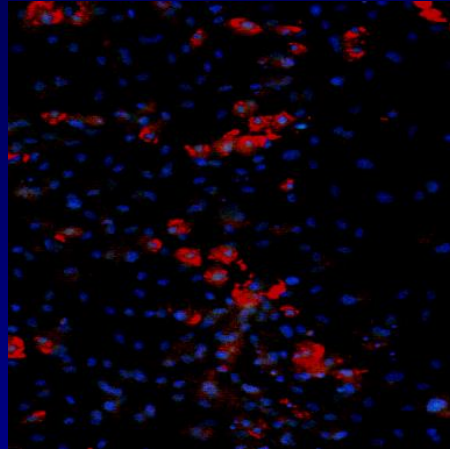


IUGR

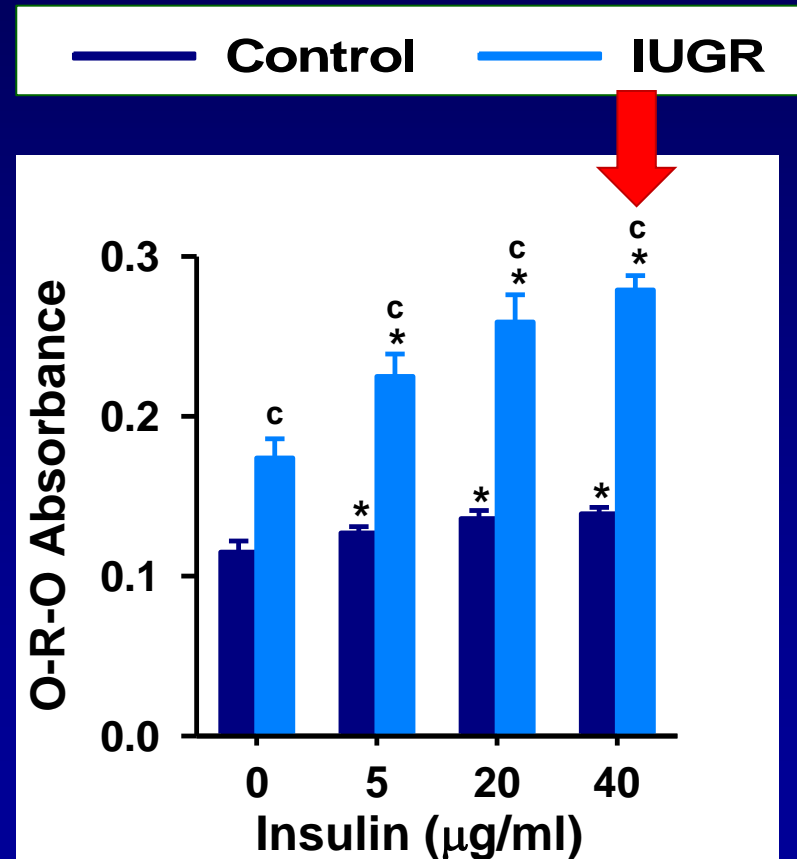
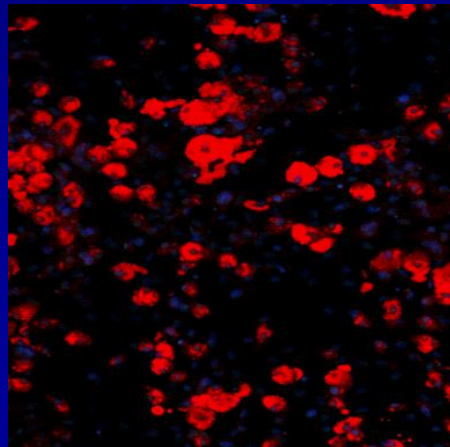


