

MATERNAL OBESITY REVERSES THE RESISTANCE TO LPS-INDUCED ADVERSE PREGNANCY OUTCOME AND INCREASES FEMALE OFFSPRING METABOLIC ALTERATIONS IN CANNABINOID RECEPTOR 1 KNOCKOUT MICE

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**Highlights**

- The lack of CB1 receptor did not prevent the fetal programming induced by maternal obesity
- CB1 KO mice showed resistance to LPS-induced deleterious effects on pregnancy outcome
- Maternal obesity enhanced sensibility to LPS-induced adverse pregnancy outcome in CB1 KO mice

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**Running Title:** Effects of obesity on pregnancy in CB1 KO mice

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## ABSTRACT

Maternal overnutrition negatively impacts the offspring's health leading to an increased risk of developing chronic diseases or metabolic syndrome in adulthood. What we eat affects the endocannabinoid system (eCS) activity, which in turn modulates lipogenesis and fatty acids utilization in hepatic, muscle, and adipose tissues. This study aimed to evaluate the transgenerational effect of maternal obesity on cannabinoid receptor 1 knock-out (CB1 KO) animals in combination with a postnatal obesogenic diet on the development of metabolic disturbances on their offspring. CB1 KO mice were fed a control diet (CD) or a high-fat diet (HFD; 33% more energy from fat) for 3 months. Offspring born to control and obese mothers were also fed with CD or HFD. We observed that pups born to an HFD-fed mother presented higher postnatal weight, lower hepatic fatty acid amide hydrolase activity, and increased blood cholesterol levels when compared to the offspring born to CD-fed mothers. When female mice born to HFD-fed CB1 KO mothers were exposed to an HFD, they gained more weight, presented elevated blood cholesterol levels, and more abdominal adipose tissue accumulation than control-fed adult offspring. The eCS is involved in several reproductive physiological processes. Interestingly, we showed that CB1 KO mice in gestational day 15 presented resistance to LPS-induced deleterious effects on pregnancy outcome, which was overcome when these mice were obese. Our results suggest that an HFD in CB1 receptor-deficient mice contributes to a “nutritional programming” of the offspring resulting in increased susceptibility to metabolic challenges both perinatally and during adulthood.

**Keywords:** maternal obesity, high-fat diet, CB1 KO mice, nutritional programming.

## 1. INTRODUCTION

Obesity represents a major health concern whose prevalence is increasing worldwide to a pandemic level [1]. Accordingly, the number of overweight or obese women in reproductive age has also increased [2]. Maternal obesity is linked with a greater rate of early pregnancy loss, preterm birth, cesarean section, congenital anomalies, and perinatal death. Gestational diabetes, pre-eclampsia, and complicated labor and delivery are common in pregnant women with obesity [2]. Growing evidence suggests that nutritional conditions during critical stages of perinatal development could have a lifelong negative impact on the health of the offspring [3], in what has been called “nutritional programming” [4]. These changes can subsequently have long-lasting effects in postnatal metabolism and behavior, leading to increased susceptibility of adults to chronic diseases [3,5–7], as well as compulsive and hedonic eating patterns [8–13].

The endocannabinoid system (eCS) is a widespread neuromodulatory system composed of several endogenous lipid-based ligands, collectively named endocannabinoids (eCBs), being anandamide (AEA) and 2-arachidonoylglycerol (2-AG) the most important ones, their enzymes of synthesis and degradation, and two well-characterized cannabinoid receptors, CB1 and CB2. The eCS participates in multiple physiological processes through the activation of CB receptors in central and peripheral tissues. Among these processes, eCBs are involved in controlling whole-body metabolism [14]. Endocannabinoid signaling depends on its bioavailability which is under the strict control of specific catabolic enzymes. Specifically, the biological activity of AEA is terminated by its cellular uptake followed by its intracellular degradation by a fatty acid amide hydrolase (FAAH) [15,16]. Interestingly, CB1 receptors are present in tissues involved in the control of feeding behavior, and energy

homeostasis regulation such as the hypothalamus [17–19], the limbic system [20,21], adipose tissues [22,23], and liver [24]. Accordingly, CB1 receptor has been reported to be involved in food intake [25–30], energy expenditure [19,31–33] and fat metabolism [24,34–36].

Corroborating CB1 participation in these processes, it has been reported that CB1 receptor *knockout* (CB1 KO) mice have a leaner body phenotype and are resistant to weight gain when exposed to a high-fat diet compared to *wild-type* animals [37]. It has been suggested that obesity results in a dysregulation of the eCS [38] and increased circulating endocannabinoid levels have been detected in obese men and women [39,40].

Maternal obesity has been linked to offspring nonalcoholic fatty liver disease, diabetes, and obesity among other health conditions [41–43]. However, information regarding eCBs physiology in obesity associated with pregnancy and metabolic outcomes for offspring is limited. Hepatic CB1 activation has been shown to increase the *de novo* synthesis of fatty acids through the induction of lipogenic genes [24]. High-fat diets (HFD) also induce lipogenic gene expression and fatty acid synthesis [44,45]. It has been suggested that HFD increases hepatic AEA mainly due to a reduction in its degradation in adult animals. The exact mechanism involved in this effect remains to be determined since no reduction in FAAH protein expression was observed [24].

The eCS is also present in female reproductive tissues where it participates in physiological and pathophysiological processes [46]. Numerous studies have demonstrated the involvement of CB1 receptors in oviductal embryo transport [47] and uterine receptivity [48]. Whereas low levels of anandamide are required for implantation and trophoblast outgrowth, elevated anandamide concentrations lead to pregnancy failure [49,50]. We have previously shown that CB1 receptor activation mediates the deleterious effects of lipopolysaccharide (LPS) on nitric oxide and prostaglandin production, and subsequent tissue damage during early embryonic loss [51–53]. Similarly, it has been shown that the eCS

induces apoptosis in rat decidual cells [54,55]. We previously found that CB1 KO mice are resistant to LPS-induced embryotoxicity since these mice presented a lower rate of embryonic resorption after LPS administration when compared their *wild-type* counterparts [56].

Here, we show evidence that pregnant CB1 KO mice at gestational day 15 are resistant to LPS-induced pregnancy complications (preterm birth, stillbirth) although this effect is overridden when these mice are exposed to an HFD. Furthermore, the offspring from HFD-fed CB1 KO mothers show higher postnatal weight, decreased hepatic FAAH activity, and increased plasma cholesterol levels at postnatal day 1 when compared to their matched age counterparts born to control diet (CD)-fed CB1 KO mothers. After weaning, these mice were exposed to either a CD or an HFD. We found that the offspring from an HFD-fed CB1 KO mother gained weight faster, presented higher blood cholesterol levels and increased abdominal fat deposits when exposed in adulthood to an HFD when compared to those exposed to a CD. Therefore, our results suggest that CB1 KO mice are resistant to LPS-induced deleterious effects on late pregnancy outcome and that this effect is attenuated when mice are exposed to an HFD. In CB1 KO mice, maternal obesity and an obesogenic postnatal diet have deleterious effects on the offspring, predisposing them to adverse metabolic outcomes, such as the development of obesity and hypercholesterolemia in adulthood.

