

Laboratory Animals

The use of ultrasound to assess fetal growth in a guinea pig model of fetal growth restriction

Journal:	<i>Laboratory Animals</i>
Manuscript ID	LA-15-182.R1
Manuscript Type:	Original Article
Date Submitted by the Author:	08-Feb-2016
Complete List of Authors:	Swanson, Anna; University College London, Institute for Women's Health Mehta, Vedanta; University College London, Institute for Women's Health; University College London, Centre for Cardiovascular Biology and Medicine Ofir, Keren; University College London, Institute for Women's Health Rowe, Melissa; University College London, Institute for Women's Health Rossi, Carlo; University College London, Institute for Women's Health Ginsberg, Yuval; University College London, Institute for Women's Health Griffin, Henry; Royal Veterinary College, BSU Barker, Hannah; Royal Veterinary College, BSU Boyd, Michael; Royal Veterinary College, BSU David, Anna; University College London, Institute for Women's Health
Keywords:	fetal growth restriction, guinea pig, ultrasound, maternal nutrient restriction

SCHOLARONE™
Manuscripts



1
2
3 **The use of ultrasound to assess fetal growth in a guinea pig**
4
5
6 **model of fetal growth restriction**
7
8

9 AM Swanson^{1*}, V Mehta^{1,2*}, K Ofir¹, M Rowe¹, C Rossi¹, Y Ginsberg¹, H Griffin³, H
10 Barker³, M Boyd³, AL David¹.
11
12

13
14
15 ¹Institute for Women's Health, UCL, 86-96 Chenies Mews, London WC1E 6HX, UK.
16

17 ²Centre for Cardiovascular Biology and Medicine, UCL, London WC1E 6JJ, UK.
18

19 ³BSU, Royal Veterinary College, London NW1 0TU, UK.
20
21

22 *these authors contributed equally to this work
23

24 Corresponding author: AL David. Email:a.david@ucl.ac.uk
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

ABSTRACT

Fetal growth restriction (FGR) is a common and potentially severe pregnancy complication. There is no treatment currently available. The guinea pig is an attractive model for human pregnancy as placentation is morphologically very similar between the species. Nutrient restriction of the dam creates growth restricted fetuses while leaving an intact uteroplacental circulation, vital for evaluating novel therapies for FGR. Growth restricted fetuses were generated by feeding Dunkin Hartley guinea pig dams 70% of *ad libitum* intake from 4 weeks before and throughout pregnancy. The effect of maternal nutrient restriction (MNR) on dams and fetuses was carefully monitored, and ultrasound measurements of pups collected. There was no difference in maternal weight at conception, however by 5 weeks post conception MNR dams were significantly lighter ($p < 0.05$). MNR resulted in significantly smaller pup size from 0.6-0.66 gestation. Ultrasound is a powerful non-invasive tool to assess the effect of therapeutic interventions on fetal growth, allowing longitudinal measurement of fetuses. This model and method yield data applicable to the human condition without the need for animal sacrifice and will be useful in the translation of therapies for FGR into the clinic.

Key words: fetal growth restriction, guinea pig, ultrasound, maternal nutrient restriction

INTRODUCTION

Fetal growth restriction (FGR) is one of the most common obstetric complications, affecting approximately 8% of pregnancies.¹ It has implications for fetal and neonatal morbidity and mortality,²⁻⁴ as well as neurological and developmental delays in childhood^{5, 6} and cardiovascular-metabolic syndrome during adult life.^{7, 8} The condition is defined as the failure of a fetus to achieve its genetically determined growth potential, and the primary cause of FGR is placental insufficiency⁹ characterized by reduced uterine blood flow (UBF) and reduced placental nutrient transfer capacity.

A number of animal models have been developed to study the complex mechanisms of FGR and to test therapies aimed at improving fetal growth, using a range of species¹⁰ and techniques including surgical intervention directly altering the uterine and radial artery circulations.¹¹⁻¹³ Alternatively, using maternal nutrient restriction to create FGR has the advantage of an intact uteroplacental circulation,¹⁴⁻¹⁸ allowing interventions aimed at increasing uteroplacental blood flow to be evaluated.