# Adipocytes from 1 Day Newborn Lipid Storage

CONTROL



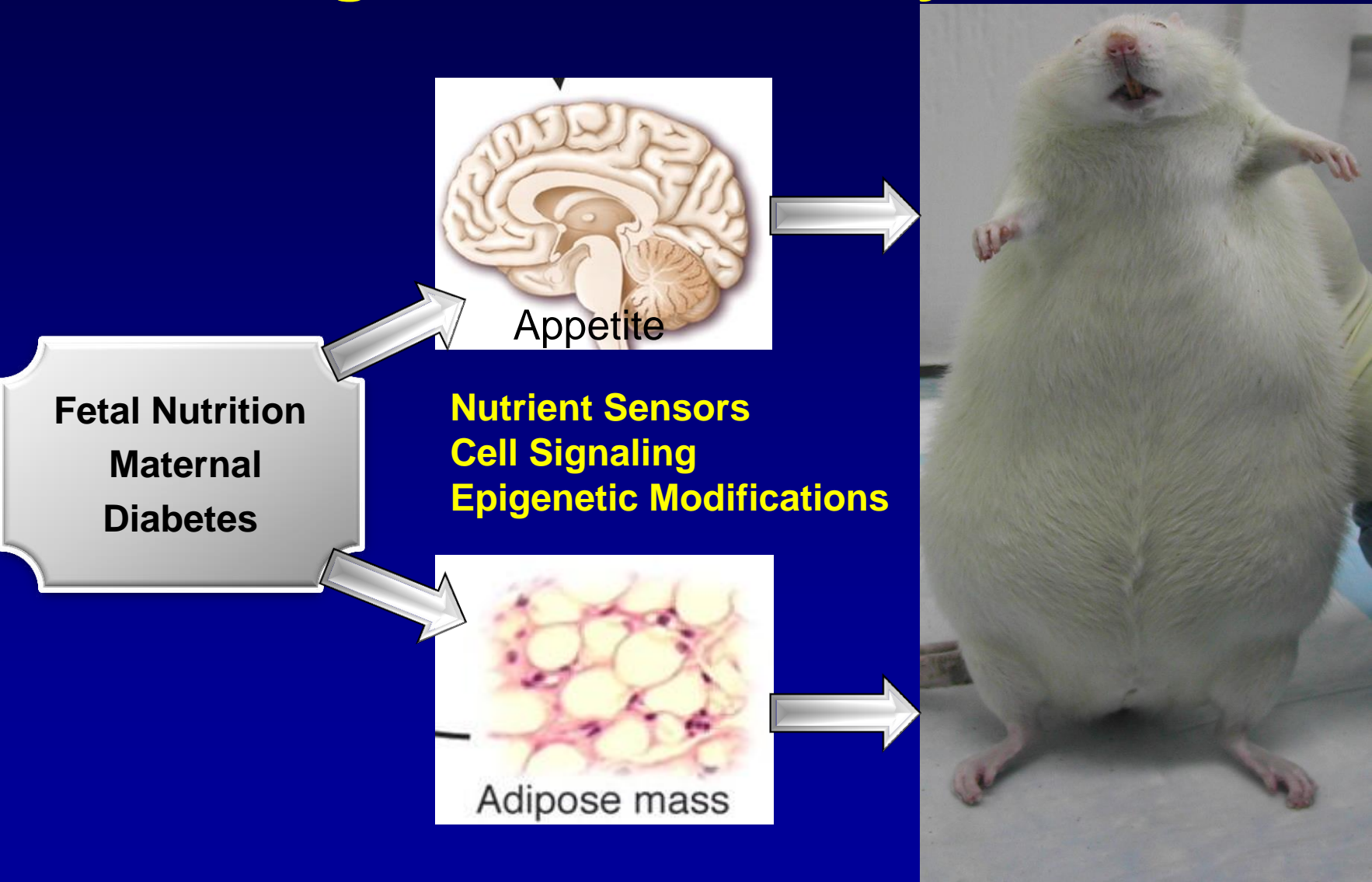
IUGR



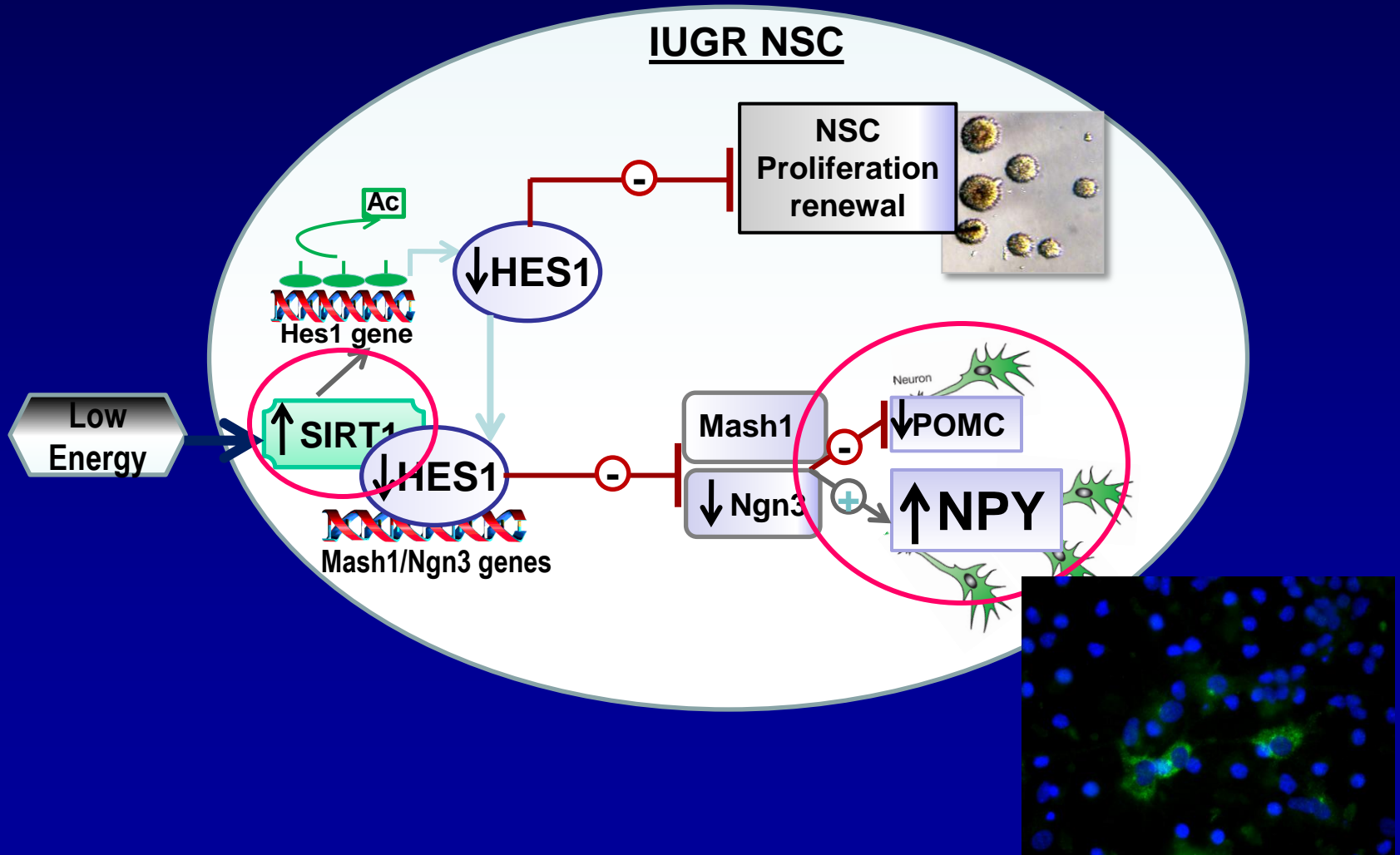
Oil Red Stain; x10



# Mechanisms for Developmentally Programmed Obesity/Diabetes

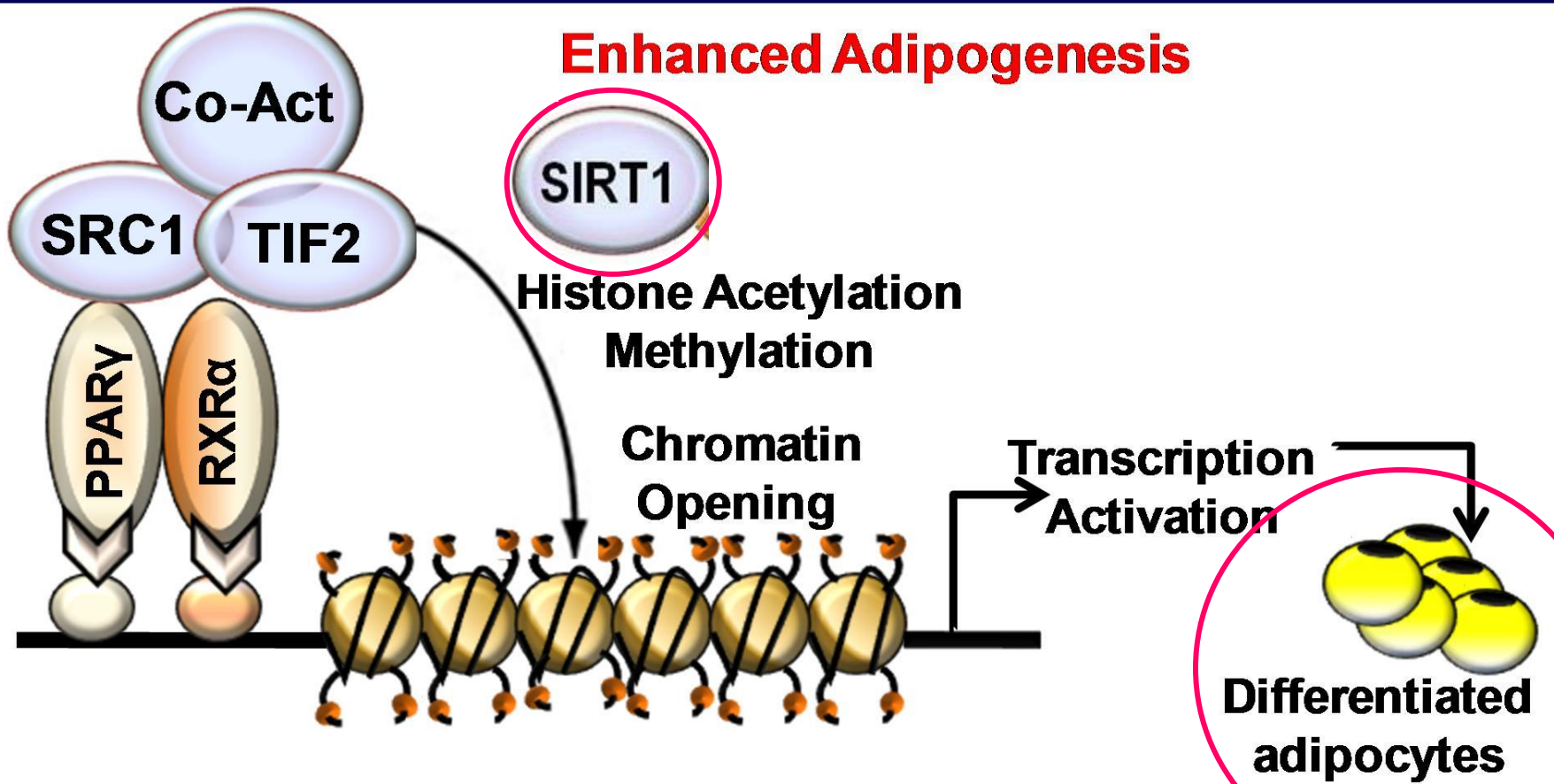


# Neural Stem Cell Programming: Nutrient Sensor: Sirt1 Epigenetic Regulation: Histone Deacetylase



# Adipose Stem Cells: Epigenetic Regulation

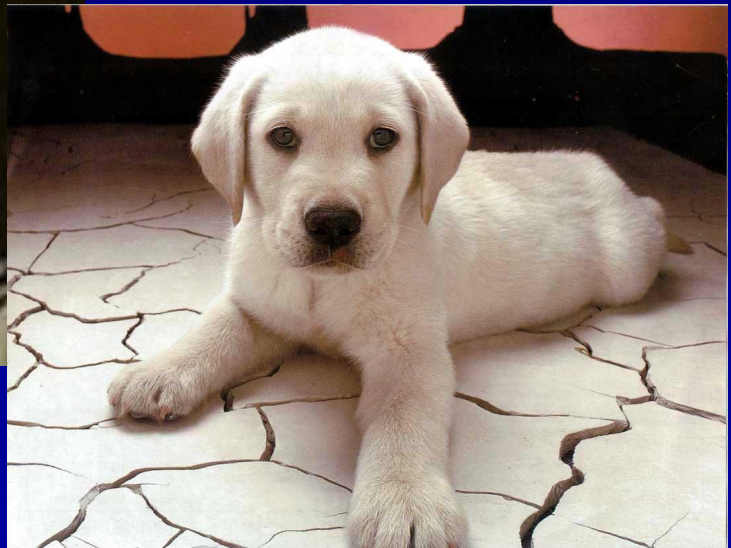
## Enhanced Adipogenesis



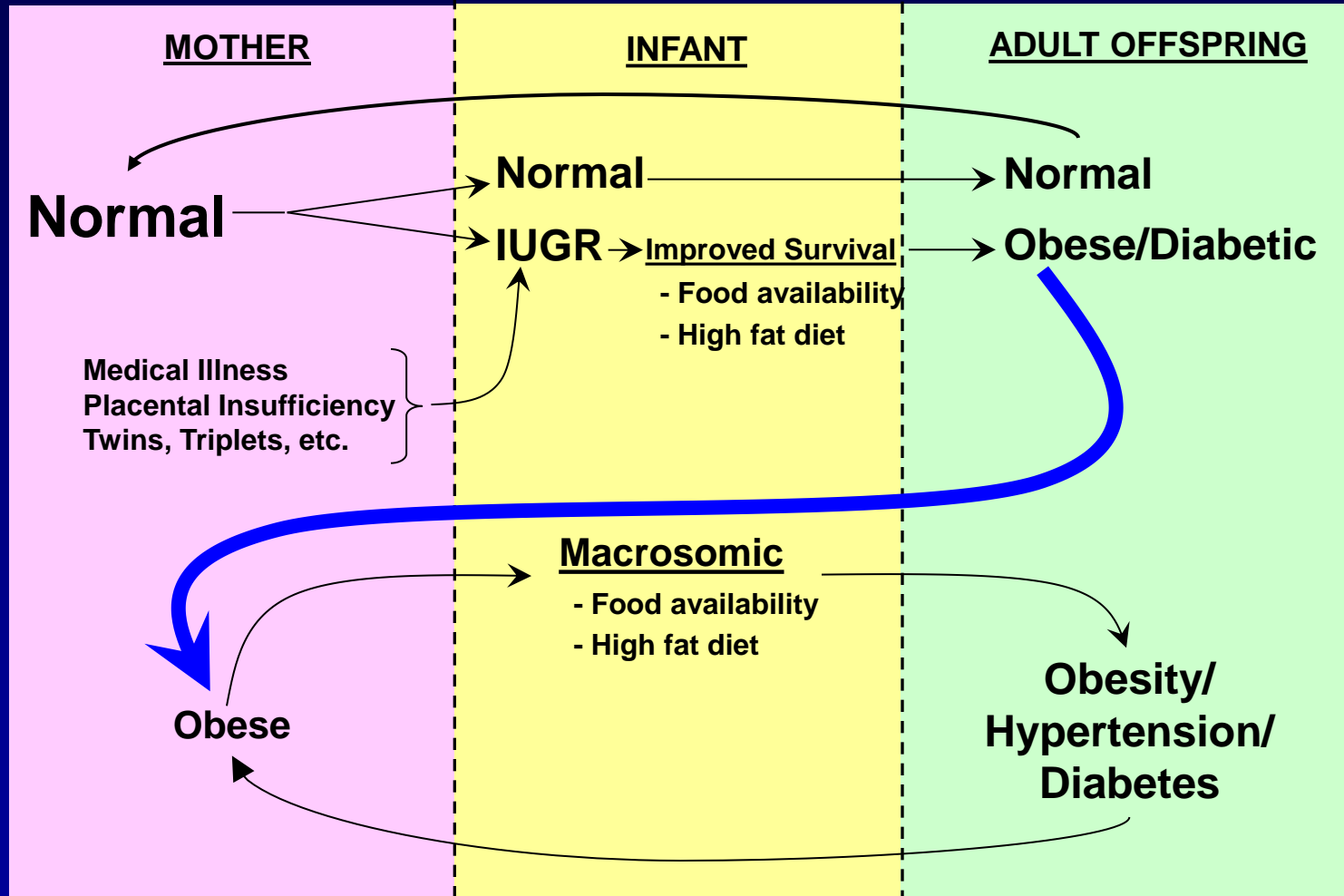


# Equal Appetite/Satiety ?





# Epidemic of Metabolic Syndrome



VOLUME 1 ISSUE 1

MARCH 2009

ISSN: 0000-0000

JOURNAL OF  
**DEVELOPMENTAL  
ORIGINS OF HEALTH  
AND DISEASE**

[Journals.cambridge.org/DOH](http://Journals.cambridge.org/DOH)



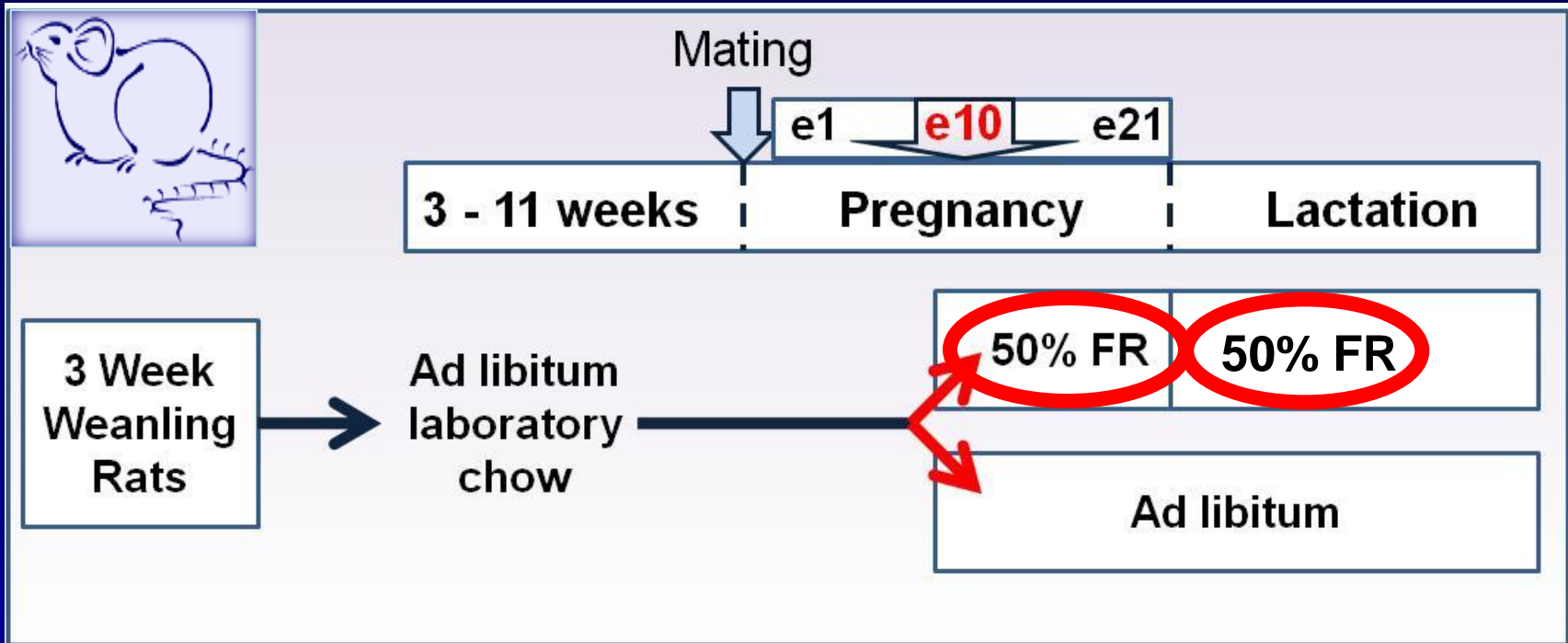
Online manuscript submission  
<http://mc.manuscriptcentral.com/doh>

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UNIVERSITY PRESS**





# Low Birth Weight Restricted Catch-up Growth

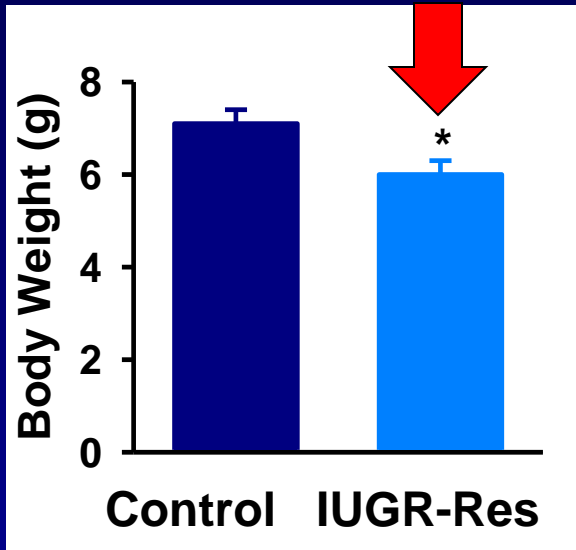


## OFFSPRING

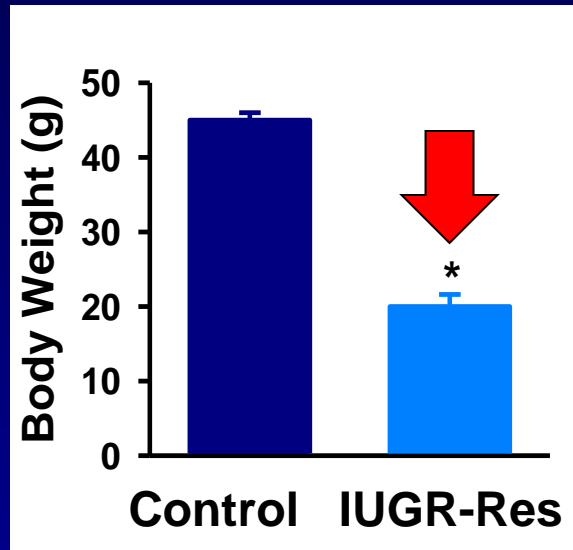
- Litter size: Culled to 4 males and 4 females at birth
- Nursing: All pups cross-fostered to 50% FR fed dams until p21
- Weaning: At p21 to ad Libitum food and water