## 2. MATERIALS AND METHODS

### 2.1 Animals

Female CD1 *wild-type* (WT) and CB1 *knock-out* (KO) mice from our own colony were housed in a standard animal room with food and water *ad libitum*, in controlled

conditions of humidity, temperature ( $21 \pm 2^{\circ}\text{C}$ ), and luminosity (200 lux), under a 12 h light/dark lighting schedule (lights on at 7:00 h). Animals were kindly donated by Professor Tibor Wenger from the University of Semmelweis University, Hungary. Animals were euthanized in a carbon dioxide chamber, and all efforts were made to minimize animal suffering. The experimental procedures reported here were approved by and were carried out in accordance with the Animal Care Committee of the Center for Pharmacological and Botanical Studies, National Research Council, and by the Institutional Committee for the Care and Use of Laboratory Animals (CICUAL) from the School of Medicine, University of Buenos Aires (N° 1163/2016).

## **2.2 Murine model of high fat diet-induced maternal obesity**

A murine obesity model induced by a high-fat diet (HFD) intake was performed as described previously [57]. Briefly, female CD1 WT and CB1 KO mice of 21 days of age were individually housed with food and water *ad libitum* and were randomly allocated into two experimental diet groups: the first one was fed a control diet (CD), that consisted of commercial standard rodent chow (Asociación Cooperativa Argentina), whereas the second one was fed an HFD. The HFD consisted of the standard rodent chow enriched with 30% of saturated animal fat provided by manual supplementation with butter (SanCor Co., Buenos Aires, Argentina). CD provided 1,465 kJ/g while HFD provided 1,837 kJ/g., of which 11.1% and 44.3% of energy were from fat, respectively. Animals were fed the corresponding diet for 5 months and body weight was measured weekly. We validated the success of the obesity mice model according to measurement of the body weight, adipose tissue and, glucose, triglycerides and cholesterol serum levels ( $n=7$ ) as previously described [57]. Thus, we considered that animals were obese when the average body weight difference was statistically significant between CD and HFD fed mice, adipose tissue increased and we were able to



observe changes in at least one of the blood parameters measured, defining 3 months as the time needed for the treatment with the HFD diet to produce obesogenic effects. At this moment, a group of control (n=8) or obese (n=8) females were paired with control CD1 males. Time of pregnancy was determined by visual inspection of the vaginal plug, which was defined as day 0 of pregnancy. Females were maintained with the same diet all through pregnancy and switched to control diet during lactation. The litters were balanced to 7 pups (five females and two males) per mother. During weaning, all pups were weighed weekly, the weights were averaged and then the mean was used for statistical analysis (n=8 dams per group). On day 21 postnatal, 4 female pups of each mother were individually housed with food and water *ad libitum* and were randomly allocated into two experimental diet groups: CD and HFD (2 pups per dam in each group). Animals were weighed weekly; weights of 2 pups per dam were averaged and the mean was used for statistical analysis (n=8 dams per group). CD and HFD diets were the same as the ones received by the mothers.

## 2.2 LPS treatment on day 15 of pregnancy

Female CD1 WT and CB1 KO mice fed with a CD or an HFD (n WT CD= 11, n WT HFD=8, n KO CD=9, n KO HFD=6) were mated with CD1 WT or KO male mice respectively. Mating was confirmed by the appearance of a vaginal plug, which was considered the day 0 of gestation. Mice were injected i.p. on day 15 of pregnancy with a single dose of lipopolysaccharide (LPS, 0.05 µg/g body weight, *Escherichia coli*, 055:B5, Sigma). Animals were monitored twice a day for any signs of vaginal spotting or bleeding from day 15 to 19 of pregnancy. If animals delivered before day 19 of gestation it was count as preterm labor. Females undergoing preterm labor did not retain pups in their uteri. If animals delivered alive pups on day 19, it counted as term labor while the delivery of death pups was counted as stillbirth. All animals that did not deliver on day 19 were euthanized at

day 20 of gestation and intrauterine death was recorded. Adverse pregnancy outcomes such as preterm labor, intrauterine death, or stillbirth were reckoned together as “pregnancy complication”. The beginning of labor was defined by the delivery of the first pup. All of the mice injected with vehicle (sterile saline solution, 100  $\mu$ l i.p.) delivered at term (day 19 of pregnancy) and did not present intrauterine death nor stillbirth.

### **2.3 Blood glucose levels measurement and oral glucose tolerance test**

Blood glucose levels were determined using an Accu-Chek®Performa glucometer (Roche S.A.Q. e l., Buenos Aires, Argentina). After 3 months of feeding with CD or HFD, an oral glucose tolerance test (OGTT) was performed in CB1 KO mice after 8 hours of fasting (n=7). Blood was drawn from the tail vein and glucose levels were monitored at 0, 15, 30, 60, 90 and 120 minutes after intragastric administration of 2 g/kg of dextrose.

Blood glucose levels were measured as well on postnatal day 1 in the offspring from CD (n=8) or HFD (n=8) fed mothers and in adult offspring after 3 months of feeding with the corresponding CD (n=6) or HFD (n=6).

After 8 hours of fasting, adult animals were anesthetized in a carbon dioxide chamber and decapitated to obtain whole blood. In the case of postnatal day 1 pups, the blood from two pups (from the same litter and each experimental group, CD or HFD treated mothers) were pooled. Blood samples were centrifuged at 2000 x g for 15 at room temperature to obtain the serum. Serum samples were stored at -80 C until used.

### **2.4 Blood total cholesterol and triglycerides level measurement**

Blood total cholesterol and triglycerides levels were assessed using enzymatic colorimetric commercial kits following manufacturer’s instructions (Wiener Lab., Rosario, Argentina). These parameters were measured in female CB1 KO mice after 3 months of

feeding with CD (n=7) or HFD diet (obese females, n=7), on postnatal day 1 in the offspring from CD (n=8) or HFD (n=8) treated mothers and in adult female offspring after 3 months of feeding with the corresponding CD (n=6) or HFD (n=6). The procedure for obtaining blood is described above.

