IJN Iranian Journal of Neonatology



OpenOriginal ArticleEffects of Maternal Immune System Status on Neonate'sImmune System

Mohammad Khosravi^{1*}, Kaveh Khazaeel¹, Mahmood Khaksary Mahabady^{1,2}, Mohammad Amin Behmanesh³

1. Department of Pathobiology, Faculty of Veterinary Medicine, Shahid Chamran University of Ahvaz, Ahvaz, Iran

2. Anatomical Sciences Research Center, Institute for Basic Sciences, Kashan University of Medical Sciences, Kashan, Iran

3. Department of Histology, Faculty of Medicine, Dezful University of Medical Sciences, Dezful, Iran

ABSTRACT

Background: This study evaluated the effects of the maternal immune system stimulation or suppression during the pregnancy on the development of the neonate's immune system.

Methods: A total of 20 female rats were divided into four groups. The groups were treated using *Leishmania major*, *Salmonella typhimurium*, Tacrolimus, and sterilized normal saline. The animals were mated after 3-time treatments. The neonate's humoral immune response, total body, thymus, liver, spleen weight, and histology were determined in this study.

Results: The spleen's mean weight of the two-month-old samples showed a significant reduction in the *Salmonella* group; in addition, the Tacrolimus group had a significant reduction in liver mean weight. The *Salmonella* and Tacrolimus groups showed a significant reduction ($P \le 0.05$) in the anti-sheep red blood cells antibody titer.

Conclusion: Stimulation or suppression of the immune responses during the pregnancy has significant effects on the neonate's immune responses, spleen, liver, and thymus development.

Keywords: Immune response, Maternal, Neonate, Rat

Introduction

According to a previous common belief, a fetus has a pre-programmed nature that intakes its nutritional requirements from their maternal body. Genetics was the only basis for developments in this hypothesis (1). The recent researches declare the obscure topics. Nowadays, scientists approved the effects of the uterus microenvironments on cell proliferation, organ differentiation, and development of the various organs. The minor changes of the uterus niche could cause noticeable anatomical abnormalities, especially during the formation of the germ layer and organogenesis (1). The epigenetic forces and fetus developmental stage determine the type and level of the morphological defects (2). Altogether, the elements that form the uterus microenvironments would determine the healthiness of the fetus.

However, placenta and amniotic sac as

barriers separating physically the mother and fetus have local and systemic associations in the decidua and intervillous space, respectively (3). The previous researchers observed the various elements, including hormones and cytokines in the uterus and the fetus setting (4). The maternal immune system is the main player of the uterus niche formation (5). Other evidence approved the noted objects, microbial infection, stress. and other environmental factors. Maternal immune response deviation could regulate the development and functional maturation of the fetal immune system (4, 6). Fetus development is highly dependent on both exogenous and endogenous signals, and the effects of any change concerning the gestational age can persist over the life course (7). Inappropriate activation of the maternal immune system may cause some developmental

* Corresponding author: Mohammad Khosravi, Department of Pathobiology, Faculty of Veterinary Medicine, Shahid Chamran University of Ahvaz, Iran. Tel: +989376211901; Email: m.khosravi@scu.ac.ir

Please cite this paper as:

Khosravi M, Khazaeel K, Khaksary Mahabady M, Behmanesh MA. Effects of Maternal Immune System Status on Neonate's Immune System. Iranian Journal of Neonatology. 2020 Sep: 11(3). DOI: 10.22038/ijn.2020.41505.1682

anomalies, autoimmune disease, allergies, and neurological disorders (8, 9). The maternal immune responses against various infectious agents during pregnancy are the causative agents of their neonate's neurological disorders, such as schizophrenia and autism, in humans and experimental rodent studies (10).

