

The physiological significance of insemination in programming pregnancy outcome

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A thesis submitted to the University of Adelaide in fulfilment of the requirements for
admission to the degree Doctor of Philosophy

April 2006

Abstract

The cellular and molecular environment of the uterus during the pre- and peri-implantation period of early pregnancy is critical for implantation success and optimal fetal and placental development. Perturbations to this environment not only have consequences for the success of pregnancy and neonatal health and viability, but can also drive adverse health outcomes in the offspring after birth, particularly the development of metabolic disorders such as obesity, hypertension and insulin resistance.

The influence of seminal plasma on the cytokine and immune uterine environment has been previously well characterised in mice, however the effects of disruption in uterine seminal plasma exposure for pregnancy outcome have not been investigated. The studies described in this thesis employed the use of surgical seminal vesicle ablation in males and embryo transfer experiments to investigate the physiological significance of uterine seminal plasma exposure on programming fetal and neonatal outcomes, and growth and metabolic status in adult offspring.

We demonstrate that in the absence of seminal plasma, oocyte fertilisation and embryo implantation are reduced, showing that seminal plasma acts primarily to facilitate fertilisation, possibly by promoting sperm transport and survival in the reproductive tract. In addition we show that pregnancies initiated in the absence of seminal plasma give rise to offspring which display accelerated growth after birth and increased adiposity in adulthood, compared to those developed in a tract exposed to seminal plasma at the time of conception. Offspring conceived in the absence of seminal plasma also displayed alterations in serum leptin and adiponectin content, similar to those known to be associated with obesity in the mouse.

Using embryo transfer experiments, we showed that some, but not all aspects of the perturbed postnatal development are recapitulated when embryos fertilised in the presence of what semen are transferred to a recipient tract which has not been exposed to seminal plasma. More severe perturbations were seen in 2-cell transfer than in blastocyst transfer experiment. Additionally, there was a significant effect of the embryo transfer procedure, irrespective of seminal plasma exposure, on fetal and postnatal development that confounded interpretation of these experiments.

In addition, we investigated the potential mechanisms by which the influence of seminal plasma is exerted. Mediators of pre-implantation embryo development, implantation and the modulation of the maternal immune response to pregnancy were all assessed for regulation by seminal plasma using QRT-PCR. It was demonstrated that seminal plasma exposure induces the up-regulation of key embryotrophic factors, LIF, GM-CSF and IL-6, in the oviduct following insemination. Factors important in tissue remodelling required for implantation and angiogenesis, MMP-2, MMP-3 and VEGF-C, were also shown to be increased at the time of implantation after seminal plasma exposure. Additionally the generation of T-regulatory cells in uterine tissues, demonstrated by the up-regulation of the transcription factor FOXP3 was shown to be dependent on semen exposure. The influence of seminal plasma on embryonic development, implantation and modulation of the maternal immune response to pregnancy may therefore be mechanisms which contribute to the adverse outcomes seen in pregnancies initiated in the absence of seminal plasma.

Together these experiments show a role for seminal plasma signalling at the time of insemination in influencing the pre-implantation embryo to program later fetal and neonatal development, thereby impacting on the metabolic health of offspring. We conclude that seminal plasma is not simply a transport medium for sperm, but acts also as a key regulator of a female tract environment providing optimal support for the developing embryo.

Declaration

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

I further grant my consent to the University of Adelaide to make this thesis available for loan and photocopying once accepted for the degree.

John James Bromfield

April 2006

Acknowledgements

I would like to take this opportunity to thank my supervisor Associate Professor Sarah Robertson for her willingness to accept me into her research team and her unwavering support throughout the process of my studies; I will always be grateful for the opportunity and indebted to her for all of my future endeavours as a research scientist.

I would also like to thank my co-supervisor Dr Claire Roberts for her insight and support during the course of these studies as well as the technical advice in regard to the placental aspects of this project.