## 2.5 Protein extraction and Western Blot

For the hepatic determination of FAAH protein levels, two livers from offspring on postnatal day 1 (from the same litter and each experimental group, CD or HFD treated mothers, n=4) were pooled and homogenized (Ultra Turrax, T25 basic, IKA Labortechnik, Staufen, Germany) in 200  $\mu$ l of homogenization buffer (10 mM HEPES, 0.4 mM KCl, 1X cocktail of protease inhibitors, 10  $\mu$ M DTT, 10  $\mu$ M leupeptin, 0.2% v/v PMSF) and left on ice for 20 min. Next, the homogenates were centrifuged at 14000 x g for 10 min at 4°C and the supernatants were transferred to a new tube. Protein concentration was determined by Bradford assay [58] and supernatant were stored at -80°C until further use. Samples containing 40  $\mu$ g of protein were loaded in each lane, separated by electrophoresis in 12% SDS-PAGE gel and transferred to a 0.45  $\mu$ m nitrocellulose membrane. Non-specific binding sites were blocked by incubating the membrane with 5% skim milk in 1X phosphate-buffered saline (PBS) for 1 h. Next, membranes were incubated with the primary anti-FAAH antibody (1:500) overnight at 4°C. FAAH antibody was a kind gift from Dr. Benjamin Cravatt (The Scripps Research Institute at La Jolla, CA, USA). The next day, membranes were washed with 0.1% T-PBS (10 mM Tris, 100 mM NaCl and 0.1% Tween 20, pH 7.5) and incubated with the appropriate specie-specific HRP-conjugated secondary antibodies (1:5000; Jackson Laboratory, USA) for 1 h at room temperature. Membranes were developed by chemiluminescence. Images of immunoreactive bands were acquired using the ImageQuant blot documentation instrument (ECL Western Blotting Analysis System; GE

Healthcare, UK) and analyzed using the Image J software package. The relative protein level was normalized to  $\beta$ -actin (Sigma Chemical Co.; St Louis, MI, USA) and results are expressed as relative optical density (FAAH/ $\beta$ -actin).

## 2.6 Determination of fatty acid amide hydrolase (FAAH) activity

For the hepatic determination of FAAH activity liver from adult KO CB1 female mice fed with CD or HFD (n=6) or two livers from offspring on postnatal day 1 (from the same litter and each experimental group, CD1 WT and CB1 KO mothers fed with a CD or an HFD, n=6) were homogenized (Ultra Turrax, T25 basic, IKA Labortechnik) in Tris-HCl 20 mM (pH 7.6) buffer containing EDTA 1 mM. Protein concentration was determined by Bradford assay [58]. FAAH (EC 3.5.1.4) activity was assayed as described by Paria et al. (1996) [59]. Briefly, 100 mg of protein were incubated at 37°C for 15 min in 200  $\mu$ l Tris/HCl 50 mM (pH 8.5) buffer with 100 mM [ $^3$ H]-AEA and 20 nmol AEA. The reaction was stopped adding a mix of chloroform:methanol (1:1 v/v). The aqueous phase was washed twice with chloroform. Each organic phase was dried and resuspended in chloroform and was plated on silica TLC plates Gel 60. The silica TLC plate was divided into different lanes, and each organic phase was resolved in a solvent system of ethyl acetate:hexane:acetic acid:distilled water (100:50:20:100 v v-1) mixture. The plate was exposed to iodine to identify and demark five zones, with the second and fourth corresponding to hydrolyzed arachidonic acid (AA) and AEA respectively (we selected the zones in accordance with the co-migration with AEA and AA standards). The distribution of radioactivity on the plate was counted in a scintillation counter by scraping off the corresponding five zones. The area of each radioactive peak corresponding to AA (zone 2) was calculated and expressed as a percentage of the total radioactivity of the lane (zone 1 to 5). Enzyme activity is reported as nmol [ $^3$ H]-AA/h/mg protein.

## 2.7 Data analysis and statistical procedures

In all cases the experimental unit was the mother that was assigned to each experimental group in a complete randomized manner. When the offspring from CD-fed or HFD-fed mothers was analyzed, animals were assigned to CD or HFD in a complete randomized manner. Body weight, food intake and OGTT were analyzed by two-way ANOVA (diet and time) with repeated measures. The assumptions of normality, homogeneity of variances, and sphericity were assessed by Shapiro–Wilks test, Levene test, and Mauchly test, respectively. The results of blood glucose, total cholesterol and triglycerides levels, adipose tissue weight, success rate for getting pregnant, FAAH activity, and protein levels were analyzed by one-way ANOVA (diet). The assumptions of normality and homoscedasticity were assessed by the Shapiro–Wilks test and the Levene test, respectively. Comparisons were made with the Tukey post hoc test. Means with a different letter are significantly different ( $p < 0.05$ ). **Statistical differences in pregnancy complications rates between groups were analyzed by Fisher's test** ( $p < 0.05$ ). Statistical analyzes were performed using the statistical program Infostat (FCA, University of Cordoba, Argentina).

## 3. RESULTS

### 3.1 HFD induces obesity in CD1 CB1 KO mice

First, we analyzed the effect of an HFD (44.3% kcal from fat) on the weight gain vs. a CD in CB1 KO mice. We observed that the HFD induced a higher weight gain than the CD from the second month onwards (Figure 1A). Since HFD-induced obesity could be related to changes in nutritional behavior, we measured the food intake during the first three months of feeding with CD or HDF of CB1 KO mice. Interestingly, mice fed with CD consumed more food (grams per day) than mice fed with HDF (Figure 1B). Paradoxically, even though HDF

has a higher caloric content than CD, mice fed with both diets consumed an equal number of kilojoules per day (Figure 1C). Since obesity has been associated with increased insulin resistance and type-2 diabetes, we proceeded to perform an oral glucose tolerance test (OGTT) to CB1 KO mice fed with CD or HDF. As shown in Figure 1D, CB1 KO mice fed with HDF presented no alterations in glucose metabolism, since their OGTT curve was similar to that obtained in CD-fed mice. Next, in order to evaluate fat tissue distribution, we weighted abdominal, gonadal, and retroperitoneal adipose tissue depots as well as the spleen as a control. A representative photograph of the increase in fat tissue is shown in Figure 1E. In addition, we evaluated blood glucose, triglycerides, and total cholesterol levels. As shown in Table 1, female CB1 KO mice showed increased blood cholesterol levels after being fed for three months with an HFD. Since HFD has been shown to increase the circulating levels of endocannabinoids [45], we next studied whether HFD-fed mice could also have an altered hepatic endocannabinoid metabolism when compared to CD-fed mice. We measured the activity of the fatty acid amide hydrolase (FAAH), a major endocannabinoid catabolic enzyme, and found no differences between CB1 KO mice fed during three months with CD or HDF (Figure 1F).

### **3.2 Obesity alters CB1 KO mice resistance to LPS-induced pregnancy complications**

In order to explore the consequences of obesity in CB1 KO pregnant mice, we firstly explored the weight gain rate of pregnant animals fed with either CD or HFD. As shown in Figure 2A, CB1 KO mice were fed for three months with CD or HFD before mating and they continue with the same diet throughout the course of pregnancy. Despite the initial difference in weight at day 0 of pregnancy (the day of appearance of a vaginal plug), the weight gain rate was similar between pregnant CB1 KO mice fed with CD or HDF on days 7, 14 and 18

of pregnancy. Furthermore, we did not find differences in success rate for getting pregnant (CD-fed mice:  $88 \pm 5\%$ ; HFD-fed mice:  $81 \pm 5\%$ ;  $p > 0.05$ ), pregnancy length ( $19 \pm 0$  days for both groups) and litter size (CD-fed mice:  $11 \pm 2$ ; HFD-fed mice:  $11 \pm 1$ ) between control and obese mothers.