This study aimed at evaluating the effects of rats' maternal immune response stimulation or suppression on the development of their neonate's immune system. It is hypothesized that the exposure of the fetus to the different status of the maternal immune responses may influence the fetal immune system, which could persist in postnatal or adulthood. The pro-inflammatory and anti-inflammatory cytokines determined the T helper 1 (Th1) /T helper 2 (Th2) immune shifts (5). This experiment selected the infectious agents of Salmonella typhimurium and Leishmania *major* that deviate the immune responses to Th1 and Th 2, respectively (11, 12). The previous experiment considered the Tacrolimus a safe immune-suppressive drug during pregnancy (13). This immune suppressor drug used to produce the third state of the maternal immune system.

Methods

Animals

Male and female Wistar rats with the mean weight of 180±5 gr were housed separately until mating. All animals were kept under standard light conditions (12 h light/12 h dark with lights on between 6 a.m. and 6 p.m.). Food and water were available ad lib. All experimental protocols were approved by the research program animal care and the Ethics Committee of Shahid Chamran University of Ahvaz, Ahvaz, Iran (905824/28-10-2017).

Antigen

The isolate of *Salmonella typhimurium* (ATCC 14028) was prepared from the archive section of the microbiology department of veterinary medicine. Moreover, *Leishmania major* (ATCC 30012D) was prepared from the parasitological department of veterinary medicine.

Maternal immune manipulation

The rats were divided into 4 groups of *Leishmania, Salmonella,* Tacrolimus, and control (n=5). The *Leishmania* and *Salmonella* groups were treated 3 times at 2-week intervals with an intraperitoneal injection of about 3×10^8 CFU of killed *Leishmania major* and live *Salmonella typhimurium*, respectively. Tacrolimus (Cograft:

Zahravi, Iran) (2mg/kg/day) was orally administrated to the Tacrolimus group in continuous 5 days. The control group was treated by the injection of sterilized normal saline. It is worth mentioning that one male rat was placed in each cage of the female rats for mating in one week.

Sampling

The newborns were divided according to maternal groups, and eight neonates were sacrificed in one- and two-month-old according to the animal's welfares. The neonate's total body, liver, thymus, and spleen weight were determined in this study. The prepared samples of the neonate's thymus and spleen were analyzed using histological methods. The samples were fixed in 10% formalin, and 5-6 μ m sections were prepared using paraffin embedding techniques by a rotary microtome (RM2235, Leica Company from the USA) and stained with hematoxylin-eosin for the histological examination.

Regarding the histomorphometric study, the images were taken from sections using an Olympus optical microscope equipped with a Dino lit camera at a magnification of 4×, 10× and 40× at four random points, and Dino lit software was used for extracting the data. The number of the white and red pulps, as well as the cortex diameter of the thymus in 5 random high-power fields, were counted and averaged. The diameter of the Hassall's corpuscles at a magnification of 10× was measured with a Dino lit camera in each animal and 5 sections from one animal in each group. Moreover, the newborns were treated by intraperitoneal injection of 10% sheep red blood cells (SRBC) at 4 weeks of age. The neonate's humoral immune responses to maternal treated antigens and SRBC were evaluated at 5 weeks of age using the micro-agglutination test.

Statically analysis

The data were analyzed statistically in SPSS software (version 21) using Tukey's method with a one-way analysis of variance. A p-value less than 0.05 was considered statistically significant.

Results

The mean weight of the fetus's total body, spleen, thymus, and liver of the one- and twomonth-old groups were shown in Tables 1 and 2, respectively. The significant elevations of the spleen and thymus weight were observed in the *Leishmania* group. Moreover, elevation and reduction of thymus and liver weight were

Table 1. The mean±SD weight of the total body, spleen, thymus, and liver of the one-month-old rats (n=8) whose mothers were treated with phosphate-buffered saline, inactivated *Salmonella* bacteria, killed *Leishmania* major, and Tacrolimus drug. The different lower-case superscripts in each column show a statically significant difference among the groups ($P \le 0.05$).