# Body Weight of Male Offspring

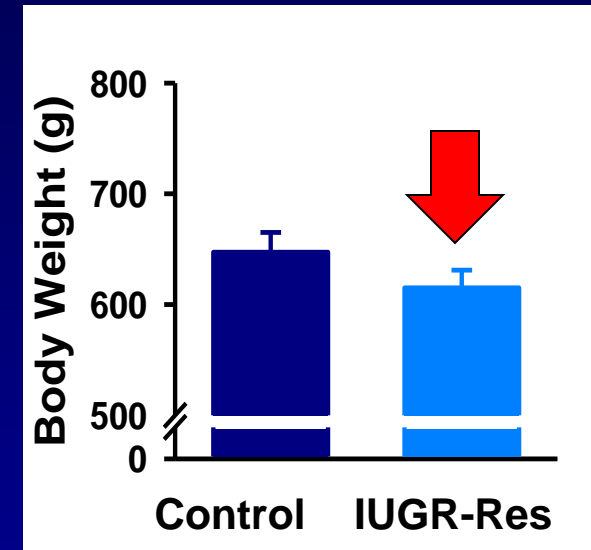
1 Day



3 Weeks



9 Months



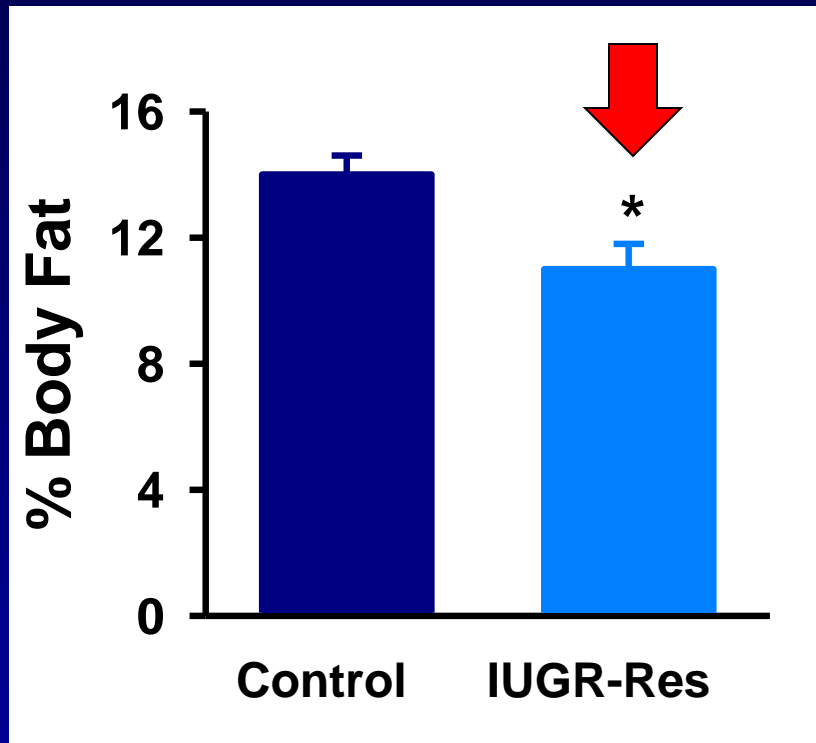
Normal Adult Body Weight

Mean  $\pm$  SE; \*  $p < 0.01$

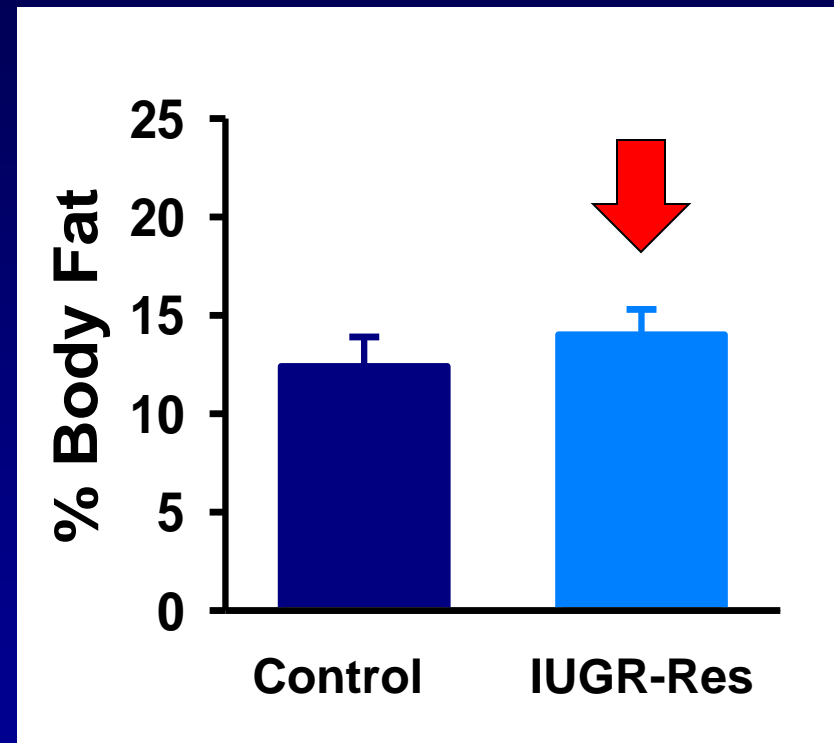
Desai et al, Am J Physiol, 2005

# % Body Fat of Male Offspring

3 Weeks



9 Months



Normal Adult Body Fat

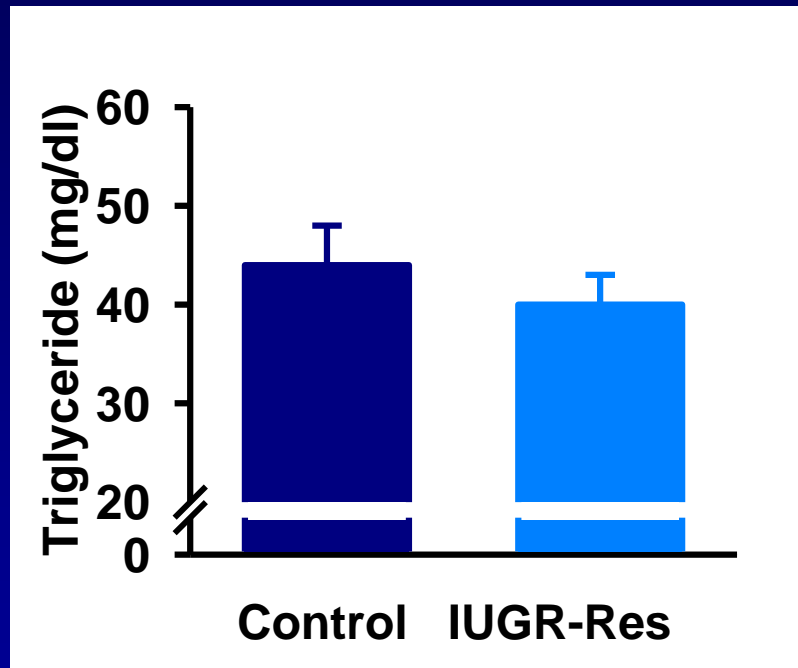
Mean ± SE; \* p < 0.01

Desai et al, Am J Physiol, 2005

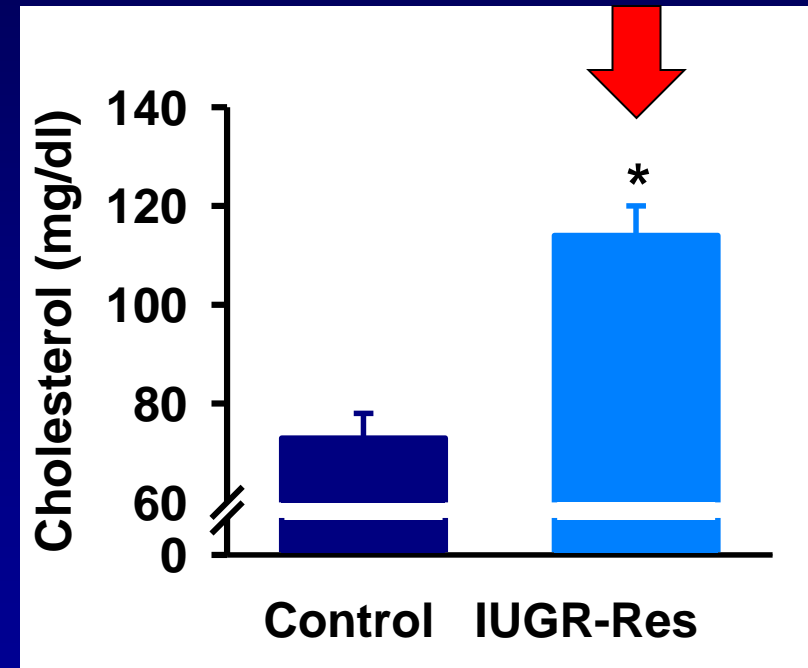
# Lipid Profile

## 9 Month IUGR Non-obese Adult Males

### Triglyceride



### Cholesterol



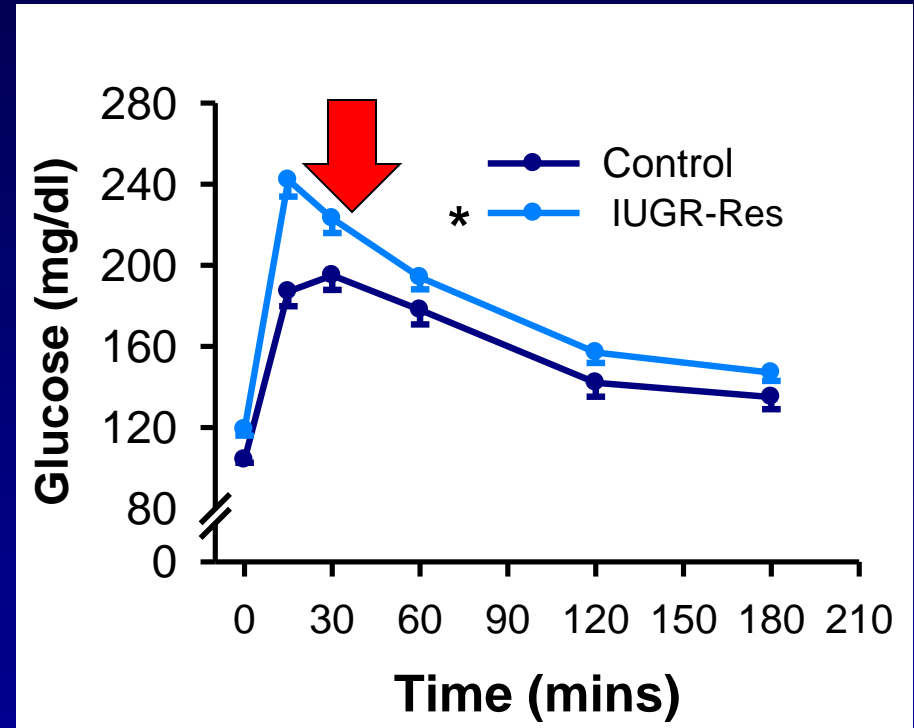
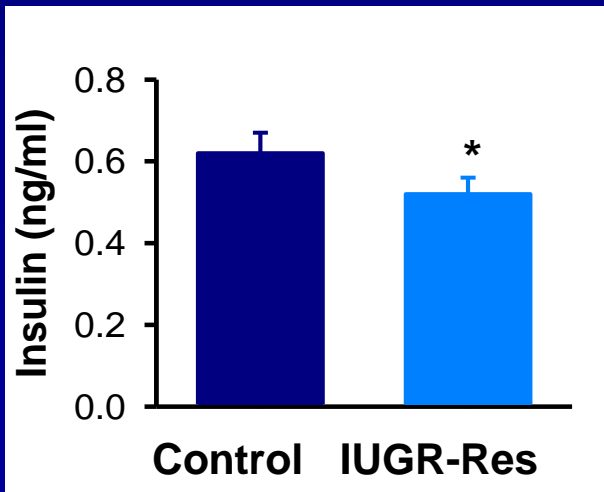
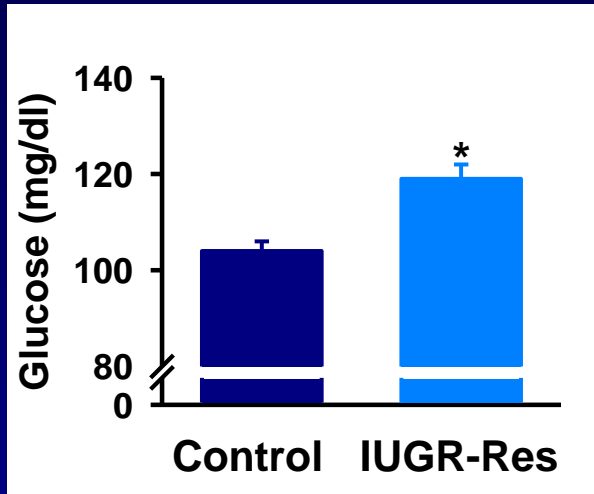
**Hypercholesterolemia**

Mean ± SE; \* p < 0.01

Desai et al, Am J Obstet Gynecol, 2007

# Glucose, Insulin and GTT

## 9 Month IUGR Non-obese Adult Males



**Insulin Insufficiency**

# Summary: Adult Phenotype IUGR with Restricted Nursing

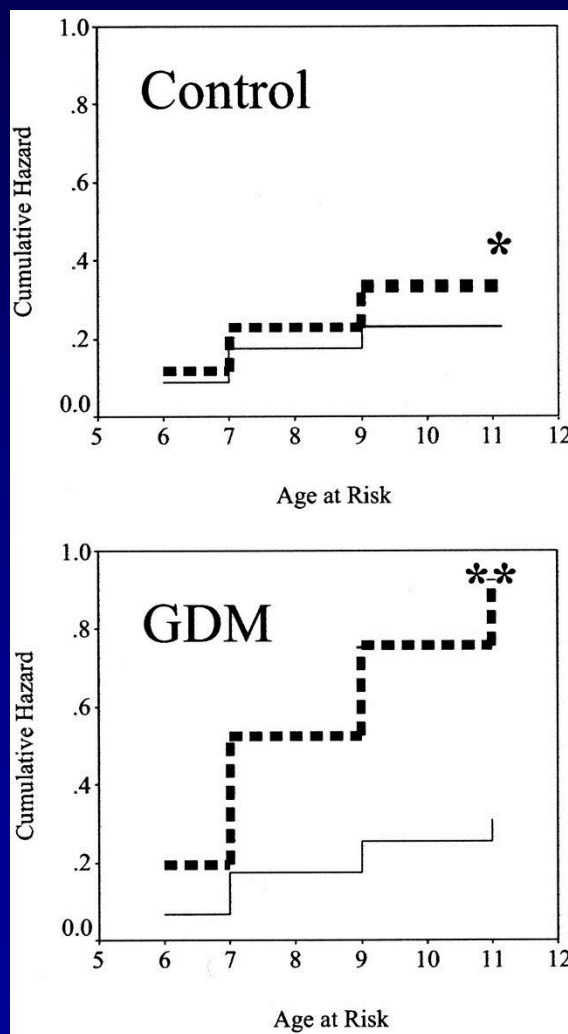


- Catch-up to control body weights without obesity
- Normal body fat and triglycerides
- **Risk of Heart Disease**
  - Increased cholesterol
  - Insulin insufficiency





# Cumulative Risk for Child Metabolic Syndrome by Birth Weight



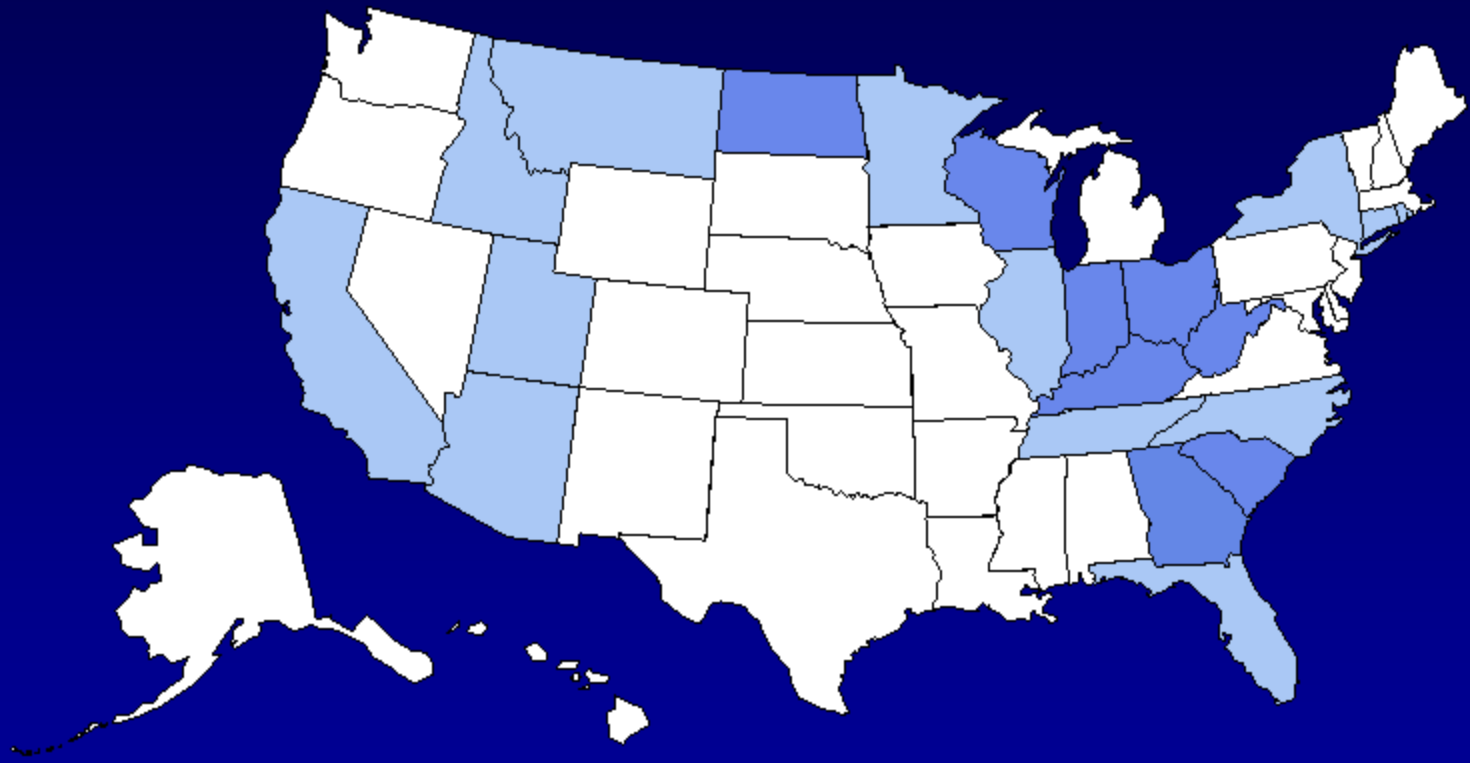
— AGA

- - - LGA

# Obesity Trends\* Among U.S. Adults

CDC, 1985

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs overweight for 5' 4" person)



■ No Data

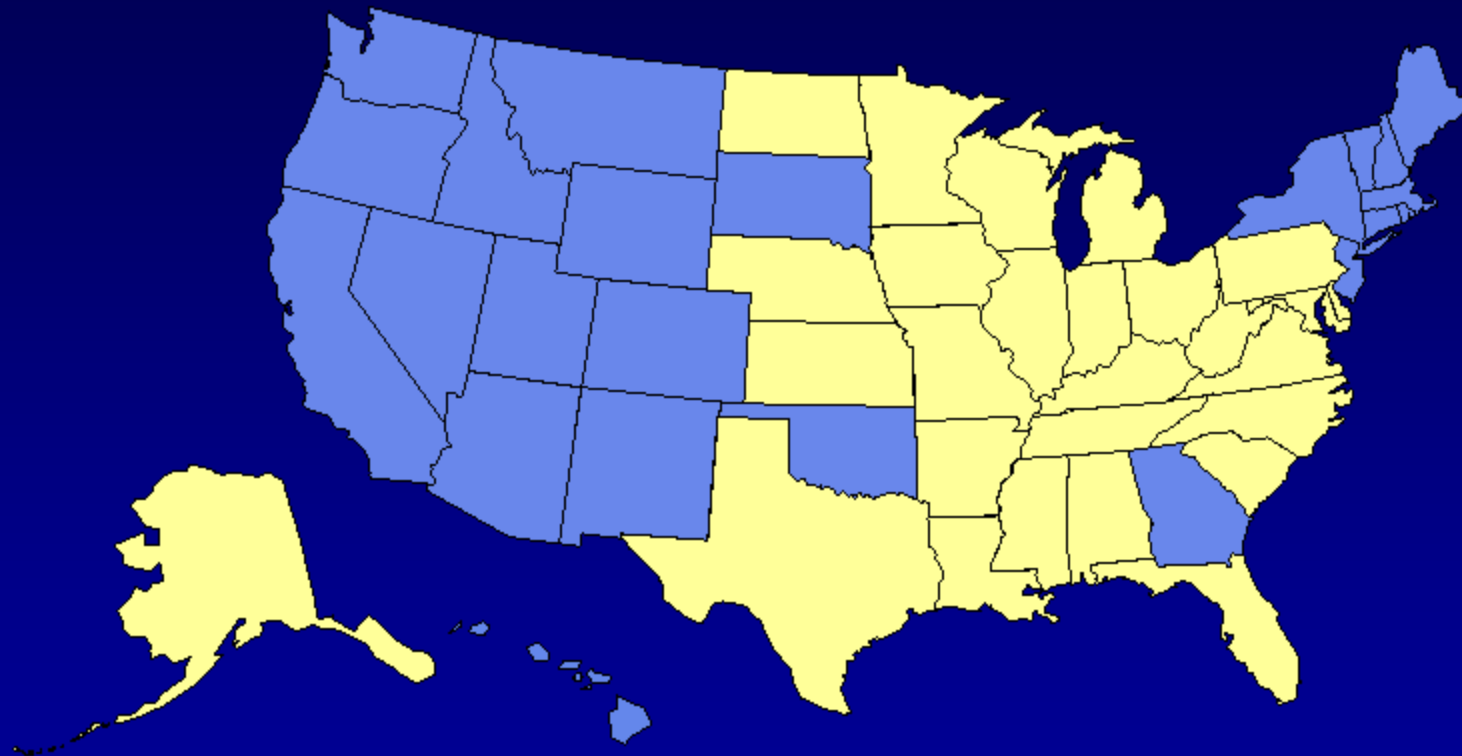
■ <10%

■ 10%–14%

# Obesity Trends\* Among U.S. Adults

CDC, 1995

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs overweight for 5' 4" person)