Since previous reports from our lab showed that CB1 KO mice are more resistant to LPS-induced embryonic resorption on day 7 of pregnancy [48], we sought to compare the effects of the endotoxin on pregnancy outcome on WT and CB1 KO mice fed with CD. As shown in Figure 2B, when CD-fed WT mice were exposed to a dose of LPS ( $0.05 \mu\text{g/g}$ ) on day 15th of gestation, 73% of them presented pregnancy complications (preterm delivery and/or fetal death). However, only 22% of LPS-treated CD-fed CB1 KO mice presented these complications, suggesting that CB1 KO mice are resistant to LPS-induced deleterious effects on pregnancy outcome. Next, we evaluated the effects of obesity on LPS-induced preterm birth, stillbirth, or intrauterine death to WT and CB1 KO mice fed with HFD. As shown in Figure 2B, LPS-treated HFD-fed WT mice presented a similar percentage of pregnancy complications (75%) than their lean counterpart. Interestingly, LPS-treated HFD-fed CB1 KO mice showed an increase in pregnancy complications (50%) when compared to their CD-fed KO counterpart (22%), suggesting that obesity negatively alters the susceptibility to the endotoxin in CB1 KO mice. In fact, when the statistical analysis was performed, HFD-fed CB1 KO mice complication rate were similar to the observed in WT CD mice, (50% vs 75%, respectively,  $p > 0.05$ ), meaning that HFD feeding reversed the resistance to LPS-induced adverse pregnancy outcome found in mice lacking CB1 fed with a CD.

### **3.3 Maternal obesity increases weight gain and produces metabolic changes in the offspring**

It has been previously shown that maternal obesity has a negative impact on the offspring. Therefore, our next aim was to evaluate the changes induced by maternal obesity on metabolic and physiological parameters in the offspring. First, we studied the weight gain rate in the offspring from CB1 KO mice fed with CD or HFD. We found that pups from HFD-fed mice weighed more than those from CD-fed mothers since postnatal day-1 and the difference remained up until weaning (Figure 3A). When metabolic parameters were measured at postnatal day-1, we found that pups from HFD-fed CB1 KO mice presented higher blood cholesterol levels than those from CD-fed CB1 KO mothers (Table 2). Since the eCS has been shown to play an important role in the metabolism of lipids, we decided to analyze the FAAH protein expression in the liver of pups from CD-fed or HFD-fed CB1 KO mothers and we did not find differences (Figure 3B). Furthermore, we analyzed FAAH activity in the liver of pups from CD-fed or HFD-fed born to WT and CB1 KO mothers to evaluate not only the possible effect of the mother's diet but also the effect of the lacking the CB1 receptor on this parameter. Interestingly, WT animals born to control mothers presented lower levels of FAAH activity when compared to CB1 KO from CD-fed mother ( $66.28 \pm 10.05$  vs.  $129.8 \pm 6.43$  nmol [3H]-AA/h/mg protein, respectively;  $p < 0.05$ ). Although in WT animals we did not observe differences regarding mother's diets ( $66.28 \pm 10.05$  vs.  $72.51 \pm 8.44$  nmol [3H]-AA/h/mg protein, CD and HFD respectively;  $p > 0.05$ ), CB1 KO mice FAAH activity was lower in the liver from pups from HFD-fed mothers compared to pups from CD-fed CB1 KO mothers (Figure 3C), suggesting that the lack of CB1 receptor influences the offspring eCS changes that can be provoked by maternal obesity.

#### **3.4 Maternal obesity has long-lasting effects on the offspring weight gain after they are exposed to an HFD.**



In order to study the effects of maternal obesity on later stages of life, we fed adult offspring from CD-fed or HFD-fed mothers for three months with the same CD or HFD. We found that when fed with CD, adult offspring from CD-fed and HFD-fed CB1 KO mother did not differ in the weight gain rate (Figure 4A). However, when fed with HFD, adult offspring from HFD-fed CB1 KO mothers showed an increased weight gain rate when compared to those from CD-fed CB1 KO mothers (Figure 4B). Although we did not find differences on this parameter between offspring born to CD-fed mothers after 3 months of feeding with a CD or an HFD ( $35.69 \pm 0.51$  g vs.  $37.34 \pm 2.56$  g, respectively;  $p > 0.05$ ) when we calculated the weight gain relative to the offspring weight on day 21 (i.e. when animals were randomly allocated into the two experimental diet groups) we observed a difference statistically different between these groups ( $142.91 \pm 4.44$  % vs.  $184.56 \pm 16.56$  %, respectively;  $p < 0.05$ ), demonstrating that the HFD had an effect on the weight on offspring born to a CD-fed mother. We believe that we could not observe differences in the weight at 3 months since animals presented differences in the weight on day 21 ( $14.72 \pm 0.35$  g vs.  $13.17 \pm 0.52$  g, respectively;  $p < 0.05$ ). This increase in weight gain was accompanied by an increase in abdominal adipose tissue (Figure 4C). We compared the adiposity between offspring born to CD-fed mothers after 3 months of feeding with a CD or an HFD ( $0.95 \pm 0.29$  g vs.  $1.15 \pm 0.26$  g;  $p > 0.05$ ; respectively) and we did not find statically significant differences. Since we did not analyze other fat pads, such as gonadal and retroperitoneal adipose tissues, we believe that we may be missing other changes provoked by HFD on adiposity. Furthermore, when fed with HFD, adult offspring from HFD-fed CB1 KO mother showed higher blood cholesterol levels than those from CD-fed mother (Table 3). Overall, these results suggest that maternal obesity has long-lasting effects on the offspring's response to exposure to an HFD in CB1 KO mice.

#### 4. DISCUSSION

In this study, we investigated the effect of HFD-induced maternal obesity on gestation and on the offspring in CB1 KO mice. We found that obese CB1 KO mice were more susceptible to LPS-induced pregnancy complications than CB1 KO mice fed with a control diet. Interestingly, CB1 KO mice were resistant to LPS-induced pregnancy complications when compared to their *wild-type* counterparts. Furthermore, the offspring from HFD-fed CB1 KO mothers were more susceptible to metabolic changes in adulthood when exposed to an HFD, suggesting that the lack of CB1 receptor does not prevent the fetal programming induced by maternal obesity.