The guinea pig is a valuable model of human pregnancy due to its haemomonochorial placentation (a single layer of trophoblast between the maternal blood space and the fetal vessels), which besides non-human primates and older mammalian superorders such as armadillos, is morphologically the most similar to human placentation.^{19, 20} Experimental results obtained from pregnant guinea pigs are thus likely to hold relevance for clinical translation. In contrast to most other laboratory rodents, guinea pigs have extensive trophoblast invasion of the spiral arteries,^{21, 22} and bear precocial young. The placenta does differ from human as it labyrinthine rather than villous, and the dam carries a litter of 3-5 pups. Guinea pigs also have a relatively long gestation

1
2
3 for a small animal (65 days), which gives the opportunity to evaluate the effects of
4
5 any treatments during gestation. We have previously shown in a sheep animal model
6
7 of FGR that fetal growth can be measured non-invasively and longitudinally using
8
9 ultrasound²³ and that ultrasound is a powerful tool to assess the effect of therapeutic
10
11 interventions on fetal growth.²⁴ We aimed to use the maternal nutrient restricted
12
13 (MNR) guinea pig model of FGR to investigate the efficacy of a novel treatment
14
15 based on administration of maternal Vascular Endothelial Growth Factor (VEGF)
16
17 gene therapy to the uterine arteries.^{25, 26} Previous studies in the MNR guinea pig had
18
19 examined fetal size at one or two time points only, and measured term fetal size at
20
21 post mortem examination. Generation of the model was also relatively poorly
22
23 described, with details such as the length of time the female was with the male, time
24
25 the hymen was open and conception rate not reported. In this study we examined if
26
27 repeated fetal and placental ultrasound measurement would yield information on fetal
28
29 growth parameters without the need for animal sacrifice. We also carefully examined
30
31 important parameters in the dam such as maternal weight loss on the restricted diet,
32
33 conception rate, and litter size.
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

MATERIALS and METHODS

Animals

Dunkin Hartley guinea pigs (HsdDhl:DH, virgin female, weighing > 600g) were purchased from a specific pathogen free colony (Harlan Animal Research Laboratory, Hillcrest, Leicestershire, UK). The colony was examined for the following agents: Guinea pig adenovirus, lymphocytic choriomeningitis virus, Sendai virus, *Bordetella bronchiseptica*, *Chlamydia psittaci*, *Clostridium piliforme*, *Corynebacterium kutscheri*, Dermatophytes, *Pasteurella* spp, *Salmonella* spp, *Streptobacillus moniliformis*, Streptococci Beta-haemolytic (not group D), *Streptococcus pneumoniae*, *Yersinia pseudotuberculosis*, Ectoparasites, *Encephalitozoon cuniculi*, Endoparasites. Animals were acclimatised for at least one week. The guinea pigs were held in a room with a 12 h: 12 h light: dark cycle, with lights on at 6:00. Room temperature was 16-25°C and humidity 45-65%, as per Home Office requirements. Before going on study, female guinea pigs were housed in cages (84 x 72 x 52cm) in groups of up to 3 animals, and fed *ad lib* with guinea-pig pellets (Special Diets Services, Essex, UK). Tap water supplemented with Vitamin C (400mg/L) was available *ad lib*. All animals were handled and weighed daily. Male stud guinea pigs were housed individually under the same conditions. At term (60-63dga), animals were euthanized with an overdose of Euthatal (sodium pentobarbitone, Rhône Merieux, Essex UK) by intra-peritoneal or intra-cardiac administration. All procedures on animals were conducted in accordance with UK Home Office regulations and the Guidance for the Operation of Animals (Scientific Procedures) Act (1986). Ethical approval was obtained from Royal Veterinary College and University College London ethics committees.

Timed-mating of guinea pigs

1
2
3 Before entering the study, virgin females were housed individually for at least one
4 week. Once on study all females were weighed daily and the vagina observed for
5 membrane rupture. Once ruptured the membrane usually remains open for 2-3 days
6 during the period of ovulation. On finding the hymen ruptured and the vagina open,
7 female guinea pigs were deemed to be in estrus and were placed with a male initially
8 overnight but subsequently after this was found to be insufficient length of time for
9 conception, for 3-6 nights until the hymen closed after which they were separated.