A great many thanks must also go to the staff and students of the Department of Obstetrics and Gynaecology at the University of Adelaide, many of who not only gave assistance during these studies but also offered life long friendship. Particular thanks goes to Professor Jeffrey Robinson for allowing me to be a part of such an exciting research group. Ms Alison Care, Dr Miles DeBlasio and Associate Professor David Kennaway provided greatly appreciated technical assistance during the course of these studies and with out their help this project would not have been possible, and I am therefore eternally grateful for their time and expertise. I would also like to thank Dr Melinda Jasper for her time and excellent guidance in teaching me the technical aspects of real-time RT-PCR.

These studies were carried out using financial support obtained from grants from the National Health and Medical Research Council and University of Adelaide. I would also like to acknowledge the University of Adelaide, Research Centre for Reproductive Health and the Network in Genes and Environment in Development for financial support of my postgraduate scholarship and international travel.

Finally I would like to thank my family and friends who have supported me financially and emotionally throughout this journey, to you all I will forever be indebted.

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5. **JJ Bromfield** and SA Roberston (in preparation).
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Presenting author underlined

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2006

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Abbreviations

A	Adenine
Ab	Antibody
ADCC	Antibody dependent cell cytotoxicity
APC	Antigen presenting cell
ART	Assisted reproductive technique
BDKR	Bradykinin receptor
BFGF	Basic fibroblast growth factor
Bp	Base pairs
BSA	Bovine serum albumin
C	Cytosine
°C	Degrees Celsius
CDNA	Complimentary DNA
CG	Chorionic gonadotrophin
CL	Corpus luteum
COX	Cyclooxygenase
Ct	Cycle threshold
DAB	Diaminobenzidine tetrachloride
DC	Dendritic cell
DNA	Deoxyribonucleic acid
DNAse	Deoxyribonuclease
ECM	Extracellular matrix
EGF	Epidermal growth factor
eNOS	Endothelial nitric oxide synthase
FASL	FAS ligand

FSH	Follicle stimulating hormone
G	Guanine
GM-CSF	Granulocyte-macrophage colony-stimulating factor
HB-EGF	Heparin binding-epidermal growth factor-like growth factor
hCG	Human chorionic gonadotrophin
HLA	Human leukocyte antigen
HPA	Hypothalamic/pituitary/adrenal
HRP	Horse radish peroxidase
ICM	Inner cell mass
ICSI	Intra-cytoplasmic sperm injection
IFN	Interferon
IGF	Insulin-like growth factor
IGFBP	Insulin-like growth factor binding protein
IL	Interleukin
iNOS	Inducible nitric oxide synthase
ISPN	Implantation serine protease
IUGR	Intrauterine growth retardation
IVF	<i>In vitro</i> fertilisation
LAK	Lymphokine activated killer
LH	Luteinizing hormone
LIF	Leukaemia inhibitory factor
LN	Lymph node
mAb	Monoclonal antibody
MHC	Major histocompatibility complex
MIP	Macrophage inflammatory protein
MLN	Mesenteric lymph node
MMP	Matrix metalloproteinase

MQ	Milli-Q
mRNA	Messenger RNA
MUC	Mucin
NK	Natural killer
NRP	Neuropilin
PALN	Para-aortic lymph node
PBS	Phosphate buffered saline
PCR	Polymerase chain reaction
PGE	Prostaglandin
PGF	Placental growth factor
RNA	Ribonucleic acid
RNAse	Ribonuclease
rpm	Revolutions per minute
RT-PCR	Reverse transcriptase polymerase chain reaction
SDS	Sodium dodecyl sulphate
T	Thymine
TCR	T cell receptor
TGF	Transforming growth factor
Th	T helper
TIMP	Tissue inhibitor of metalloproteinase
TNF	Tumour necrosis factor
Tr	T repressor
U	Uracil
uNK	Uterine natural killer
VEGF	Vascular endothelial growth factor
VEGF-R	Vascular endothelial growth factor receptor
VIA	Video image analysis