F F F F F F F F F F F F F F F F F F F					
Groups	Total Weight	Spleen Weight	Thymus Weight	Liver Weight	
Control	72.6 ± 6.7^{a}	0.23 ± 0.1^{a}	0.13 ± 0.01^{a}	4.06±0.21 ^a	
Salmonella	79.6±9ª	0.21 ± 0.03^{a}	0.22 ± 0.04^{b}	3.31 ± 0.47^{b}	
Leishmania	79±10.4 ^a	0.44 ± 0.25^{b}	0.23 ± 0.02^{b}	3.9 ± 0.6^{a}	
Tacrolimus	71.4±6 ^a	0.33 ± 0.14^{ab}	0.12 ± 0.04^{a}	3.98±0.47 ^a	

Table 2. The mean±SD weight of the total body, spleen, thymus, and liver of the two-month-old rats (n=8) whose mothers were treated with phosphate-buffered saline, inactivated *Salmonella* bacteria, killed *Leishmania* major, and Tacrolimus drug. The different lower-case superscripts in each column show a statically significant difference among the groups (P<0.05)

II SHOW a Statically Significa	in uniterence among the gro	Jups (F≤0.05).	
Total Weight	Spleen Weight	Thymus Weight	Liver Weight
149.23±11.7 ^a	0.88 ± 0.13^{a}	0.28 ± 0.05^{a}	6.14±0.39ª
152.24 ± 21.4^{a}	0.40 ± 0.1^{b}	0.30 ± 0.06^{a}	5.35 ± 0.7^{ab}
154.58 ± 8.7^{a}	0.88 ± 0.3^{a}	0.32 ± 0.09^{a}	6.53±0.36 ^{ac}
139.3 ± 10.2^{a}	0.71 ± 0.1^{a}	0.28 ± 0.04^{a}	5.04 ± 0.55^{b}
	Total Weight 149.23±11.7ª 152.24±21.4ª 154.58±8.7ª	Total Weight Spleen Weight 149.23±11.7ª 0.88±0.13ª 152.24±21.4ª 0.40±0.1 ^b 154.58±8.7ª 0.88±0.3ª	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$

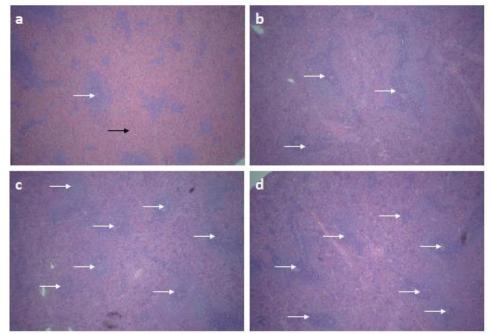
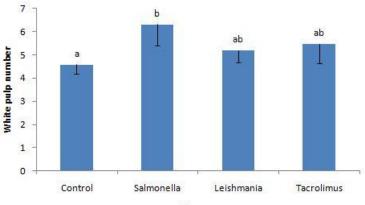


Figure 1. The histological examination of the spleen of the neonates whose mothers were treated with phosphate-buffered saline (a), Tacrolimus drug (b), inactivated *Salmonella* bacteria (c), and killed *Leishmania* (d) (hematoxylin-eosin, ×40). White and black arrows show the elevated number of the white pulps and the red pulp of the spleen, respectively.

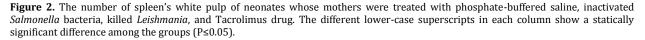
detected, respectively, in one-month-old rats of the *Salmonella* group. Furthermore, the spleen's mean weight of the two-month-old samples showed a significant reduction ($P \le 0.05$) in the *Salmonella* group; in addition, the Tacrolimus group had a significant reduction in liver mean weight.

The histological examination of the spleen samples (Figure 1) showed that the *Salmonella* group had a significant elevation on the white pulp's number, compared to the control group. Moreover, the *Leishmania* and Tacrolimus groups showed no significant difference despite the higher levels of the white pulp, compared to the control group (Figure 2).