Even though C57BL/6N CB1 KO mice have been reported to be resistant to developing obesity when exposed to a high-fat highly palatable [34], we found that our HFD-fed CD1 CB1 KO mice showed increased weight gain when compared to the CD-fed CB1 KO mice. A possible explanation for this discrepancy could be due to the murine strains used. Whilst mice used in Cota et al. (2003) were in a mixed genetic background [34,60], with a predominant C57BL/6N contribution, the strain used in this work, CD1, is not a hybrid strain. These differences in the genetic background could explain the fact that we observed weight gain in CB1 KO mice fed with a HFD together with an increase in fat tissue distribution and blood cholesterol levels. It is important to point out that not only the murine strain used was different but also the diet treatment and the mice sex chosen for this study. Interestingly, we did not observed changes in gestational parameters (such as pregnancy length and litter size) between CD-fed and HFD-fed CB1 KO mice. We reported a similar observation with CD1 WT mice [49], which contrasted with the results from Kamimae-Lanning et al., [61] who found that C57BL/6J CD45.2 mice presented a reduced litter size when exposed to an HFD.

Differences in genetic background and diet composition could account for these discrepancies [62][54].

As we mentioned previously CB1 receptors participate in key physiological events [46]. Furthermore, CB1 receptors have been reported to mediate LPS-induced tissue damage [51–55]. Accordingly, we have previously shown that CB1 protein levels were upregulated in a murine model of preterm labor induced by LPS [63] and that CB1 KO mice were resistant to LPS-induced early pregnancy loss [56]. Therefore, we hypothesized that CB1 KO would be resistant to LPS-induced pregnancy complications. Indeed, when compared to their CD-fed WT counterparts, CD-fed 15-days-pregnant CB1 KO mice showed a lower percentage (73% vs. 23% respectively,  $p < 0.05$ ) of pregnancy complications (stillbirth, preterm delivery) after a systemic administration of LPS. However, when CB1 KO mice at gestational day 15 were exposed to an HFD, the protective effect of lacking CB1 receptor was partially lost and the percentage of pregnancy complications, when exposed to LPS, increased to 50%. Despite the fact that we did not find a statistically significant difference between CD-fed CB1 KO mice at gestational day 15 when compared to HFD-fed CB1 KO mice at gestational day 15 regarding pregnancy complications rate, we believe that this difference is nevertheless biologically relevant. It is important to highlight that, in CB1 KO mice, the high fat diet reversed the resistance to LPS-induced adverse pregnancy outcome, which is indeed supported by the statistical analysis of results. It is well known that obesity is associated with a state of chronic low-level inflammation [56]. Based on our results, we speculate that the inflammatory state of CB1 KO HFD-fed mothers due to obesity could be impairing the immune system. In this sense, Miranda et al. [2019] [64] have shown that male C57Bl/6J mice fed with an HFD present more pro-inflammatory macrophages infiltration in epididymal fat compared to the animals fed with the control diet, as well as increased plasma levels of IFN- $\gamma$ , an important inflammatory mediator. These observations highlight that a proper

balance between metabolism and the immune response is crucial for health. Interestingly, obesity has been recently reported to be associated with intestinal barrier disruption and altered gut microbiota [65,66]. Changes in microbial community and increased permeability to bacterial metabolic products and/or endotoxins results in a chronic inflammatory status with higher levels of circulating LPS and pro-inflammatory cytokines, a phenomenon known as “metabolic endotoxemia” [67–69]. Furthermore, it has been demonstrated that obesity is also associated with increased levels of endocannabinoids in plasma and adipose tissue together with changes in CB1 receptor expression [39,70]. Interestingly, Mehrpouya-Bahrami et al. (2017) [71] have recently reported that CB1 receptor blockade with SR14178A ameliorated diet-induced obesity by attenuating inflammation and restoring gut microbiota in mice. One caveat of our study is that we did not assess the possible changes in tissue or blood inflammatory markers, nor in gut microbiota when CB1 KO mice are exposed to an HFD compared to CD-fed CB1 KO mice. We could speculate that exposure to an HFD alters gut microbiota in CB1 KO mice, which triggers metabolic endotoxemia and a systemic pro-inflammatory status. When these mice are subsequently exposed to an injection of LPS, the putative resistance to the endotoxin in CB1 KO mice is overcome and pregnancy complications occur at higher rates. Furthermore, we speculate that CB1 independent mechanisms may influence inflammation and gut barrier dysfunction in the mice used in this work, which lack CB1 receptors. Deveaux et al. (2009) [72] have revealed that CB2 potentiates obesity-associated comorbidities via an impact on inflammation, insulin resistance, and fatty liver. Given the complementary functions of CB1 and CB2, we cannot discard the existence of compensation mechanisms through CB2 against the lack of CB1 receptors. Moreover, CB2 is expressed by immune and epithelial cells in the gastrointestinal tract [73]. In addition, it has been shown that chronic stress and antibiotic-induced dysbiosis up-regulated CB2 mRNA levels in the gastrointestinal tract [74].

*In utero* exposure to an adverse environment programs changes in the offspring that may be the origin of several diseases later in life, including metabolic alterations and proneness to obesity. Recently, Chang et al. (2019) [75] have demonstrated that prenatal and pregnancy windows have independent programming effects on offspring. However, both affect descendant health, either changing body composition and adiposity, or producing effects on the metabolism and tissue immune cell phenotypes. Interestingly, we found that the offspring from HFD-fed CB1 KO mothers presented increased weight and higher serum levels of cholesterol. The liver plays a pivotal role in all metabolic processes in the body, especially in fat metabolism. There is evidence that maternal high-fat diet increases susceptibility to the development of steatosis in the offspring [76]. On the other hand, eCBs appear to be involved in several aspects of acute and chronic liver disease [77]. Furthermore, an HFD increases hepatic levels of the endocannabinoid anandamide (AEA) [24]. A delicate balance between AEA synthesis and degradation (mainly regulated by the FAAH enzyme) is necessary to ensure an appropriate 'AEA tone' in tissues [78]. We observed a decreased liver FAAH activity, without changes in its protein expression at postnatal day 1 when compared to those born to CD-fed CB1 KO mothers. This change could impact key metabolic pathways which could have severe short- and long-term consequences in hepatic metabolic functions. It is important to highlight that the changes observed on FAAH activity on livers from CB1 KO offspring on postnatal day 1 not only are influenced by the maternal diet but also by the lacking of the CB1 receptor since in WT animals we did not find differences regarding diets but WT animals presented lower levels of FAAH activity when compared to CB1 KO mice. These observations are intriguing since it has been reported that AEA decreases fatty acid synthesis in rat hepatocytes through a cannabinoid receptor-independent mechanism [79]. It remains to be determined whether the lower enzymatic activity of FAAH in the liver of the offspring from HFD-fed CB1 KO mothers has a negative impact later on during adulthood.

Nevertheless, this change could impact key metabolic pathways which could have severe short- and long-term consequences during development.