■ <10%

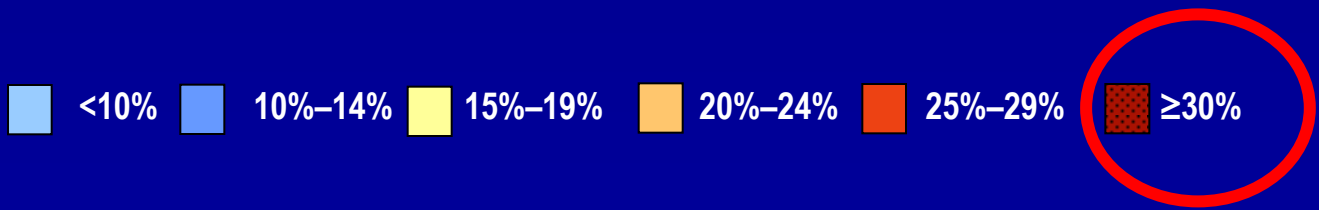
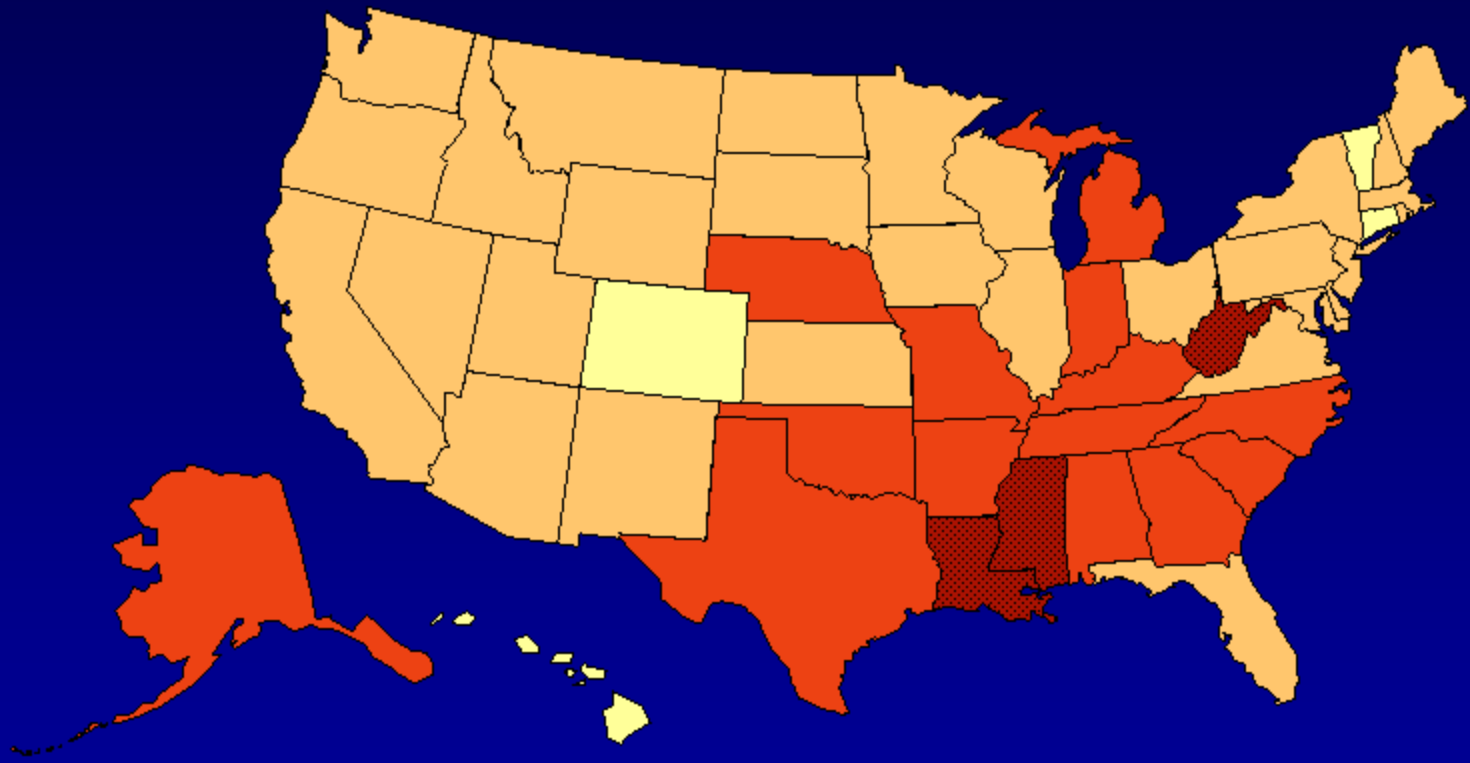
■ 10%–14%

■ 15%–19%

# Obesity Trends\* Among U.S. Adults

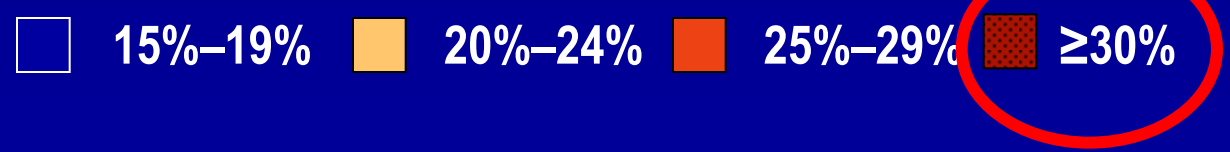
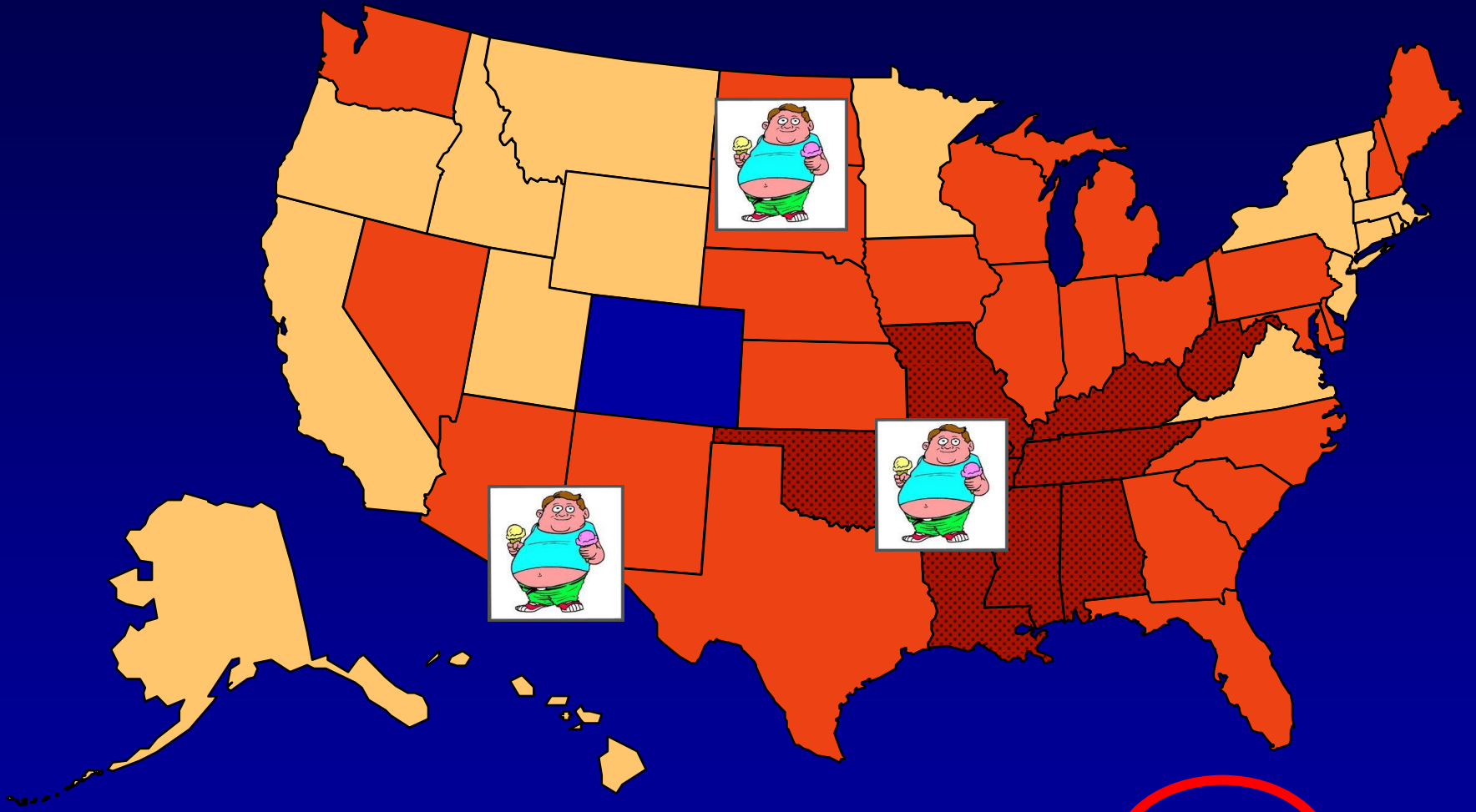
CDC, 2005

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs overweight for 5' 4" person)



# Obesity Trends\* Among U.S. Adults

CDC, 2009



# Etiology of Obesity



**Food Availability  
High Fat Diets**



**Reduced Energy  
Expenditure**



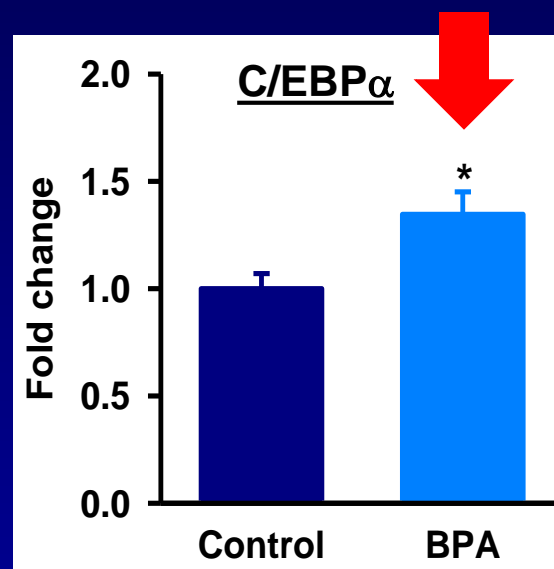
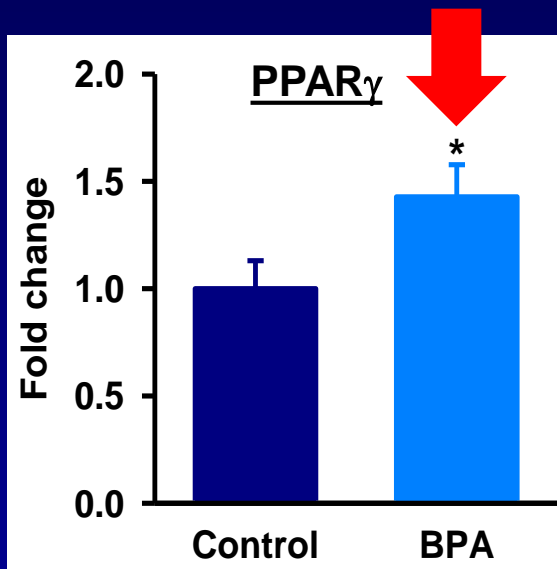
**Propensity for  
Obesity**



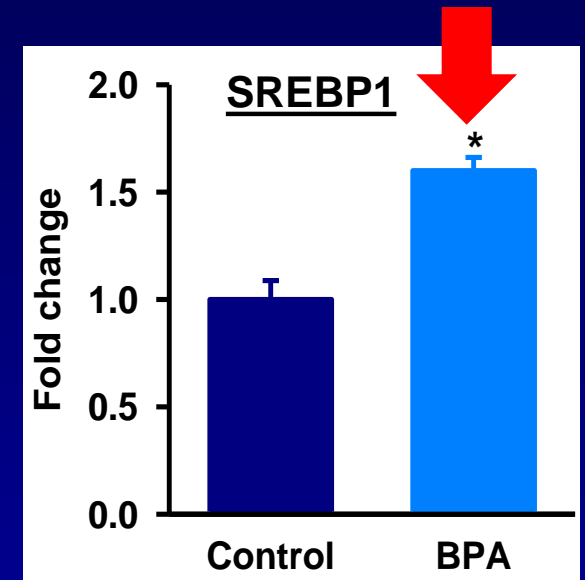
**Developmental  
Programming**

# BPA: Adipocyte Transcription Factors

## Adipogenic



## Lipogenic



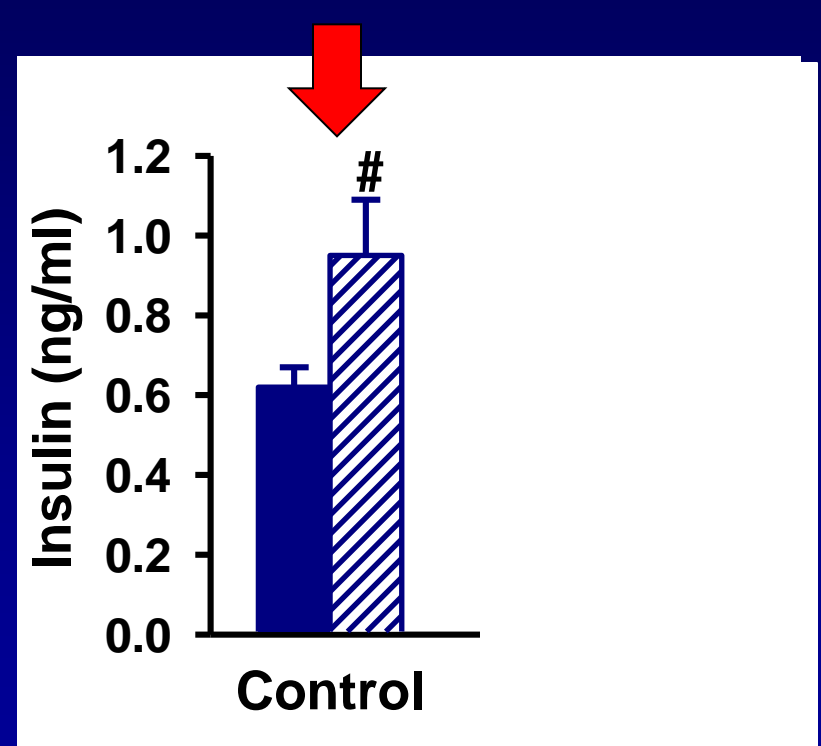
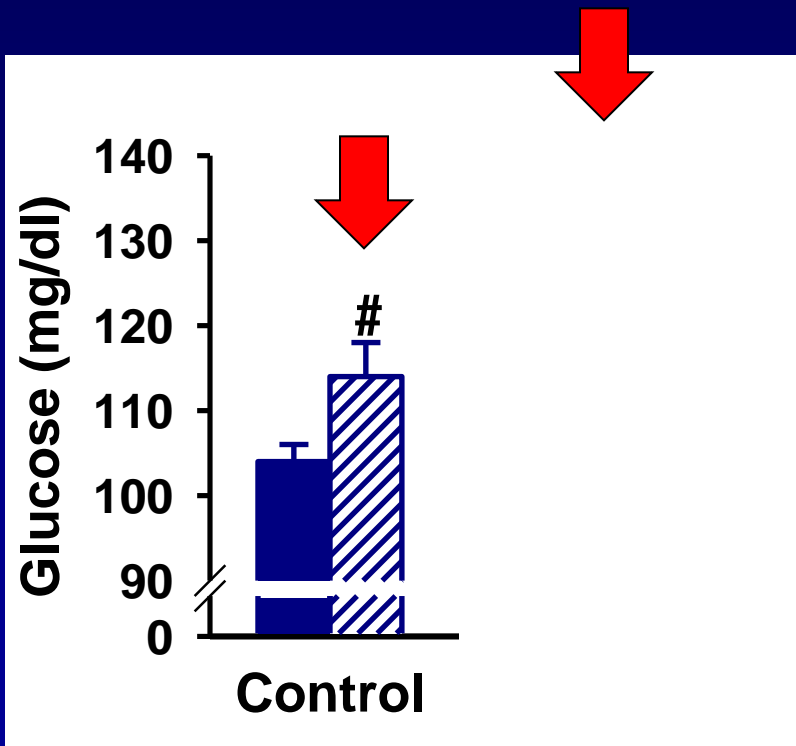
**Increased Adipocyte Differentiation  
and Lipogenesis**