The histological examination of the thymus samples (Figure 3) determined the significant elevation of the cortex diameter in *Salmonella* ($P \le 0.016$), and *Leishmania* (P < 0.018) groups, compared to the control group. Despite the higher size of the thymus cortex diameter than that in the control group, the Tacrolimus group showed no significant difference (Figure 4). The main feature of the thymus at 30-day samples was the very small size of the Hassall's corpuscles. Additionally, the medulla/cortex percentage was normal in all groups; however, the cortex diameter was expanded noticeably in the treated groups.







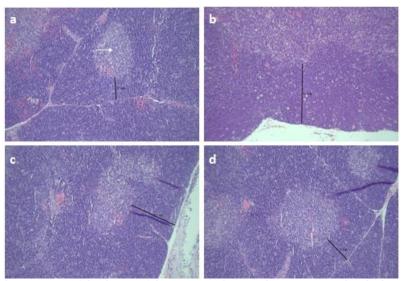


Figure 3. The histological examination of the thymus of the neonates whose mothers were treated with phosphate-buffered saline (a), inactivated *Salmonella* bacteria (b), killed *Leishmania* (c), and Tacrolimus drug (d) (hematoxylin-eosin, ×100). As it is shown, the *Salmonella* and *Leishmania* groups have higher cortex diameter (black arrow) than the other groups. The white arrows show the thymus medulla.

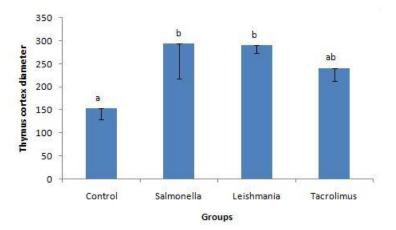


Figure 4. The thymus' s cortex diameter of the neonates whose mothers were treated with phosphate-buffered saline, inactivated *Salmonella* bacteria, killed *Leishmania*, and Tacrolimus drug. The different lower-case superscripts in each column show a statically significant difference among the groups ($P \le 0.05$).

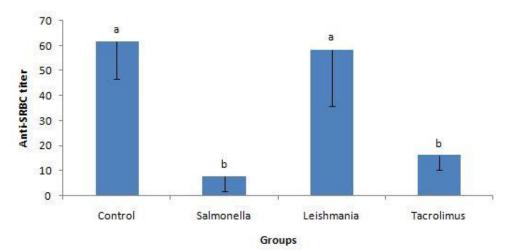


Figure 5. The humoral immune response against sheep red blood cells in neonates whose mothers were treated with phosphatebuffered saline, inactivated *Salmonella* bacteria, killed *Leishmania*, and Tacrolimus drug. The different lower-case superscripts in each column show a statically significant difference among the groups ($P \le 0.05$).

The neonates of *Salmonella* and *Leishmania* groups had a mean antibody titer of 1024 and 512 against *S. Typhimurium* and *L. Major*, respectively. Moreover, the neonates of *Salmonella* and *Tacrolimus* groups had a significant reduction ($P \le 0.05$) in the anti-SRBC antibody titer (Figure 5).

Discussion

This study investigated the effects of maternal immune system manipulation on offspring's immunity during pregnancy. There is some evidence about the effects of maternal exposure to infectious agents on the induction of fetus defects (14, 15). The fetal hypothalamic-pituitary-adrenal axis (16) and immunoregulatory mechanisms (17) are the most vulnerable parts of the uterus niche. Unlike the *Leishmania*, the *Salmonella* and Tacrolimus groups had suppressive thymusdependent humoral immune responses. The antimouse TNF- α antibody injection to the pregnant mice caused a reduction in the antibody response to sheep red blood cells in pups which were in line with the results of this study (18).

In addition to the humoral immune responses, the *Leishmania* group had a normal white pulp number and regular weight of the spleen, thymus, and liver. In line with this result, Svensson et al. (19) and Fallon et al. (20) showed the normal pregnancies in the transgenic Th2 cytokine singleknockout mice. It appeared that the Th1 cytokines have a more important role in the uterus microenvironment than Th2 responses. All the neonates have normal weight during the current study period; however, the immune-related organs showed abnormal weights.