10
11 Coitus was assumed to have occurred independent of whether a copulatory plug was
12 found. The middle day of this 3-6 day period was considered to be day 0, and the next
13 day was considered to be day 1 gestational age (dga).
14
15

16
17
18
19
20
21
22
23
24
25 Guinea pigs continued to have daily hymen checks after mating. They underwent an
26 ultrasound scan (7-10MHz probe, GE Logiq 400 CL, GE Healthcare,
27 Buckinghamshire, UK) approximately 20-26 days after presumed conception. The fur
28 was closely clipped from their abdomen, the animal was gently restrained sitting up
29 for 10 minutes and ultrasound gel was applied to their lower abdomen. Detection of
30 one or more gestation sacs confirmed conception. Guinea pigs where a gestation sac
31 was not found were rescanned 1 week later to confirm the findings and then placed
32 back in with the male when estrus next occurred. Hymen checks were stopped when a
33 pregnancy was confirmed by ultrasound.
34
35
36
37
38
39
40
41
42
43
44

45 **Diet Restriction**

46
47 To calculate the average amount of food consumed per kilogram body weight, 10
48 female guinea pigs on an ad lib diet were followed preconception and throughout
49 pregnancy. The animals were weighed three times per week, and the food remaining
50 in the hopper was weighed before feeding each day. Food was delivered to hoppers
51 once daily, at 09:00. Normal pregnant animals were found to be consuming an
52
53
54
55
56
57
58
59
60

1
2
3 average of 0.6g of feed daily per 100g body weight before and during early
4 pregnancy. Animals on the growth restricted diet were therefore fed 0.42g of feed
5 daily (70%) per 100g body weight when put on the under-nutrition regime, and 0.54g
6 (90%) per 100g body weight after 35 dga.

7
8
9
10
11 To **generate** FGR, female virgin Dunkin Hartley guinea pigs were acclimatised to
12 individual housing for one week on an *ad lib* diet, and then placed on the restricted
13 diet. During this week of acclimatisation we used environmental enrichment such as
14 hay to reduce their stress, but this was removed once they were placed on restricted
15 diet. Females were weighed daily, as was the food left in the hopper before feeding
16 each day to determine the actual amount of food consumed per kilogram body weight.
17 The guinea pigs were maintained on the nutrient-restricted diet for at least 4 weeks
18 during which time the vagina was visually observed daily. After at least 4 weeks on
19 the diet regimen, as soon as the hymen opened the female guinea pigs were mated as
20 above. During mating the pair were fed *ad lib*. The guinea pigs were scanned at 20-
21 26 dga to confirm pregnancy. If pregnancy was confirmed, the nutrient restricted
22 animals continued to be fed 70% of the ad lib intake per gram body weight until day
23 34 post-conception, and from day 35 onwards until the end of pregnancy, food was
24 increased to 90% of the ad lib intake, to keep the food ration of the food-restricted
25 animals stable²⁹. Food intake continued to be monitored until the end of pregnancy. If
26 a pregnancy was not confirmed, a repeat ultrasound scan was performed around 1
27 week later (27-31dga). Non-pregnant guinea pigs were continued on the 70% nutrient
28 restricted diet for further cycles of mating at the next estrus.

51 **Detailed fetal ultrasound**

52
53 Initially detailed fetal ultrasound was attempted with the guinea pigs restrained while
54 awake and sitting up. It was not possible however to get a sufficiently clear view of
55
56
57
58
59
60