# Postnatal High Fat Diet Glucose and Insulin

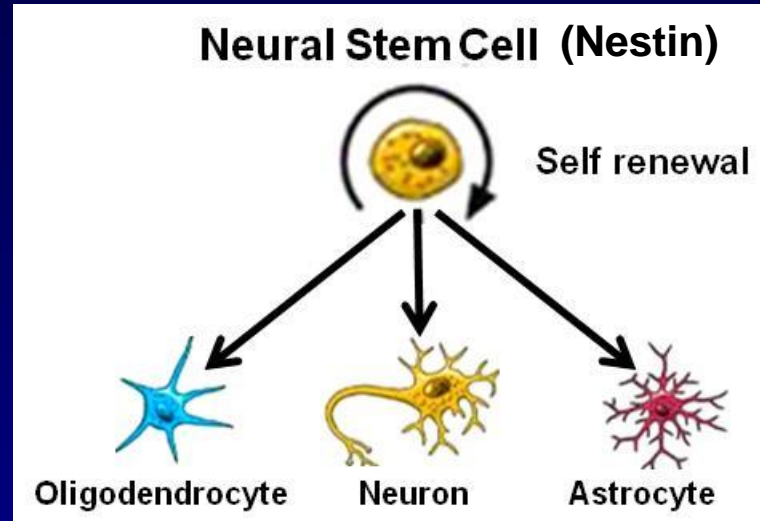
Normal diet 

High fat diet 



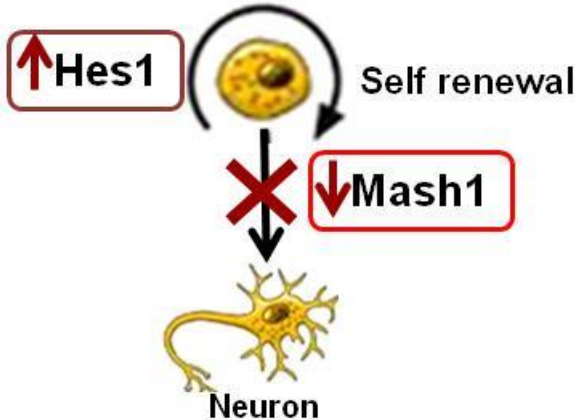
\* vs Control; # vs High Fat Diet

# NSC Proliferative & Differentiation Factors



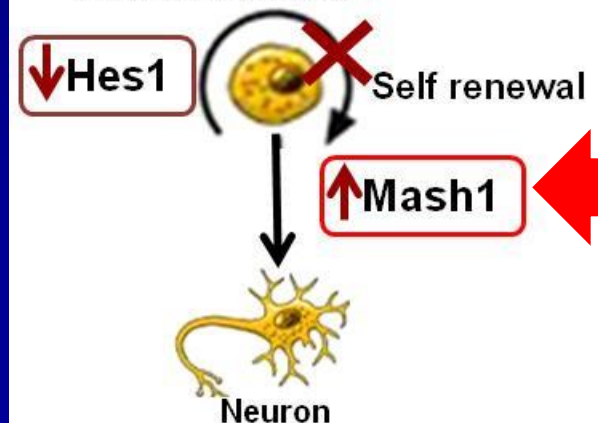
## Proliferation

Neural Stem Cell



## Differentiation

Neural Stem Cell



# Electronic Medical Record

Mednotes e - Practice View

File View Create Tools Tabs Help

Practice View

LaPorte, Johns R (11549)

LaPorte, Matrika Heather (11468)

**Patient Flow**

- Find Patient
- Tasks
- Mail
- Today's Patients
- Incomplete Notes
- Notes Without Bills
- Practice Health Maintenance
- Audit
- Practice Alerts
- Practice ToDos
- Pending Labs
- Pending History
- Object Query
- eRx Notifications

**Today's Patients**

General, Full Ambulatory Surgery C

Time	Location	Last Name
02/02/2006 08:4	Ambulatory Surg.	Mazzino
02/02/2006 08:5	Ambulatory Surg.	Thomson
02/02/2006 08:5	Ambulatory Surg.	LaPorte
02/02/2006 08:5	Ambulatory Surg.	Lapinski

**Waiting Room**

Show Rooms For Ambulatory Surgery Center

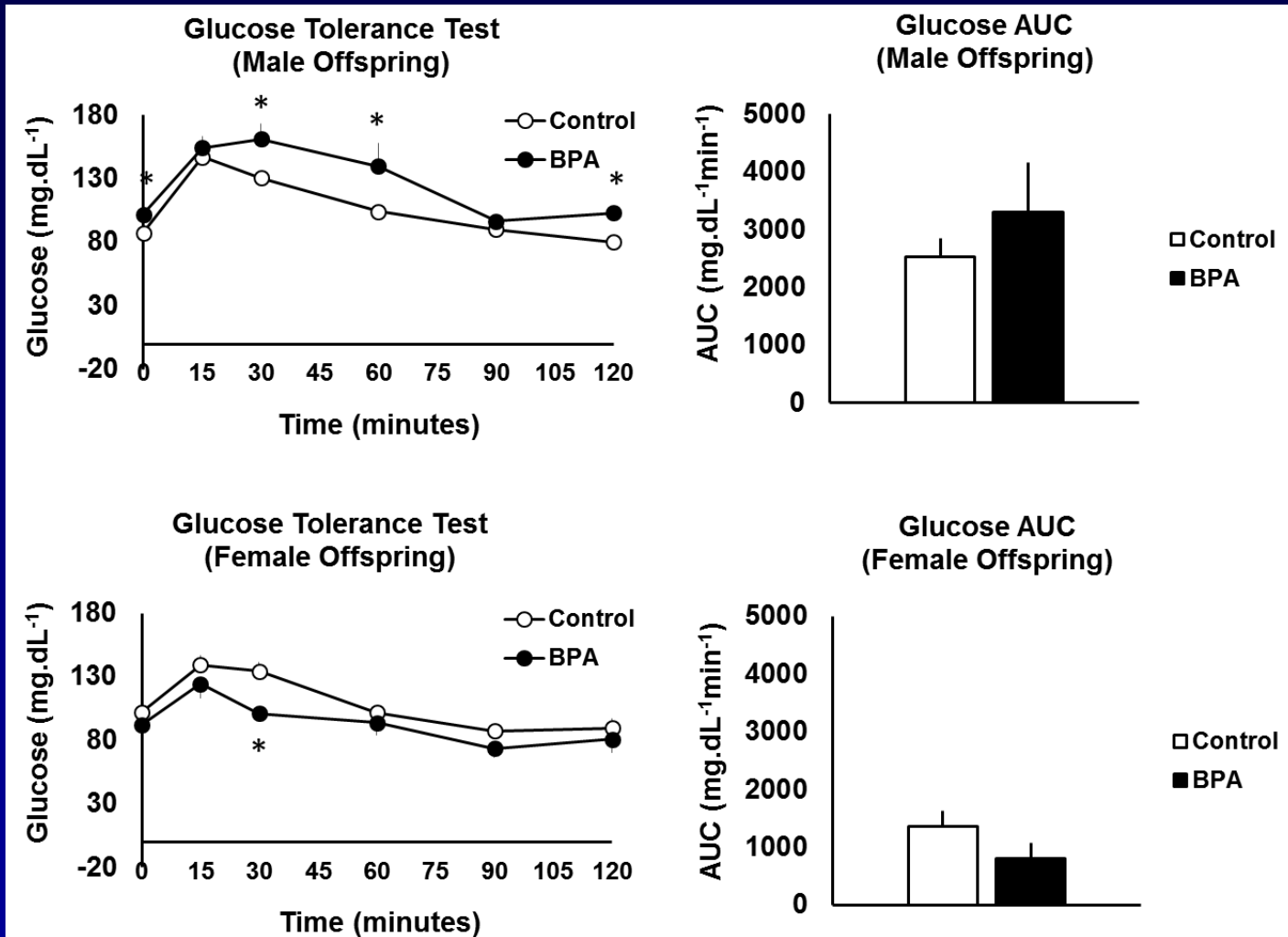
Patient	Chart No.
Mazzino, Jeremy M (000000569)	00000569
LaPorte, Matrika Heather (11468)	11468

Weight at Birth.	Weight 1st Year	Food.	No. of Visits.	Condition, and Remarks of Health Visitor.				
				W	V	D	T	
8 1/4 lbs	24 1/2 lbs	B.	11	y	-	-	4	Healthy & well developed. Buckland School. Card to S.O.
7 lbs	18 1/4 lbs	B	12	h	y.	y.	8	
Moved to Bury Green Lt.		Nadham						Had measles, pneumonia & i
8	20	Bot.	11	y.	y.	?	4	
T.B. absent in neck opened.		Ant. fontanelle still open						2 3 yrs. Abdomen very large & pro
8 1/2	22	B.B.	9	y	y	y	10	
Healthy & normal								Buckland School. Card

For Help, press F1

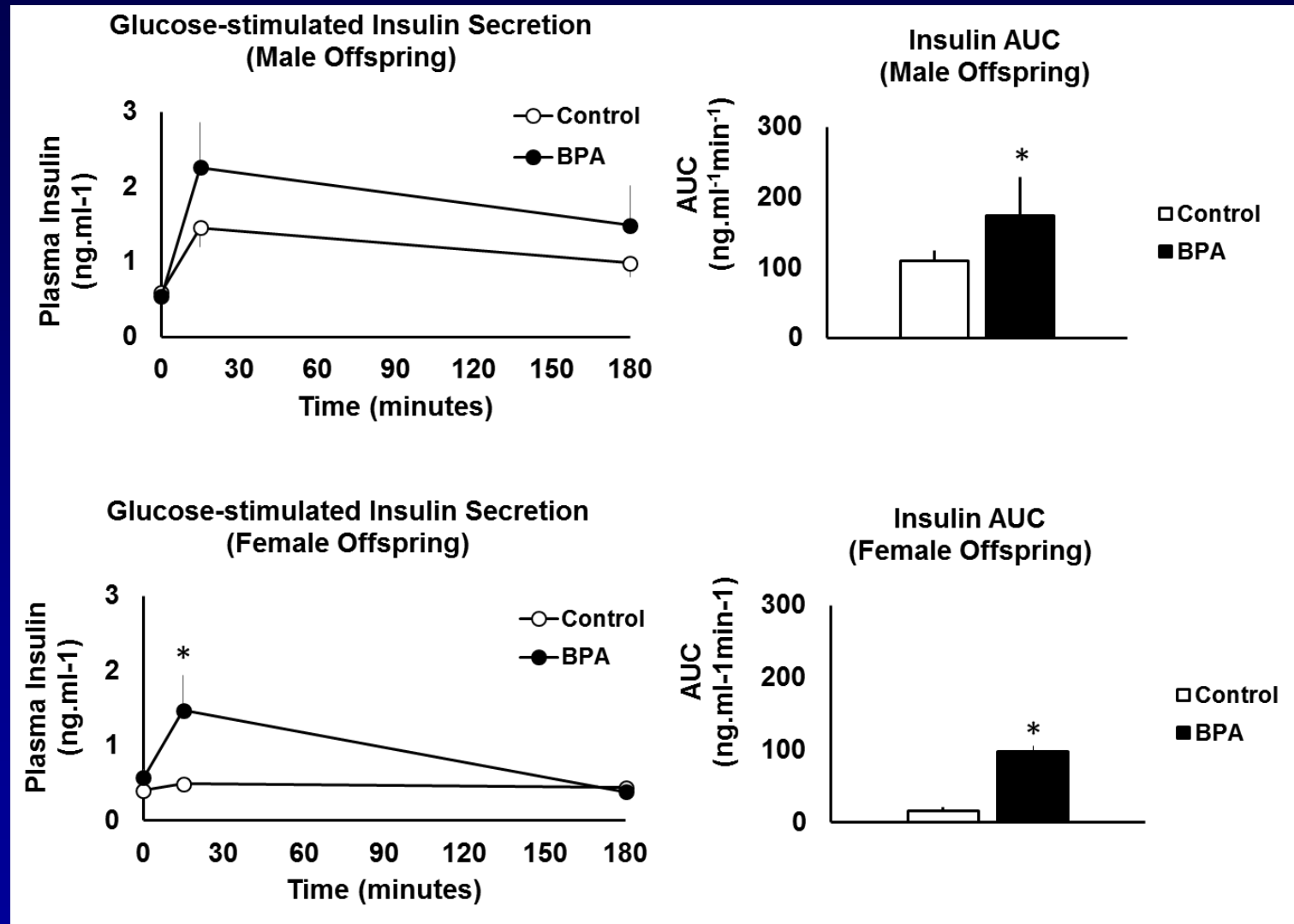
LaPorte, Matrika Heather (11468) General, Full

# Offspring Glucose Tolerance at 6 Months



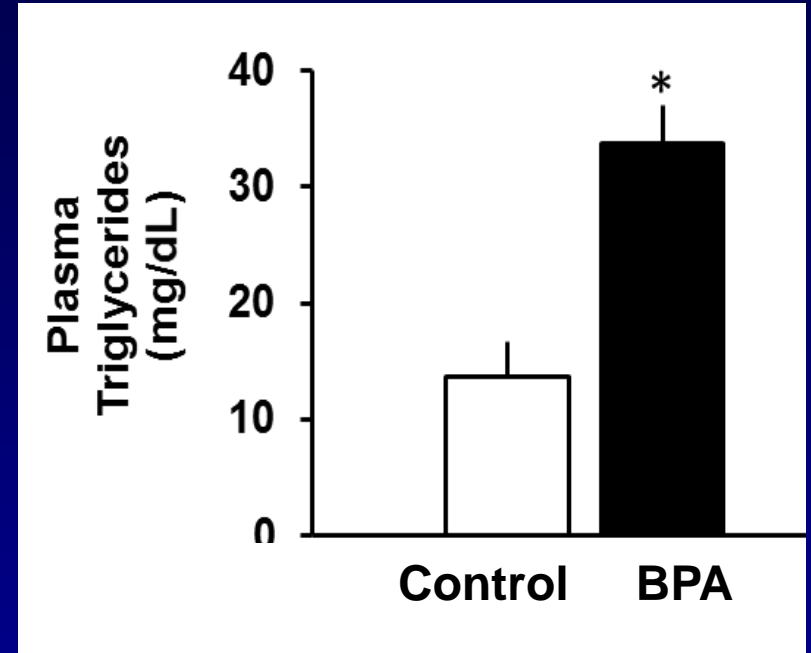
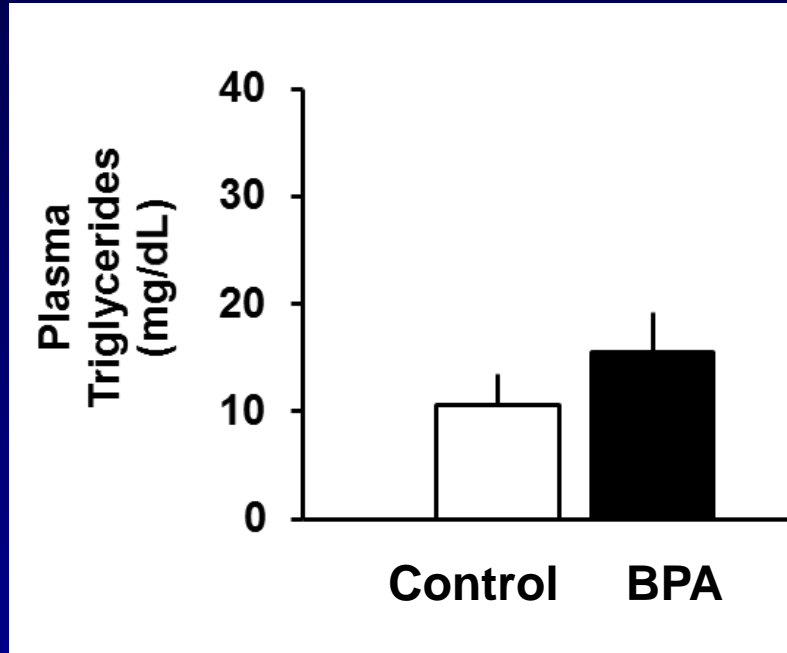
**Impaired Glucose Tolerance in Males**