The transplacental transmission of the maternal immune cells, cytokines, microbial agents, or Tacrolimus was considered as the cause of the noted objects. The previous studies revealed similar results, and the activated immune cells could migrate into infants (21). The activation of the fetus Th1, Th17, and cytotoxic T cells were observed in immune stimulated pregnant dams (22). In addition, previous researches showed the transmission of the inflammatory cytokines (IL-1, IL-6, IL-12, TNF- α , GM-CSF) to the placenta (23).

The immune system recognizes microbes through pattern recognition receptors. The responsible toll-like receptors (TLR) stimulate cytokine production by competent immune cells (4). Different cytokine profiles could be created by each type of immune stimulators due to the varieties in TLR pathways. Some of the biological elements have higher adverse effects during pregnancy, such as the effects of lipopolysaccharide on the induction of hypertension and proteinuria (24). In addition to the noted indirect effects, the environmental organism may be directly transmitted to the uterus and fetus. Interestingly, the administrated labeled bacteria to the pregnant mice were detected in the offspring's gut (25). The immune manipulation during pregnancy changes the level of the fetus bcl2, pkCa, and p53 gene expression (26). These proteins regulate the G1 cell cycle phase, DNA replication, and the repair process (27).

In the current study, the analyzed immune organs have abnormal growth, and the altered

development of the evaluated organs of the fetus may be originated from the stem cell expansion. Fetal stem cells are more sensitive to proinflammatory factors (28). Previously conducted studies revealed the effects of cytokines, glucocorticoid hormones, and stress on fetal hematopoietic stem cells and progenitor cell activation or apoptosis (29, 30).

The Salmonella typhimurium could stimulate the Th1 (11) and more production of the TNF- α than the other groups. The pro-inflammatory cytokines, including TNF- α and IL2 act as thymocyte growth factors (30). Consistent with these results, the treatment of pregnant rats using the Salmonella and Leishmania antigen resulted in the elevation of the offspring's thymus weight on one-month-old. Moreover, the neonates of the Salmonella group had a significantly higher number of spleen's white pulps. A previously performed study revealed the positive effects of the TNF α on the formation of the mice splenic B cell follicles, which was consistent with the results of this study (31). In addition, TNF- α signaling causes the spleen's white pulp defects (18); however, no teratogenic effects were noted in pulps of the exposed pregnant mice to the antimouse TNF- α antibody (32). Lymphotoxin signaling can attract hematopoietic cells (33), develop the spleen structure, and localize B and T cells in the spleen (34).

Both liver weight and humoral immune response to SRBS were fewer in Salmonella and Tacrolimus groups than the control group. The hepatocytes' development, hematopoietic migration, and maturation of the T cells are affected by prenatal stress (35, 36). Furthermore, the alterations of hepatic immune responses have a severe impact on innate immune response, T, and B cell function (22, 37). The effects of the Tacrolimus on the impairment of liver and humoral immune responses' development of the neonate are inconsistent with the previous reports for humans (13, 38). Due to the differences in the reproductive system, the structure of the placenta and development of the fetal immune system results cannot be expanded to the other species certainly. These issues should be investigated specifically in the human species in further studies.

Conclusion

Stimulation or suppression of the maternal immune responses during pregnancy has significant effects on the neonate's immune responses and development of spleen, liver, and thymus organs. The adverse effects may be resolved, remained, or appeared along with the growth of the neonates.

Acknowledgments

This study was financially supported by Shahid Chamran University of Ahvaz, Ahvaz, Iran, under the grant number of 97/3/02/26247.

Conflicts of interest

The author declares that s/he has no conflict of interest.