1
2
3 all pups and gestation sacs within the pregnancy due to fetal position and maternal
4
5 bowel contents, and further scans were conducted under general anaesthesia. Guinea
6
7 pigs were fasted overnight before anaesthesia, and procedures routinely performed in
8
9 the morning. General anaesthesia was induced with diazepam (5mg/kg subcutaneous,
10
11 Hameln Pharmaceuticals, Gloucester, UK), atropine (0.5mg/kg subcutaneous,
12
13 Martindale Pharmaceuticals, Essex, UK) and ketamine (40 mg/kg intramuscular,
14
15 Hameln Pharmaceuticals, Gloucester, UK) to relax the dam. After 20 minutes to allow
16
17 the injected agents to take effect, a face mask was then applied to the animal, through
18
19 which isoflurane (Isoflurane-vet, Merial Animal Health Ltd., Essex, UK) was
20
21 administered. General anaesthesia was maintained with 1.5-2.0% isoflurane in
22
23 oxygen and the animal was placed supine on a heated operating table for rodents.
24
25 Once anaesthetized, the fur was clipped from the guinea pigs abdomen, contact gel
26
27 applied, and a detailed ultrasound examination of the uterus and its contents including
28
29 all of the pups was performed. Fetal measurements were collected: biparietal
30
31 diameter (BPD), occipito-snout length (OSL), abdominal circumference (AC),
32
33 femur length (FL), placental length, placental thickness and crown-rump length
34
35 (CRL). A pulse oximeter placed on the guinea pigs ear was used to monitor oxygen
36
37 saturation and pulse rate. The guinea pig was then allowed to recover and placed in
38
39 her cage which was pre-warmed with a hot water bottle. She was kept under close
40
41 observation and not returned to the home cage until she regained the righting reflex
42
43 (ability of rodents to regain footing when placed with the back down on a flat surface)
44
45 and showed some interest in the hay placed in the cage. Hay was provided, as it has
46
47 minimal nutritional value but acts as an appetite stimulant. All dams underwent a
48
49 scheduled post mortem examination at term which included detailed analysis of pup
50
51 number, position, gender and weight.
52
53
54
55
56
57
58
59
60

Statistical Analysis

These observations were recorded as part of a larger study evaluating a novel therapy for FGR (manuscript in preparation). Appropriate sample size calculations were based on the expected outcomes of that study. A total of 55 guinea pigs were used for the conception rate analysis, of which 38 were included in the diet restriction study. A Generalized Linear Mixed Models approach was used for statistical analysis referred to each dam, with fetal gender, litter size and gestational age at scan as covariates. Fetal gender was found to have no effect and was removed as covariate. T-tests were used to evaluate weight change in dams and mating outcome. Statistical significance was considered achieved if $P < 0.05$, and p-values are reported.

RESULTS

Complications

There were no deaths or complications attributable to diet, anaesthesia or the ultrasound procedure.

Effect of individual housing

The guinea pigs were placed in single housing for seven days on an *ad-lib* diet prior to experimental group allocation. Mean female weight at re-housing was $839.5\text{g}\pm 117.4\text{g}$, range 580-1040g. Mean weight after seven days single housing was $819.1\text{g}\pm 102.7\text{g}$, with a mean weight change of $-20.4\text{g}\pm 41.0\text{g}$. This effect of single housing on weight was significant ($p=0.005$, paired t-test).

Effect of diet on weight

Dams on a restricted diet (MNR) lost more weight than those on the *ad-lib* diet, both in terms of absolute weight loss ($p=0.005$) and relative weight loss ($p=0.002$, Figure 1).

Conception rate

In preliminary studies, males were mated with females for a single night, on the first day of vaginal membrane rupture. This yielded a very low pregnancy rate, where only 2 of 7 tups (29%) resulted in pregnancy. We considered that the most likely cause was that mating was occurring outside the time period deemed estrus. While the guinea pig hymen generally remains open for 2-3 days, the estrus phase lasts only 8-12 hours during the night. Following discussion with Professor Claire Roberts (personal communication), who originated this particular FGR model,¹⁷ the mating time was increased to 3 days. This improved the conception rate to 6 of 10 tups (60%).

1
2
3 Subsequently and for the remainder of the study, males were placed in the cage with the
4 female for the duration of time that the hymen was open (mean 4.3 days \pm 2.7 days).

5
6
7 From a total of 55 females, 34 became pregnant at the first tup (62%) (Figure 2). The
8 remaining females were then mated each time the hymen opened, with 8 of 20
9
10 becoming pregnant at the second tup (40%), 3 of 11 (27%) at the third tup, 1 of 8
11
12 (12.5%) at the fourth tup, 4 of 6 (66.7%) at the fifth tup, none of 2 at the 6th tup, and
13
14 none of 1 at the 7th tup.
15
16
17