# Offspring Glucose-Stimulated Insulin Secretion 6 Months



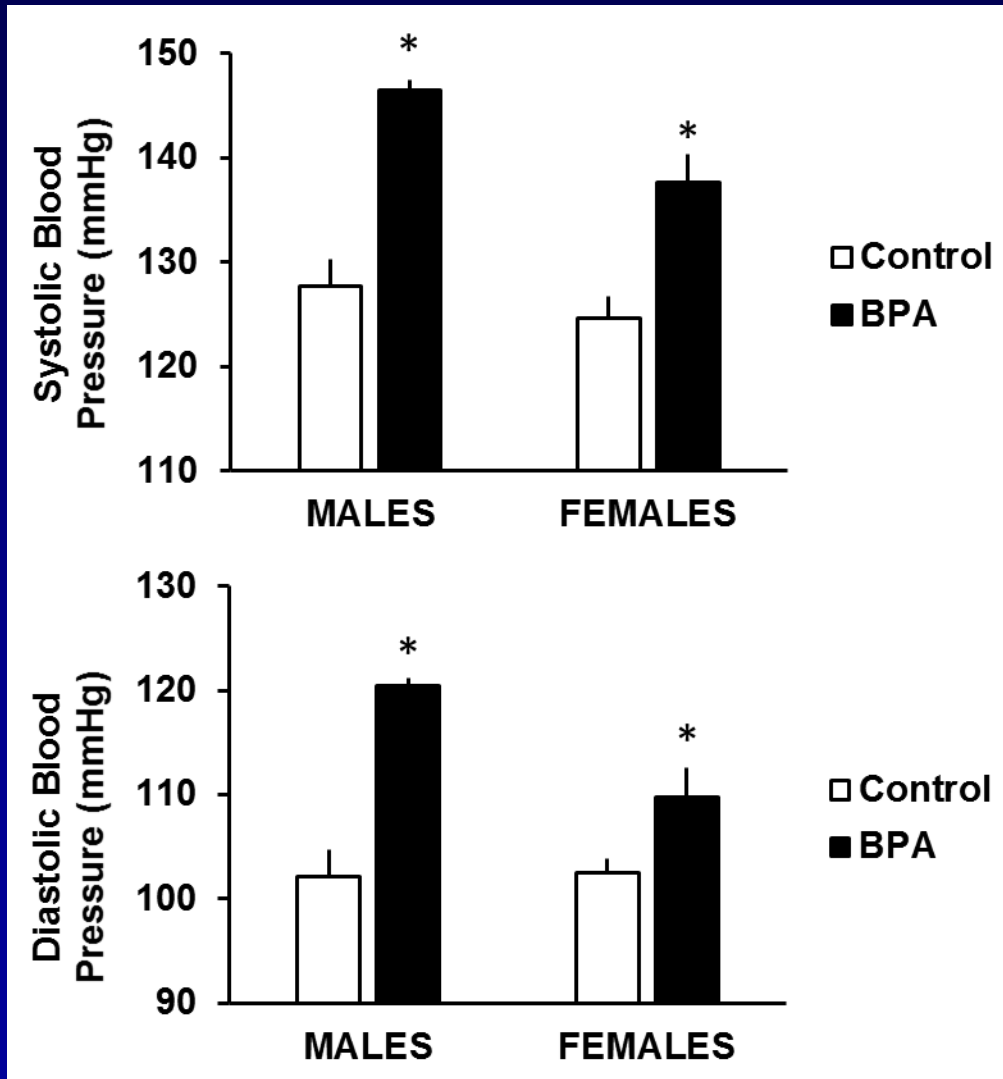
**Increased Insulin Secretion in Males and Females**

# Offspring Triglycerides at 6 Months



**Hypertriglyceridemia in Females**

# Offspring Blood Pressure at 6 Months



**Hypertension  
in Males and  
Females**



# Programming vs. Mutations

**Genetic mutations: Long epochs,  
irreversible**

**Programmed phenotypes: Respond to  
acute environmental stresses**

# Environmental Stresses on Survival

## Drought and Famine



- **Famine:** nutrient reduction

Famine/drought during pregnancy results in low birth weight infants

• **“Thrifty Phenotype”**

Increased food intake, gorging  
Efficient metabolism  
Reduced energy expenditure

**Survival Advantage in an environment of reduced nutrient availability**

# **“Thrifty” vs. “Inadvertent Thrifty” Phenotype**

- **Intrauterine Growth Restricted Newborns**
  - **Improved Fecundity:**
    - Maternal medical illness
  - **Etiologies:**
    - Substance abuse, cigarette smoking
  - **Twins and higher order:**
    - Natural and In Vitro Fertilization
- **Enhanced Neonatal Survival: viability 400 g**

# High fat, high calorie diet



Thrifty Phenotype



Obesity





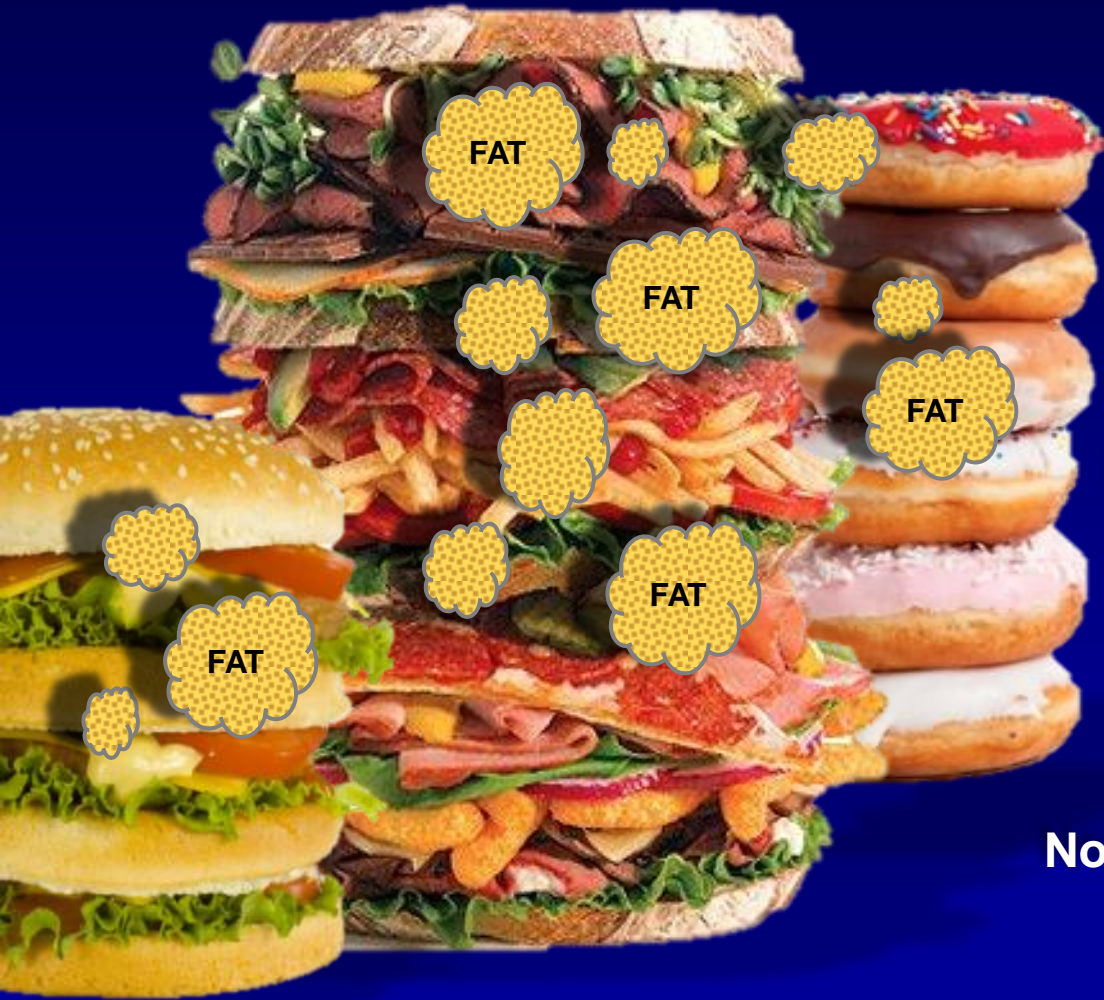
# Hertfordshire Birth Records 1911-1949

Weight at Birth.	Weight 1st Year	Food.	No. of Visits.	Condition, and Remarks of Health Visitor.			
				W	V	D	T
8 1/4 lbs	24 1/2 lbs	B.	11	Y	-	-	4
Healthy & well developed.				Buckland School. Card to S.O.			
7 lbs	15 1/4 lbs	B	12	h.	Y.	Y.	8
Moved to Bury Green St. Hadham.				Had measles, pneumonia & ...			
8	20	Bot.	11	Y.	Y.	?	4
I.B. absent in neck opened. Ant. fontanelle still open at 3 yrs. Abdomen very large & prot.							
8 1/2	22	B.B.	9	Y	Y	Y	10
Healthy & normal.				Buckland School. Card			

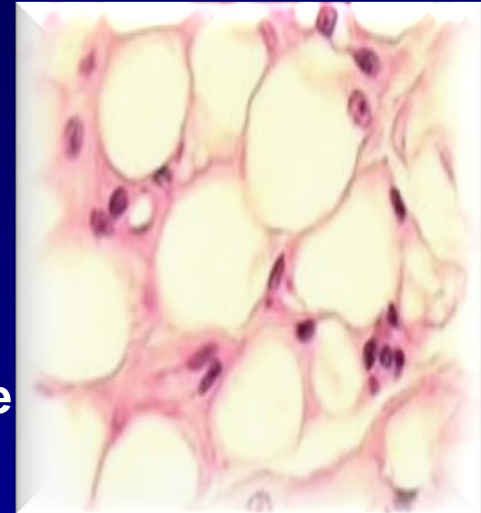




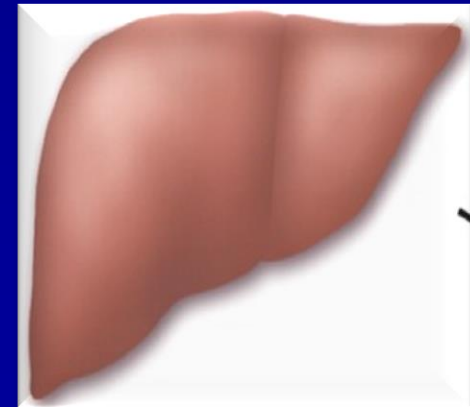
# High Fat Diet



Increased fat storage



Non-alcoholic fatty liver disease



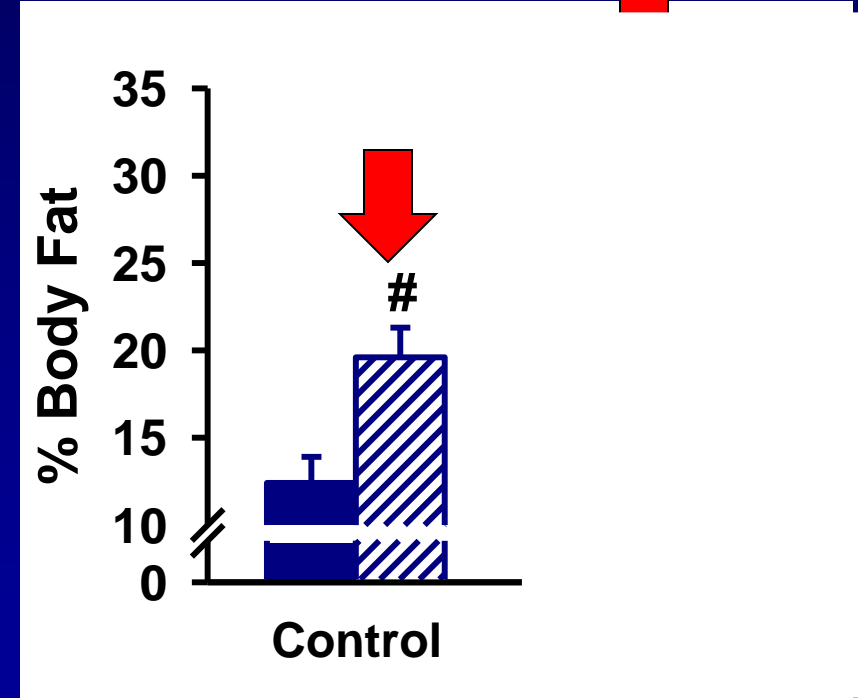
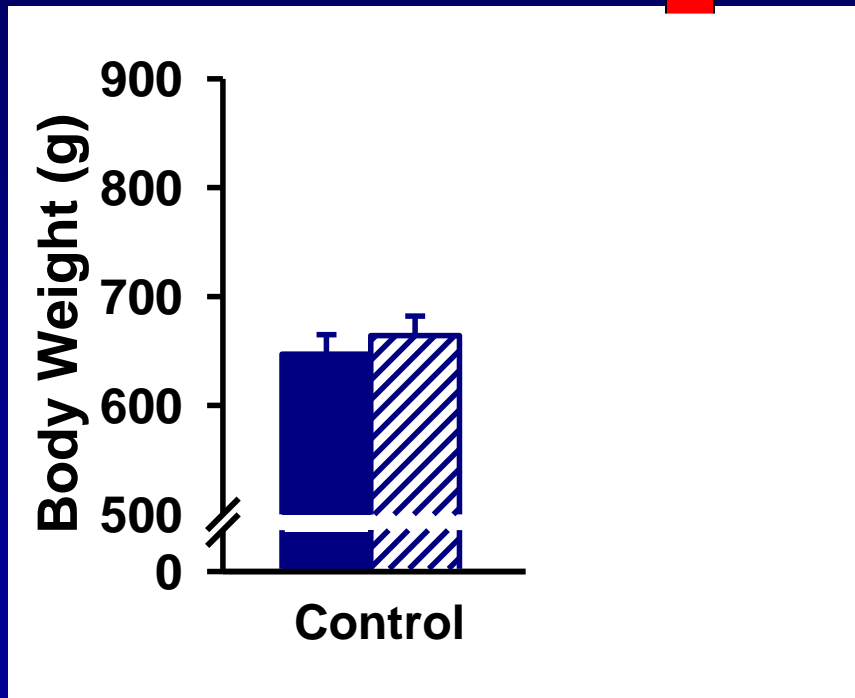