References

- 1. Holladay SD, Sharova LV, Punareewattana K, Hrubec TC, Gogal RM Jr, Prater MR, et al. Maternal immune stimulation in mice decreases fetal malformations caused by teratogens. Int Immunopharmacol. 2002; 2(2-3):325-32.
- 2. Hodgson E, Mailman RB, Chambers JE. Dictionary of toxicology. New York: Macmillan; 1998. P. 450.
- Svensson-Arvelund J, Ernerudh J, Buse E, Cline JM, Haeger JD, Dixon D, et al. The placenta in toxicology. Part II: systemic and local immune adaptations in pregnancy. Toxicol Pathol. 2014; 42(2):327-38.
- 4. Hsu P, Nanan R. Foetal immune programming: hormones, cytokines, microbes and regulatory T cells. J Reprod Immunol. 2014; 104-105:2-7.
- Morelli S, Mandal M, Goldsmith LT, Kashani BN, Ponzio NM. The maternal immune system during pregnancy and its influence on fetal development. Res Rep Biol. 2015; 6:171-89.
- 6. King A. Uterine leukocytes and decidualization. Hum Reprod Update. 2000; 6(1):28-36.
- 7. Mor G, Cardenas I. The immune system in pregnancy: a unique complexity. Am J Reprod Immunol. 2010; 63(6):425-33.
- 8. Marques AH, OConnor TG, Roth C, Susser E, Bjorke-Monsen AL. The influence of maternal prenatal and early childhood nutrition and maternal prenatal stress on offspring immune system development and neurodevelopmental disorders. Front Neurosci. 2013; 7:120.
- 9. Brown AS, Begg MD, Gravenstein S, Schaefer CA, Wyatt RJ, Bresnahan M, et al. Serologic evidence of prenatal influenza in the etiology of schizophrenia. Arch Gen Psychiatry. 2004; 61(8):774-80.
- 10. Bilbo SD, Schwarz JM. The immune system and developmental programming of brain and behavior. Front Neuroendocrinol. 2012; 33(3):267-86.
- 11. Smith SE, Li J, Garbett K, Mirnics K, Patterson PH. Maternal immune activation alters fetal brain development through interleukin-6. J Neurosci. 2007; 27(40):10695-702.
- Ponzio NM, Servatius R, Beck K, Marzouk A, Kreider T. Cytokine levels during pregnancy influence immunological profiles and neurobehavioral patterns of the offspring. Ann N Y Acad Sci. 2007; 1107:118-28.
- 13. Pashine A, John B, Rath S, George A, Bal V. Th1

dominance in the immune response to live Salmonella typhimurium requires bacterial invasiveness but not persistence. Int Immunol. 1999; 11(4):481-9.

- 14. Okwor I, Liu D, Uzonna J. Qualitative differences in the early immune response to live and killed *Leishmania major*: Implications for vaccination strategies against Leishmaniasis. Vaccine. 2009; 27(19):2554-62.
- Kainz A, Harabacz I, Cowlrick IS, Gadgil S, Hagiwara D. Analysis of 100 pregnancy outcomes in women treated systemically with tacrolimus. Transpl Int. 2000; 13(Suppl 1):S299-300.
- 16. Reyes TM, Coe CL. Prenatal manipulations reduce the proinflammatory response to a cytokine challenge in juvenile monkeys. Brain Res. 1997; 769(1):29-35.
- 17. Beloosesky R, Maravi N, Weiner Z, Khatib N, Awad N, Boles J, et al. Maternal lipopolysaccharideinduced inflammation during pregnancy programs impaired offspring innate immune responses. Am J Obstet Gynecol. 2010; 203(2):185.e1-4.
- Coe CL, Kramer M, Kirschbaum C, Netter P, Fuchs E. Prenatal stress diminishes the cytokine response of leukocytes to endotoxin stimulation in juvenile rhesus monkeys. J Clin Endocrinol Metab. 2002; 87(2):675-81.
- 19. Hodyl NA, Krivanek KM, Lawrence E, Clifton VL, Hodgson DM. Prenatal exposure to a proinflammatory stimulus causes delays in the development of the innate immune response to LPS in the offspring. J Neuroimmunol. 2007; 190(1-2):61-71.
- 20. Xiong F, Zhang L. Role of the hypothalamic-pituitaryadrenal axis in developmental programming of health and disease. Front Neuroendocrinol. 2012; 34(1):27-46.
- 21. Palmer AC. Nutritionally mediated programming of the developing immune system. Adv Nutr. 2011; 2(5):377-95.
- 22. Arsenescu R, Arsenescu V, de Villiers WJ. TNF- α and the development of the neonatal immune system: implications for inhibitor use in pregnancy. Am J Gastroenterol. 2011; 106(4):559-62.
- 23. Svensson L, Arvola M, Sallstrom MA, Holmdahl R, Mattsson R. The Th2 cytokines IL-4 and IL-10 are not crucial for the completion of allogeneic pregnancy in mice. J Reprod Immunol. 2001; 51(1):3-7.
- 24. Fallon PG, Jolin HE, Smith P, Emson CL, Townsend