Maternal overnutrition during the gestational period has been associated with deleterious metabolic outcomes in the offspring in several animal models [9,80–82], and epidemiological data strongly suggest that something similar occurs in humans [83]. One of the long-term negative consequences of maternal obesity in the metabolism of the offspring is a greater susceptibility to high-fat diets in adulthood [9]. When we exposed, after weaning, the offspring from CD-fed or HDF-fed CB1 KO mothers to a control diet, we found that both groups gained weight in a similar fashion. However, when the offspring from CD-fed or HDF-fed CB1 KO mothers were exposed, after weaning, to a high-fat diet, those born to an HDF-fed CB1 KO mother showed a significantly higher weight gain than those born to a CD-fed CB1 KO mother. Furthermore, they also presented increased blood cholesterol levels and the abdominal adipose tissue accumulation was also significantly higher. Collectively, our data suggest that the long-term adverse metabolic changes produced in the offspring due to maternal obesity could be triggered by an obesogenic diet. In animal models of fetal programming, maternal nutrition impact on the offspring's food preference in adulthood [9,12,13]. Clinical evidence suggests that early life nutrition have an impact later on food preference, with maternal diet contributing to predispose their children to highly palatable, high-energy foods [10,11].

There are several reports that show that the effects of fetal programming against harmful stimuli differ depending on the biological sex of the offspring [84–86]. Furthermore, it has been shown that AEA levels vary between sexes in rodents. Specifically, female mice have been shown to have higher brain AEA levels than males [87,88], although these differences seem to be brain region-specific [89]. However, this situation changes depending on the tissue evaluated since, in the liver, there are lower AEA levels but higher CB1 protein

expression in female mice than in male mice [90]. Additionally, diet-induced obesity models also seem to differently affect male and female mice, with an *ad libitum* HFD showing a profound impact on brain AEA levels in males but not in females [91]. Further characterization of sex differences of the eCS and a better understanding of the mechanism underlying sexual dimorphism regarding obesity is required in the next years. Since we only evaluated female offspring during adult life in the present work, we cannot rule out the possibility of male offspring presenting a different programming effect.

Any stimulus or insult at a critical period of embryonic and fetal development can result in developmental adaptations that produce permanent structural, physiological and metabolic changes, thereby predisposing an individual to cardiovascular, metabolic and endocrine disease in adult life. Our results in CB1 KO mice provide evidence linking the maternal obesity with metabolic disorders in offspring. In the absence of the CB1 receptor, obese mothers have obese offspring when prenatal and postnatal nutritional supply is high in fat. Moreover, our work contributes to demonstrate that the eCS may influence the outcome induced by an obesogenic environment. Specifically, maternal obesity changed the liver FAAH activity only in the newborn offspring lacking CB1, which may impact the endocannabinoid levels in certain organs. This reinforces the hypothesis of "nutritional programming" or obesity "programmed" by early life insults. Understanding the role and mechanism of fetal programming, which has a negative impact on future health, has important academic value in finding intervention strategies.

## **DECLARATIONS OF INTEREST**

None.

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## AUTHOR CONTRIBUTIONS

MVB contributed to conceptualization, methodology, investigation, formal analysis, writing-original draft preparation, editing and visualization. FC provided resources, contributed to writing- original, review, editing and visualization. APDR contribute to formal analysis. JAS contributed to review, editing and visualization. MLW, and MC contributed to investigation. JA and AMF contributed to conceptualization, methodology, supervision and visualization. AMF provided resources and funding acquisition.

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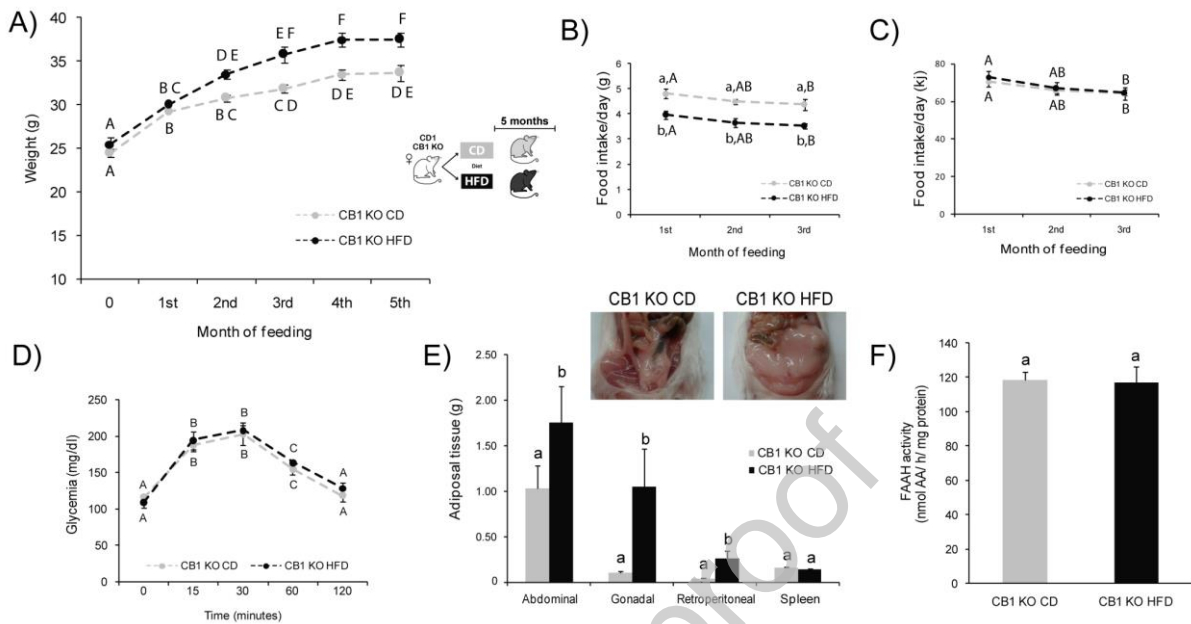
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## FIGURE AND TABLE LEGENDS