# Postnatal High Fat Diet

## Body Composition: Controls and IUGR

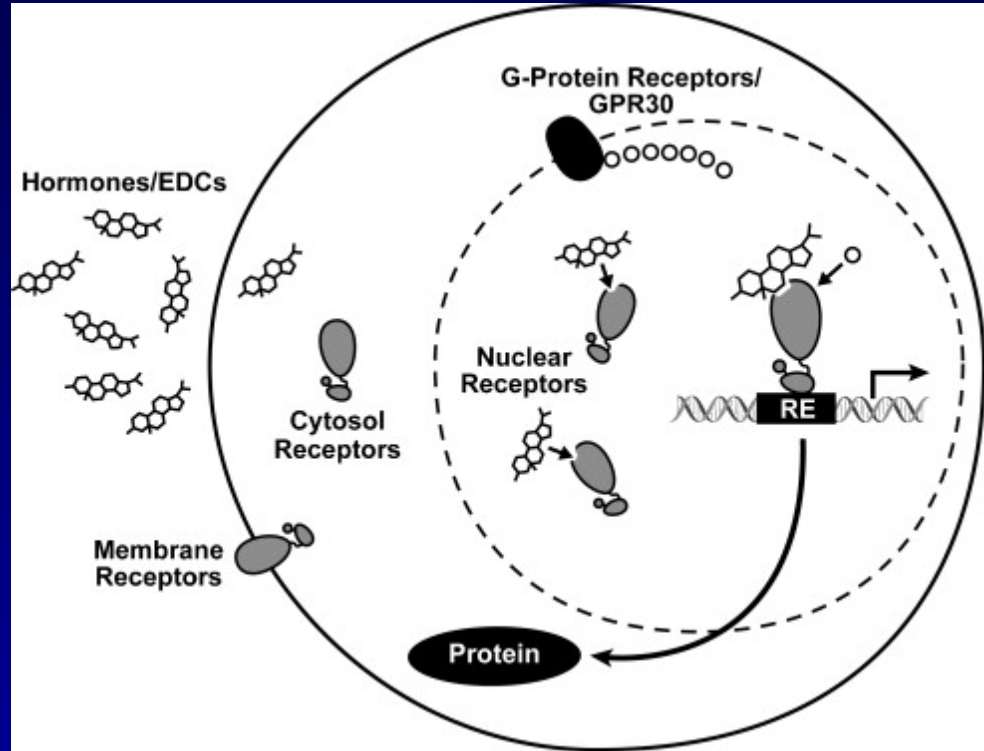
Normal diet 

High fat diet 

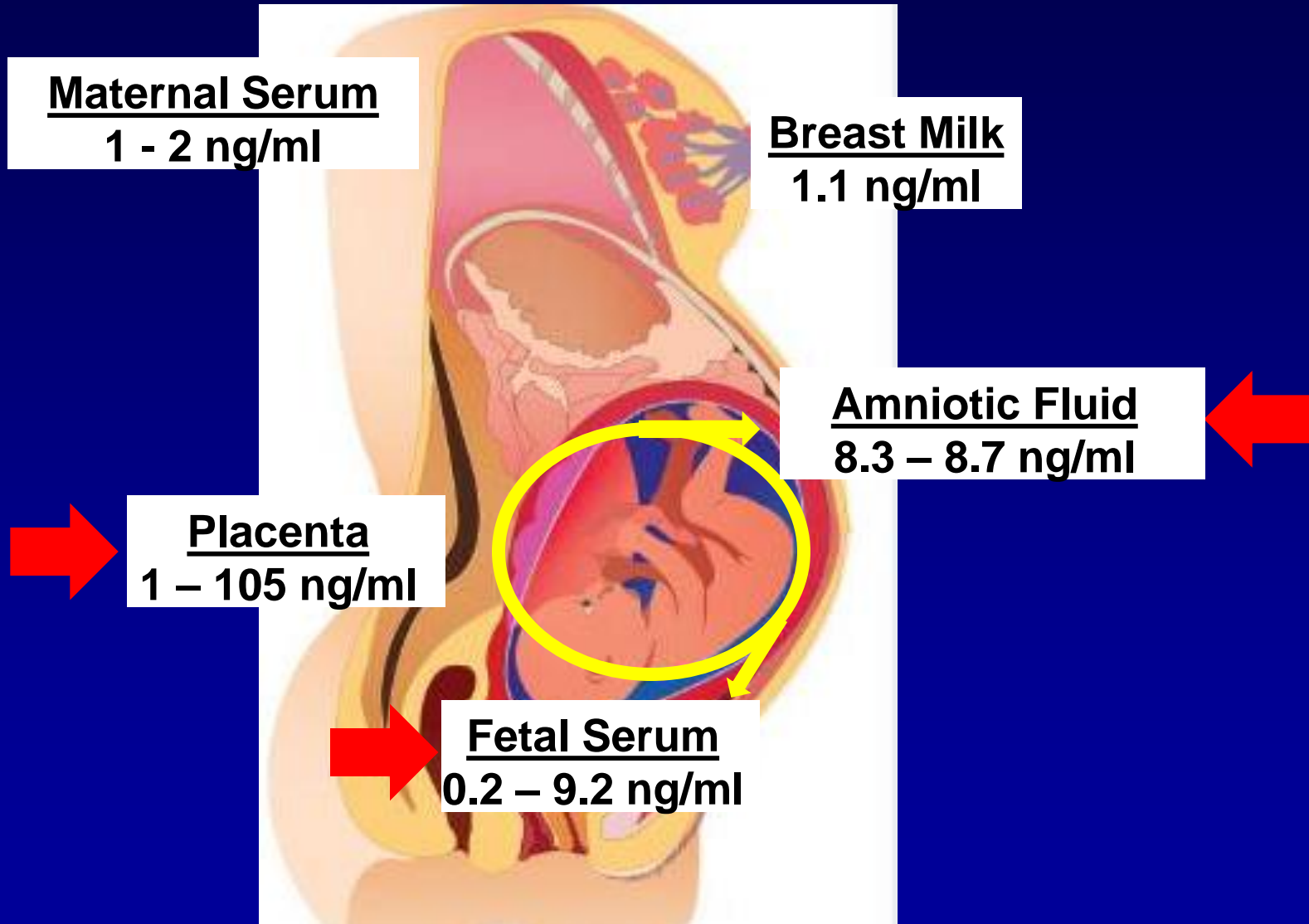


\* vs Control; # vs High Fat Diet

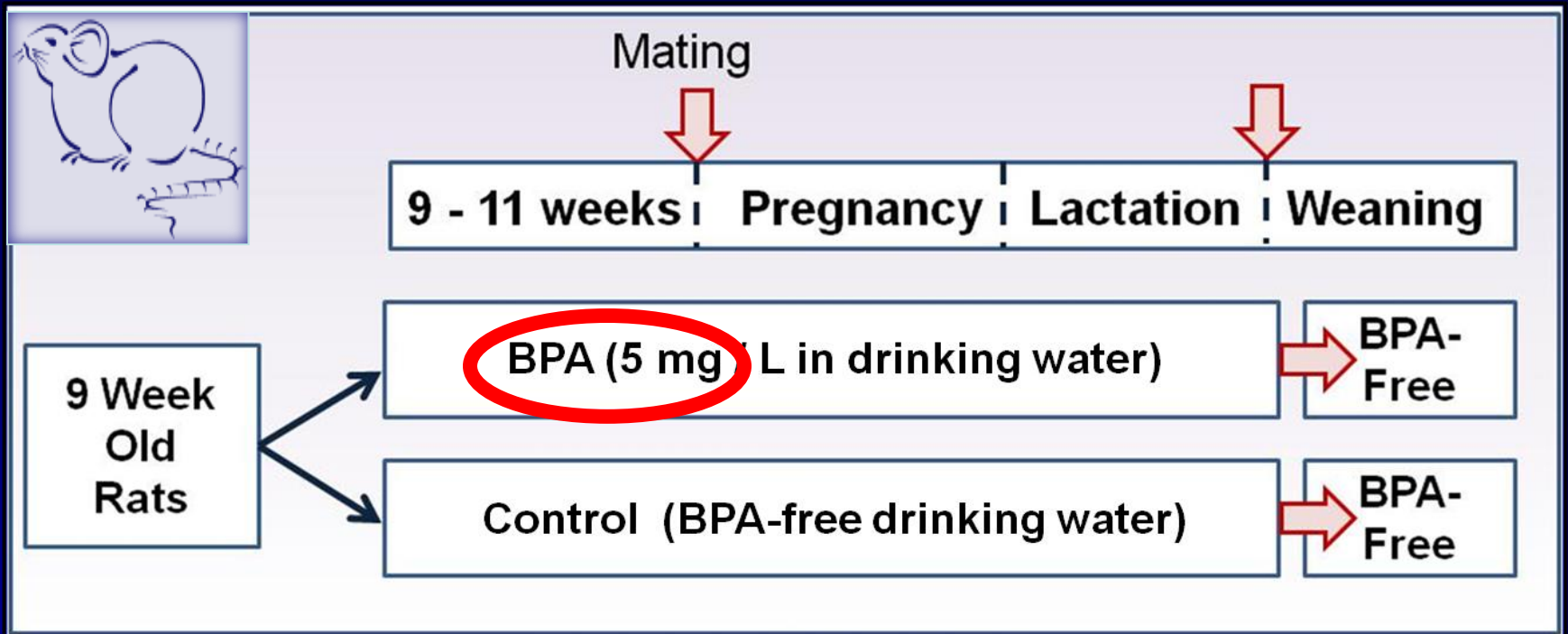
# Bisphenol A (BPA)



# NHANES: BPA Levels during Pregnancy



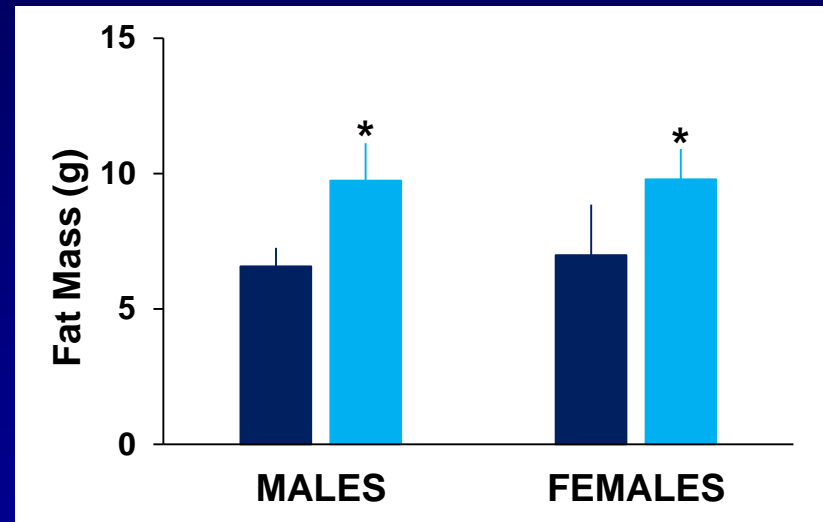
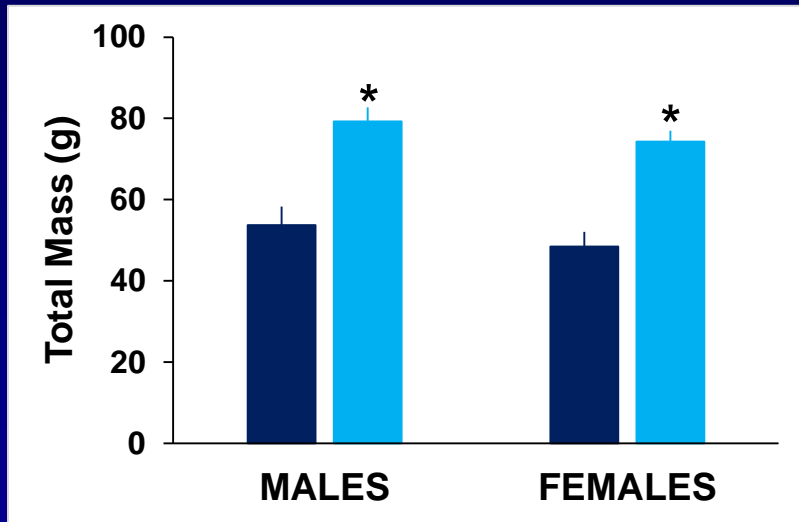
# Model of Maternal Bisphenol A (BPA)



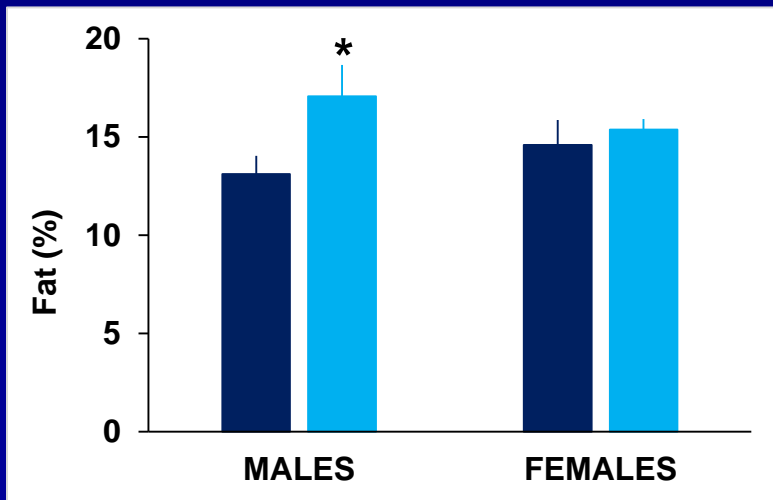
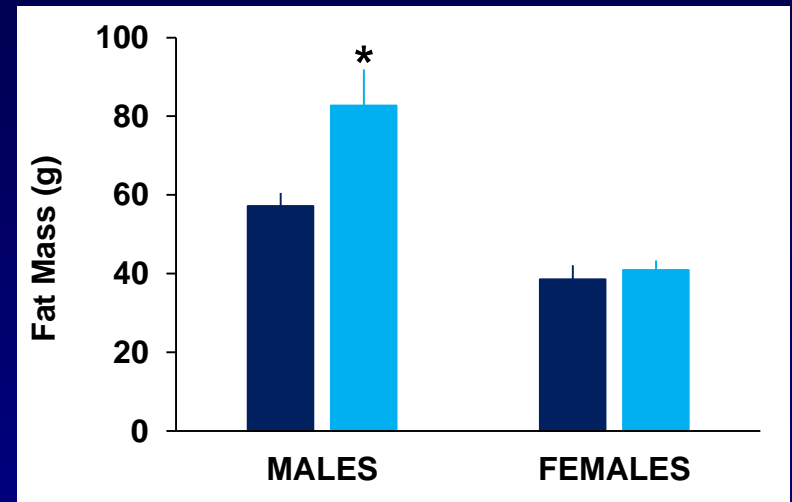
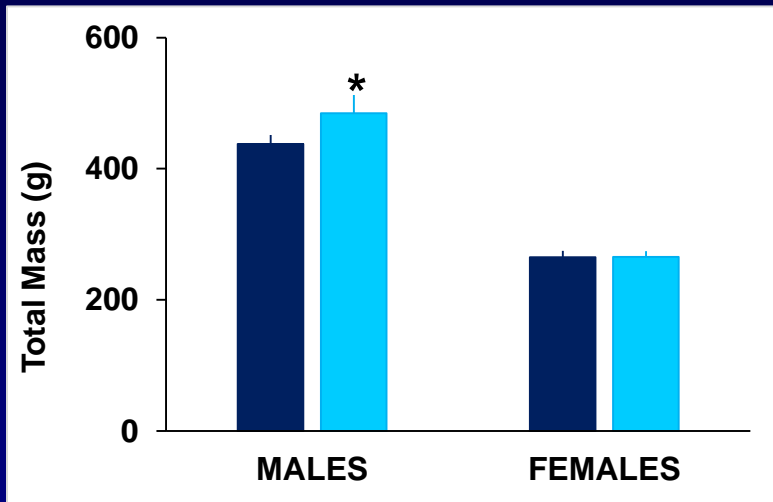
## OFFSPRING

- **Litter size:** Culled to 4 males and 4 females at birth
- **Nursing:** All pups nursed by same dams until p21
- **Weaning:** At p21 to ad libitum food and BPA-free water

# Offspring Body Composition at 3 Weeks



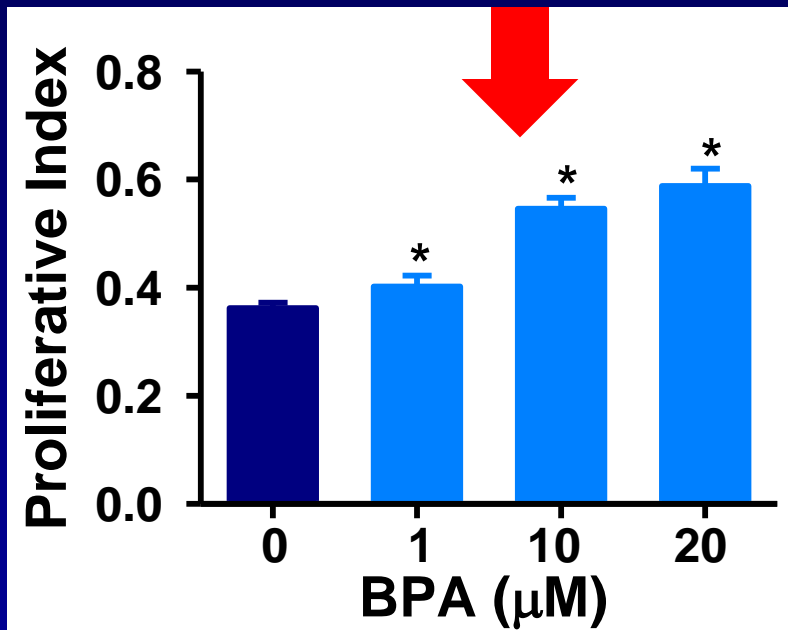
# Offspring Body Composition at 6 months