18
19 Successful mating was occasionally found in females that did not have a copulatory
20 plug. The number of days the male was housed with the female was not significantly
21 associated with conception success of the first tup (p=0.701) or the second tup
22 (p=0.223). The weight of the female at the time of tugging was not significantly
23 associated with the outcome of the first tup (p=0.112) or the second tup (p=0.125) nor
24 was the outcome of the first tup associated with diet (p=0.163). There was no
25 relationship between the weight change preconception (between day 1 and day 28 on
26 restricted diet) and the chance of successful conception with the first tup, either in
27 absolute weight change (p=0.448) or relative weight change (p=0.377). Females lost
28 weight between the first and second tup (mean weight loss 29.2g \pm 59.5g, p=0.045).
29 The chance of successful conception of the second tup was not influenced by weight
30 loss (p=0.257). Although anecdotal evidence suggested that females were more likely
31 to conceive when \geq 800g at time of tugging, there did not appear to be a minimum
32 weight below which conception did not occur, and this was not found to be the case
33 statistically (p=0.256).
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50

51 **Hymen rupture**

52
53 Hymen checks on mated animals were continued until pregnancy was confirmed by
54 ultrasound. We observed ruptured vaginal membranes in 29 of 60 (48%) animals that
55
56
57
58
59
60

1
2
3 were later confirmed to be pregnant at the time of hymen opening. The median dga of
4
5 hymen opening was 25 (range 10-35dga), and the median opening interval was 3 days
6
7 (range 1-6). In MNR animals, 22 of 49 (45%) pregnancies had a period of hymen
8
9 opening, as did 7 of 11 (64%) pregnancies in *ad lib* fed animals ($p=0.12$).

12 **Litter size**

14 The mean number of pups per litter was not significantly different in *ad lib* dams
15
16 (3.7±1.3, n=26 pups from 7 litters) compared to MNR dams (3.3±1.2, n=79 pups from
17
18 24 litters, $p=0.548$). Mean weight at conception had no effect on litter size at first tup
19
20 (p=0.825).

23 **Fetal measurements mid-gestation**

25 Ultrasound was able to detect all pups in each litter examined, but we were unable to
26
27 get a clear view of the fetal gender. Examples of fetal measurements are shown in
28
29 Figure 3. At 31-36 dga MNR had no effect on fetal or placental size measurements by
30
31 ultrasound examination (Table 1). By 39-43 dga however, fetal skull measurements
32
33 were significantly smaller in the MNR group, by 12% (BPD: *ad lib* 15.15±1.09mm vs
34
35 MNR 13.27±1.65mm, $p=0.025$ and HC: *ad lib* 62.81±5.57 vs MNR 54.97±7.04mm,
36
37 $p=0.041$, Table 2). Placental thickness was reduced by 18% (*ad lib* 8.93±1.60mm vs
38
39 MNR 7.33±1.22mm, $p=0.017$), although there was no effect on placental length (*ad*
40
41 *lib* 23.50±3.00mm vs MNR 21.39±1.94mm, $p=0.138$). Other fetal measurements such
42
43 as OSL and AC were also smaller in MNR fetuses, although this difference did not
44
45 achieve significance (OSL: *ad lib* 24.85±2.52mm vs MNR 21.74±2.95, $p=0.060$, AC:
46
47 *ad lib* 61.76±9.97mm vs MNR 52.63±8.53, $p=0.099$). The ratios of head
48
49
50 measurements (BPD or HC) to abdominal circumference were not different between
51
52 treatment groups. It was not possible to reliably measure CRL by ultrasound at 39-43
53
54
55
56
57
58
59
60

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

dga due to the fetal position. Measurement of femur length was difficult in most fetuses even after 30 dga due to its short length and fetal lie.

Under Review

DISCUSSION

In this study we have shown that ultrasound is a valuable tool to assess fetal size in guinea pigs subjected to *ad lib* diet or nutrient restriction, and demonstrated that by 0.6-0.66 gestation, MNR is associated with significantly smaller pup size. Previous studies using the MNR guinea pig model of fetal growth restriction have shown a significant effect on fetal size of maternal nutrient restriction by 30 dga,^{17, 28, 29} or 45 dga,²⁷ using fetal weight at post mortem examination as the primary measure. Using ultrasound examination we were able to assess fetal size non-invasively, demonstrating differences in fetal measurements that others have found. One previous study on fetal ultrasound measurement in guinea pigs demonstrated in normal pregnant animals that BPD size may be used to reliably estimate gestational age in this species from 20 dga.³⁰ We were able to confirm pregnancy from 20 dga in some cases but this depended on the presence of maternal bowel contents and fetal position. Anecdotally, ultrasound early in the day before the dam had eaten improved the view. We found the optimum gestational age to confirm pregnancy by sonography was 24-25 days.