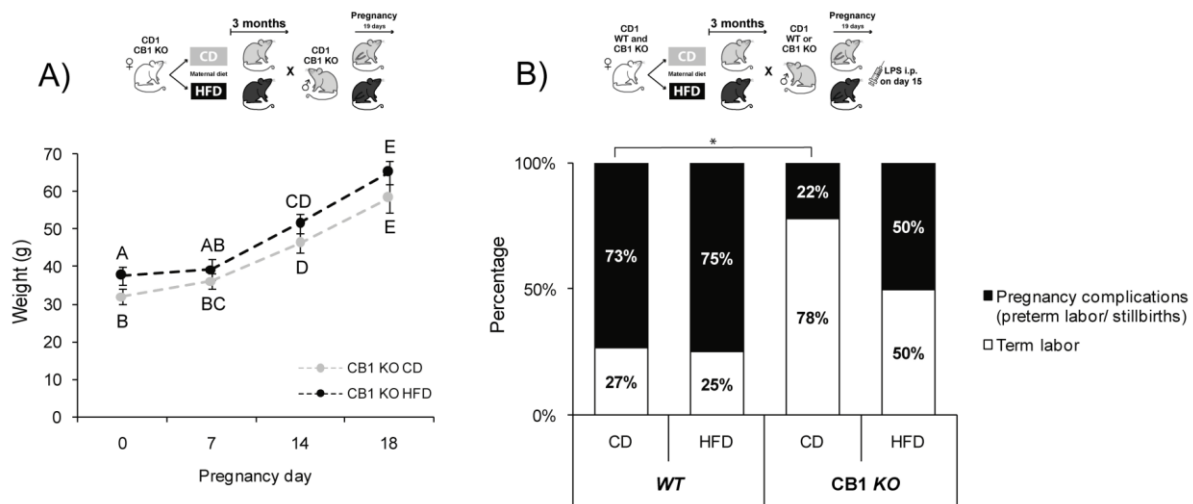
**Figure 1. Model of high fat diet-induced obesity in CB1 KO mice.** **A)** Body weight of CB1 KO mice fed with CD or HFD during 5 months (n=7). Two-way ANOVA with repeated measures ( $p < 0.05$ ). Means with different letters are significantly different (Interaction between time and diet). **B)** Food intake of CB1 KO mice fed with CD or HFD during 3 months by grams per day (n=7). Two-way ANOVA with repeated measures ( $p < 0.05$ ). Means with different capital letters are significantly different between times and means with different lower-case letters are significantly different between diets. **C)** Food intake of CB1 KO mice fed with CD or HFD for 3 months by kilojoules per day (n=7). Two-way ANOVA with repeated measures ( $p < 0.05$ ). Means with different capital letter are significantly different between times. **D)** OGTT of CB1 KO mice (n=7). Two-way ANOVA with repeated measures ( $p < 0.05$ ). Means with different capital letters are significantly different between times. **E)** Weight of abdominal, gonadal, and retroperitoneal adipose tissue and spleen of CB1 KO mice (n=7) and representative images of abdominal adipose tissue accumulation. **F)** Hepatic FAAH activity of CB1 KO mice (n=6). Measurement in **D)**, **E)** and **F)** were performed after 3 months of feeding with CD or HFD. One-way ANOVA ( $p < 0.05$ ). Means with different letters are significantly different. Data are shown as mean  $\pm$  S.E.M. WT: wild



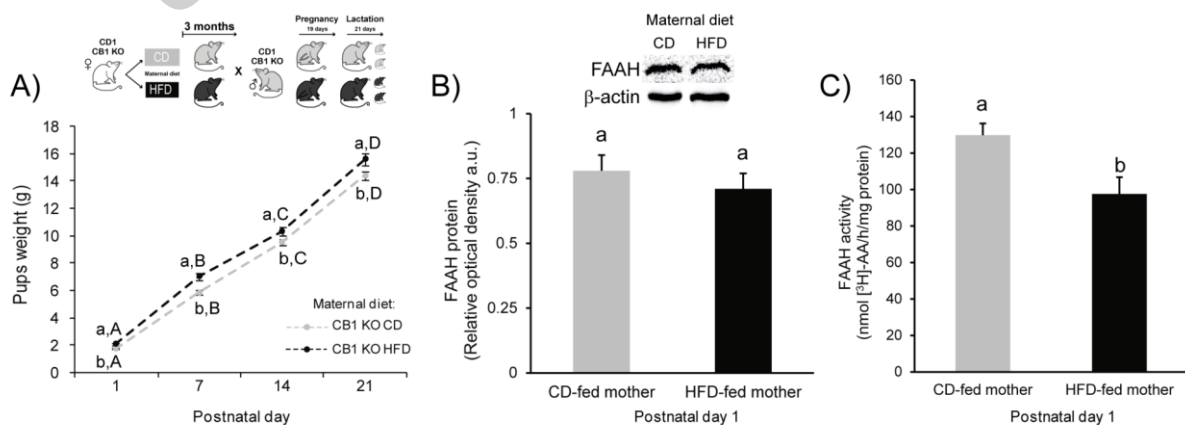
type mice. CB1 KO: cannabinoid receptor 1 *knock-out* mice. CD: control diet. HFD: high-fat diet. pnd: postnatal day. AA: arachidonic acid.



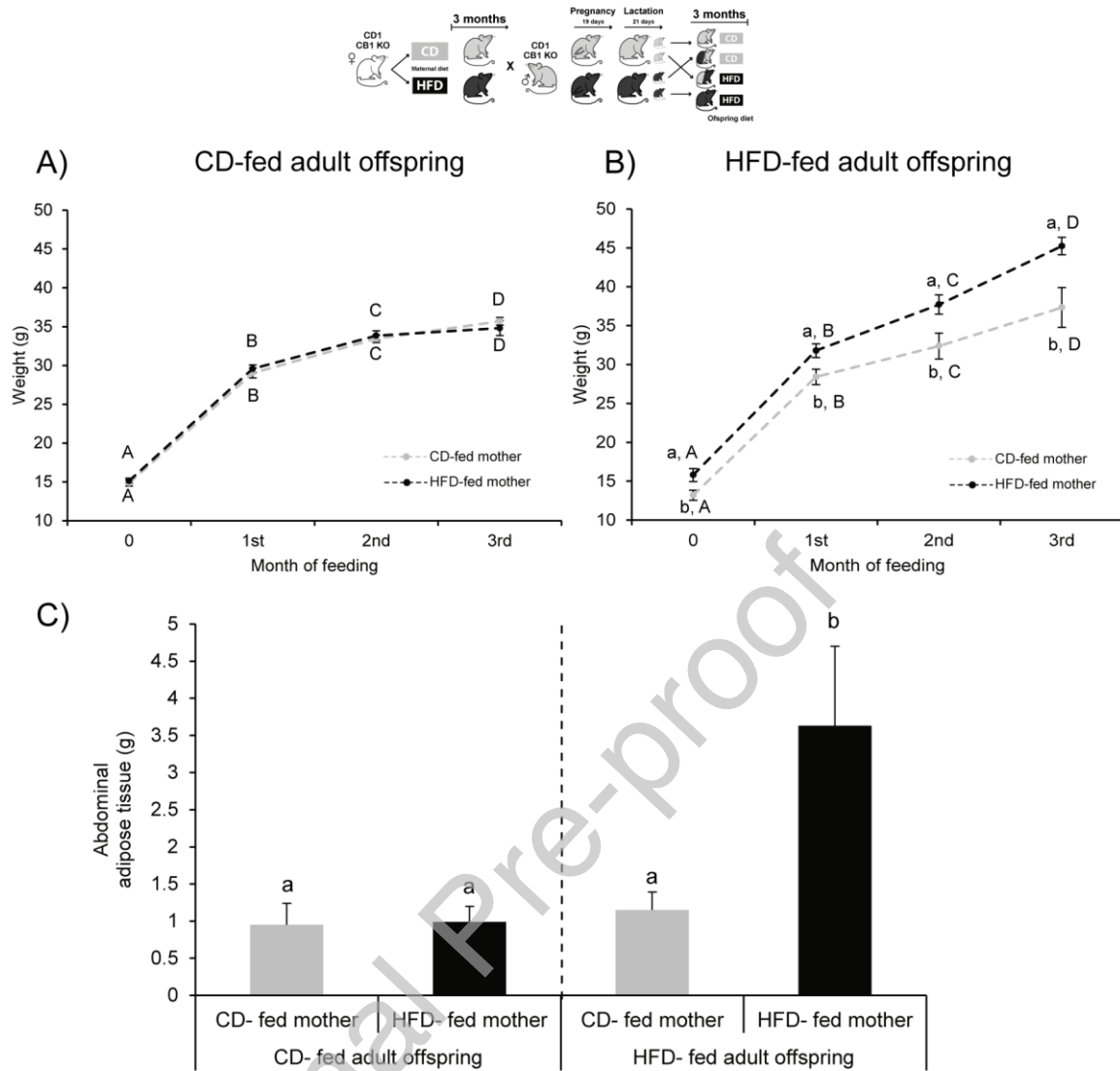
**Figure 2. Effect of maternal obesity and inflammation on pregnancy. A)** Body weight of CB1 KO mice fed with CD or HFD during pregnancy (n=6). Data are shown as mean  $\pm$  S.E.M. Two-way ANOVA with repeated measures ( $p < 0.05$ ). Means with different letters are significantly different. **B)** Percentages of term labor and pregnancy complications after an LPS injection (i.p., 0.05  $\mu$ g/g body weight) at gestational day 15 (WT CD n = 11, WT HFD n = 8, KO CD n = 9, KO HFD n = 6). \*Indicates statistically significant differences ( $p < 0.05$ ), Fisher test. WT: wild type mice. CB1 KO: cannabinoid receptor 1 *knock-out* mice. CD: control diet. HFD: high-fat diet. pnd: postnatal day. n: total sample size.