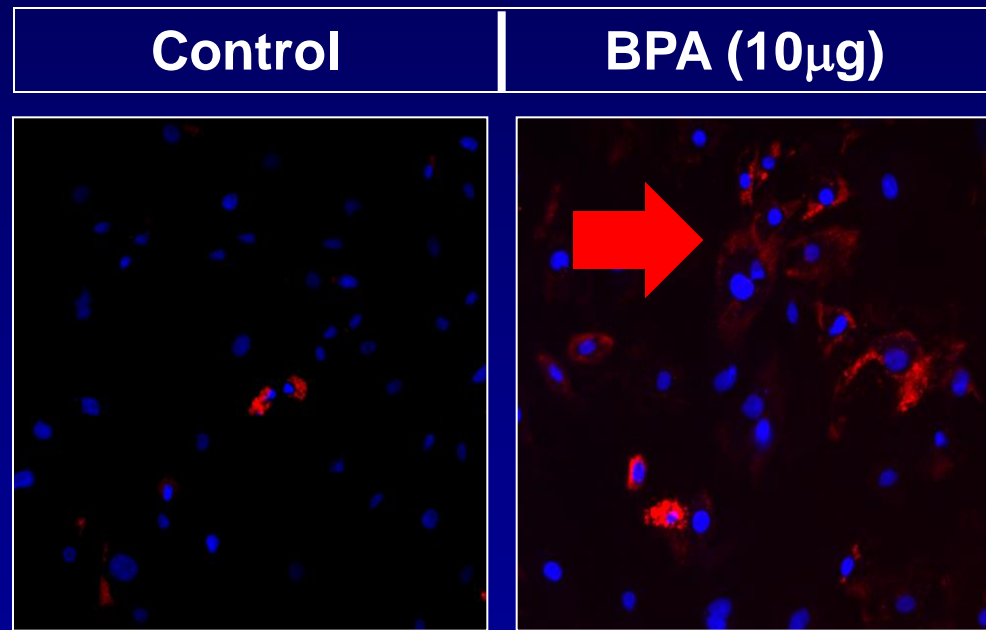
Increased Body Fat  
in Males

# BPA: Preadipocytes

## Adipogenesis



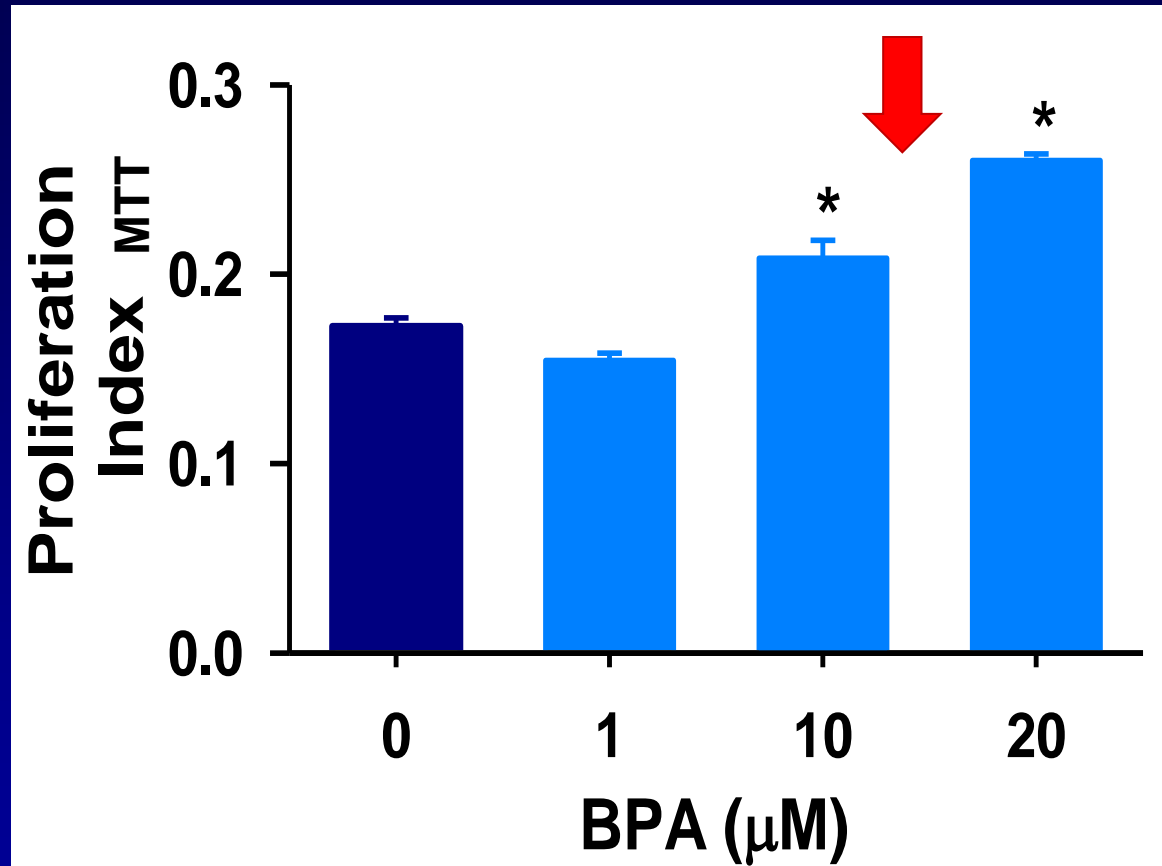
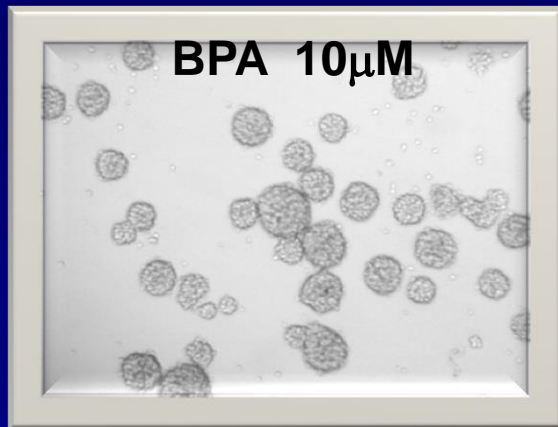
## Lipogenesis



**Increased Proliferation and Lipid Storage**



# BPA: Neural Stem Cell Proliferation

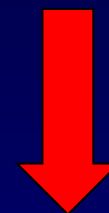


**Increased Proliferation**

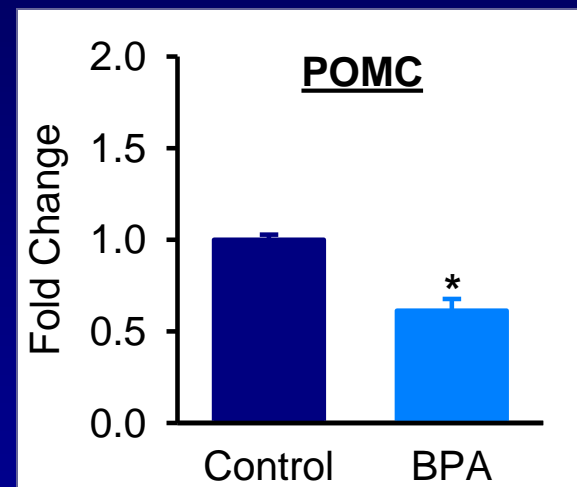
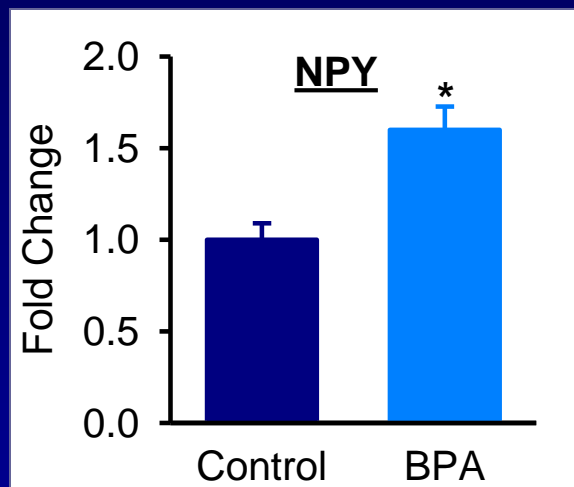
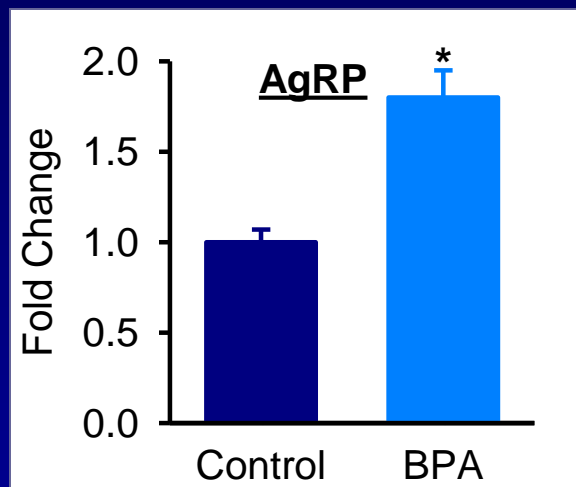
# BPA Neural Stem Cell Differentiation



**Appetite**



**Satiety**

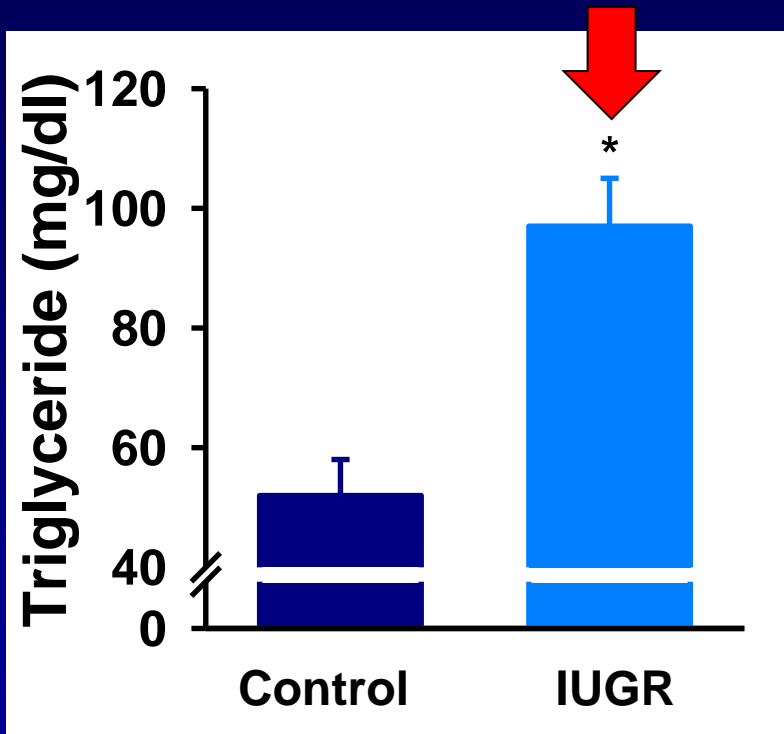


**BPA Increases Appetite/Satiety Ratio**

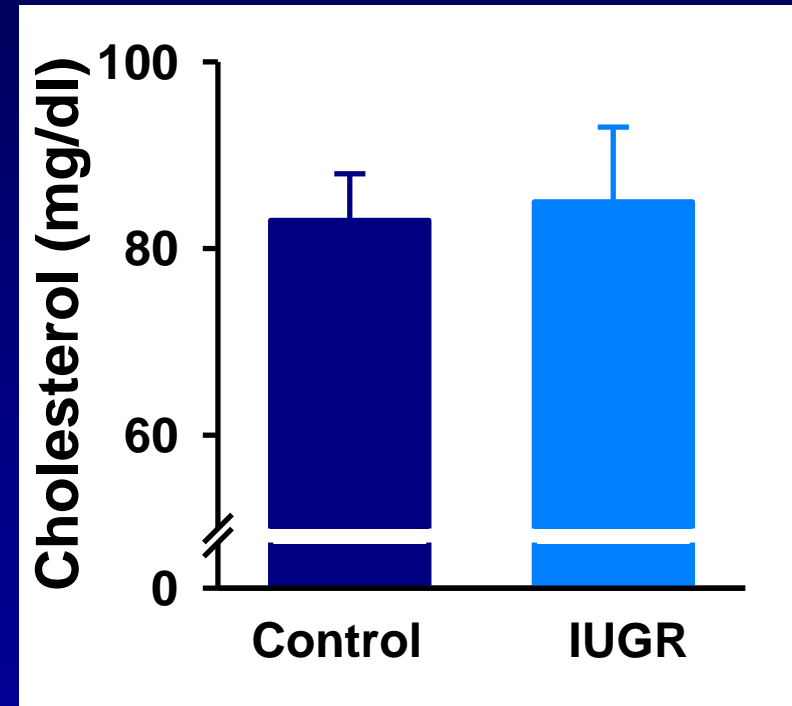
# Lipid Profile

## IUGR Obese Adult Males

### Triglyceride



### Cholesterol



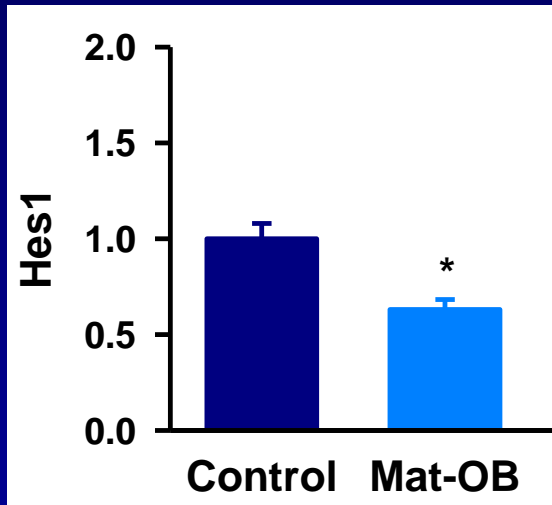
**Hypertriglyceridemia**

Mean  $\pm$  SE; \*  $p < 0.001$

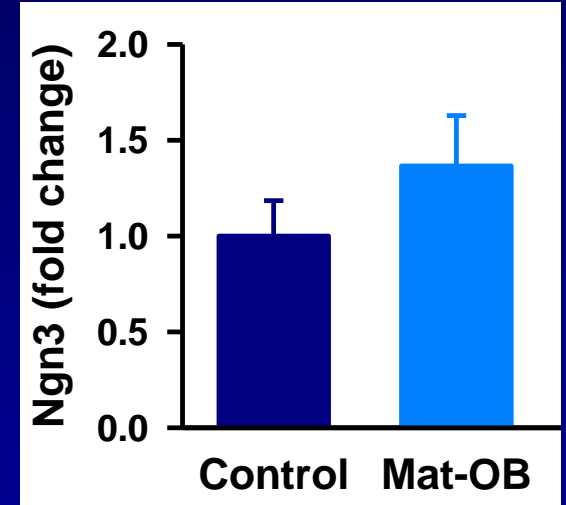
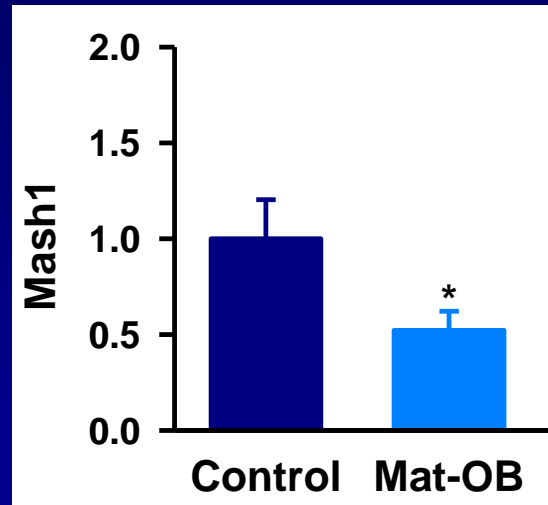
Desai et al, Am J Obstet Gynecol, 2007

# Hypothalamic bHLH Factors Mat-OB 1 Day Old Newborn

## Proliferative

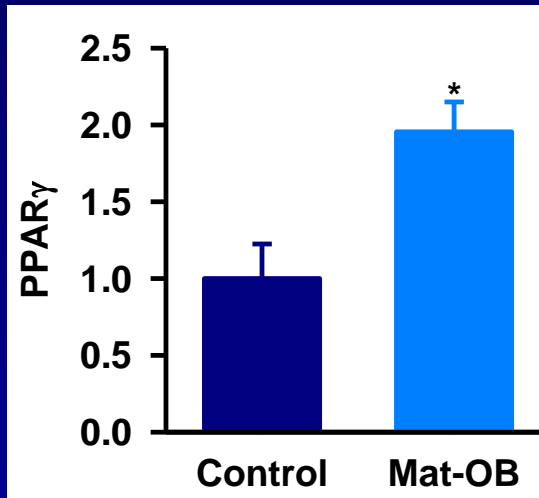


## Neurogenic Factors

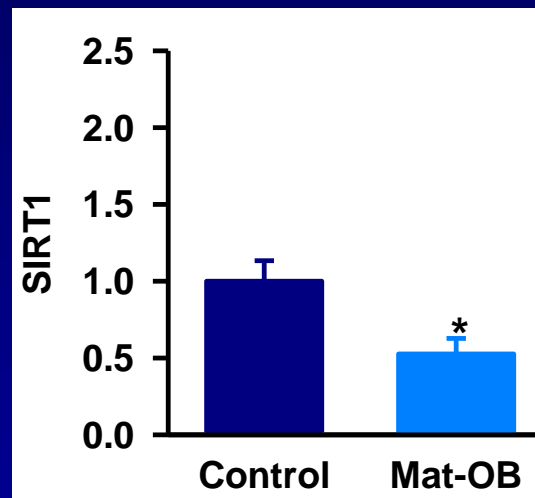


# Adipogenic Regulators Mat-OB 1 Day Newborn

## Adipogenic Factor



## Repressor



## Activator