MJ, Fallon R, et al. IL-4 induces characteristic Th2 responses even in the combined absence of IL-5, IL-9, and IL-13. Immunity. 2002; 17(1):7-17.

- 25. Gomez-Lopez N, StLouis D, Lehr MA, Sanchez-Rodriguez EN, Arenas-Hernandez M. Immune cells in term and preterm labor. Cell Mol Immunol. 2014; 11(6):571-81.
- 26. Mandal M, Marzouk AC, Donnelly R, Ponzio NM. Maternal immune stimulation during pregnancy affects adaptive immunity in offspring to promote development of TH17 cells. Brain Behav Immun. 2011; 25(5):863-71.
- 27. Zaretsky MV, Alexander JM, Byrd W, Bawdon RE. Transfer of inflammatory cytokines across the placenta. Obstet Gynecol. 2004; 103(3):546-50.
- 28. Lip SV, van der Graaf AM, Wiegman MJ, Scherjon SA, Boekschoten MV, Plosch T, et al. Experimental preeclampsia in rats affects vascular gene expression patterns. Sci Rep. 2017; 7(1):14807.
- 29. Nuriel-Ohayon M, Neuman H, Koren O. Microbial changes during pregnancy, birth, and infancy. Front Microbiol. 2016; 7:1031.
- Sharova LV, Sura P, Smith BJ, Gogal RM Jr, Sharov AA, Ward DL, et al. Non-specific stimulation of the maternal immune system. II. Effects on fetal gene expression. Teratology. 2000; 62(6):420-8.
- 31. Elledge RM, Lee WH. Life and death by p53. Bioassays. 1995; 17(11):923-30.
- 32. Carpentier PA, Palmer TD. Immune influence on adult neural stem cell regulation and function. Neuron. 2009; 64(1):79-92.
- 33. Yan WU. Impact of prenatal stress and adulthood stress on immune system: a review. Biomed Res. 2012; 23(3):315-20.
- 34. Suda T, Murray R, Fischer M, Yokota T, Zlotnik A. Tumor necrosis factor a and P40 induce day15 murine fetal thymocyte proliferation in combination with IL-2. J Immunol. 1990; 144(5):1783-7.
- 35. Wen L, Shinton SA, Hardy RR, Hayakawa K. Association of B-1 B cells with follicular dendritic cells in spleen. J Immunol. 2005; 174(11):6918-26.
- Randall TD, Carragher DM, Rangel-Moreno J. Development of secondary lymphoid organs. Annu Rev Immunol. 2008; 26:627-50.
- 37. Jacob C, Hoab T, Karimiab K, Arckab PC. Fetal origin of chronic immune diseases: role of prenatal stress challenge. J Reprod Immunol. 2010; 86:91-2.
- Nevers W, Pupco A, Koren G, Bozzo P. Safety of tacrolimus in pregnancy. Can Fam Physician. 2014; 60(10):905-6.