**Figure 3. Effect of maternal obesity on offspring weight and on hepatic FAAH protein levels and activity.** **A)** Body weight on postnatal days 1, 7, 14, and 21 from offspring born to control or obese CB1 KO mothers (n=8 dams per group). Data are shown as mean  $\pm$  S.E.M. Two-way ANOVA with repeated measures ( $p < 0.05$ ). Means with different capital letters are significantly different between times and means with different lower-case letters are significantly different between. **B)** Representative gel and densitometry analysis of western blot of FAAH protein (n=4) and **C)** FAAH activity on livers from postnatal day 1 offspring born to control or obese CB1 KO mothers (n=6 animals per group). Data are shown as mean  $\pm$  S.E.M. One-way ANOVA ( $p < 0.05$ ). Means with different letters are significantly different. CB1 KO: cannabinoid receptor 1 *knock-out* mice. CD: control diet. HFD: high-fat diet. pnd: postnatal day. AA: arachidonic acid.



**Figure 4. Effect of maternal obesity on CB1 KO adult offspring fed with CD or HFD for 3 months.** **A)** Body weight of CD-fed adult offspring born to control or obese CB1 KO mothers (n=6 dams per group). Data are shown as mean  $\pm$  S.E.M. Two-way ANOVA with repeated measures ( $p < 0.05$ ). Means with different capital letters are significantly different between times. **B)** Body weight from HFD-fed adult offspring born to control or obese CB1 KO mothers (n=6 dams per group). Data are shown as mean  $\pm$  S.E.M. Two-way ANOVA with repeated measures ( $p < 0.05$ ). Means with different capital letters are significantly different between times and means with different lower-case letters are significantly different between diets. **C)** Weight of abdominal adipose tissue from CB1 KO adult offspring (born to control or obese CB1 KO mothers) after 3 months of being fed with CD (n=5) or HFD (n=6). Data are shown as mean  $\pm$  S.E.M. One-way ANOVA ( $p < 0.05$ ). Means with different letters are significantly different. CB1 KO: cannabinoid receptor 1 *knock-out* mice. CD: control diet. HFD: high-fat diet. pnd: postnatal day.



## TABLES

		Blood parameter		
		Glucose	Triglycerides	Cholesterol
Female CB1 KO mice	CD	114.3 ± 8.5	83.6 ± 7.7	79.4 ± 5.5 <sup>a</sup>
	HFD	127.8 ± 5.9	99.1 ± 7.5	109.8 ± 8.7 <sup>b</sup>

**Table 1. Blood metabolic parameters measured in CB1 KO mice fed with CD or HFD for 3 months.** Blood glucose, triglycerides, and total cholesterol levels (n=7). Data are shown as mean ± S.E.M. One-way ANOVA (p< 0.05). Means with different letters are significantly

different. CB1 KO: cannabinoid receptor 1 *knock-out* mice. CD: control diet. HFD: high-fat diet.

		Blood parameter		
		Glucose	Triglycerides	Cholesterol
Postnatal day 1 offspring	Maternal diet CD	73.8 ± 4.8	119.4 ± 8.9	65.4 ± 2.1 <sup>a</sup>
	HFD	81.0 ± 2.0	151.4 ± 20.1	79.8 ± 2.6 <sup>b</sup>

**Table 2. Blood metabolic parameters measured in CB1 KO pups on postnatal day 1 born to control or obese mothers.** Blood glucose, triglycerides, and total cholesterol levels (n=8 dams per group). Data are shown as mean ± S.E.M. One-way ANOVA (p< 0.05). Means with different letters are significantly different. CB1 KO: cannabinoid receptor 1 *knock-out* mice. CD: control diet. HFD: high-fat diet.

		Blood parameter			
		Glucose	Triglycerides	Cholesterol	
<b>A</b>	CD-fed adult offspring	Maternal diet CD	120.7 ± 10.7	81.1 ± 8.4	95.1 ± 11.7
		HFD	114.2 ± 6.3	75.0 ± 5.2	94.1 ± 8.7
<b>B</b>	HFD-fed adult offspring	CD	130.6 ± 8.6	133 ± 12	104.0 ± 4.9 <sup>a</sup>
		HFD	123.2 ± 5.2	138.4 ± 12.3	133.8 ± 4.1 <sup>b</sup>

**Table 3. Blood metabolic parameters measured in adult offspring.** Blood glucose, triglycerides, and total cholesterol levels from mice born from control or obese mothers after 3 months of being fed with **A**) CD (n=6 dams) and **B**) HFD (n=6 dams). Data are shown as mean ± S.E.M. One-way ANOVA (p< 0.05). Means with different letters are significantly different. CB1 KO: cannabinoid receptor 1 *knock-out* mice. CD: control diet. HFD: high-fat diet.

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