While we did not demonstrate FGR as early as other studies that used post mortem examination in MNR guinea pig pregnancy, we believe that any loss in sensitivity is compensated by the ability to take repeated measures in the same animal. Kind *et al*²⁸ showed a significant reduction in fetal head width at 60 dga, but did not take measurements mid-gestation. In a smaller study the same group showed an increase at term in the head width/abdominal circumference ratio in male but not female offspring, indicating brain sparing in the fetus.³¹

1
2
3 We retained litter size as a covariate in our Generalized Linear Mixed Models
4
5 analysis of the data since some previous authors have observed an effect. We did not
6
7 however observe any apparent significant effect of litter size or pup position on pup
8
9 size as measured by ultrasound at 0.5 and 0.66 gestation. Eckstein *et al* found that
10
11 litter size affected the placental weight of the litter,³² but Roberts *et al*¹⁷ removed litter
12
13 size from their analysis as it had no effect on the fetal measurements taken. Turner
14
15 and Trudinger³⁰ examined the effect of pup position on birth weight, showing a
16
17 tendency for fetuses at the cervical end of the uterus to be bigger than those
18
19 immediately above them in the uterine horn, but they did not assess the effect of litter
20
21 size on birth weight.
22
23

24
25 We previously demonstrated that ultrasound could detect differences in fetal size in a
26
27 **sheep** dietary model of FGR, the adolescent overnourished ewe wherein fetal AC,
28
29 BPD, tibia and femur length and renal volume were reduced in comparison to control
30
31 normally fed ewes.²⁴ It was not possible to reliably measure tibia and femur length or
32
33 renal volume in the guinea pig pup due to the limitations of the ultrasound system
34
35 used. Similarly we were unable to get umbilical artery Doppler blood flow waveforms
36
37 for assessment.
38
39

40
41 Guinea pigs are social animals, and a move to single housing, where necessary for
42
43 experiments, places stress on the animals which can manifest as food refusal.³³ We
44
45 acclimatised our females for a week in single housing before MNR so as not to affect
46
47 the validity of nutrient restriction and showed that there was a significant weight loss
48
49 from single housing. Although single housing would have been necessary to enforce
50
51 MNR in other studies, not all studies demonstrate maternal weight loss. Two groups
52
53 used guinea pigs at approximately 500g with contradictory results of weight loss²⁹ and
54
55 no weight loss¹⁷ observed. Using heavier guinea pigs similar to our study (750-800g)
56
57
58
59
60

1
2
3 Dwyer *et al*²⁷ showed weight loss despite pregnancy in MNR groups with no change
4
5 in control *ad lib* fed animals. As with other studies,³¹ MNR did not affect litter size.
6
7

8
9
10 When setting up the MNR model we found there to be a lack of published information
11 regarding conception rate in this model. Following the method most often cited, that
12 of overnight co-housing of a stud male with a female with an open hymen,^{17, 29, 31} our
13 conception rate was just 29%. In our colony, increasing the time the male was in the
14 cage to the entire length of the hymen opening markedly increased the conception
15 rate, to 62%. This compares well with other colonies, wherein the success rate of
16 FGR guinea pig pregnancy was 60% (Professor Claire Roberts, personal
17 communication). Guinea pigs maintained on an *ad lib* diet generally have conception
18 rates >90%. Co-housing did necessitate feeding the study females *ad lib* during the
19 mating period. Neither the overall length of time the male spent housed with the
20 female nor the maternal weight at conception, however, was **not** significant in
21 determining a successful conception.
22
23
24
25
26
27
28
29
30
31
32
33
34

35
36 The finding that hymen opening could occur even when the dam was pregnant
37 surprised us and we could find no previous reports of this. Other groups have assumed
38 pregnancy 'by presence of vaginal copulatory plug and a failure to return to oestrus in
39 the subsequent cycle'.³¹ Guinea pig estrus cycle lasts approximately 16 days with a
40 pro-estrus of approximately 36 hours characterized by vaginal swelling and rupture of
41 the vaginal membrane which usually remains open for 2-3 days, covering the period
42 of ovulation, although we occasionally observed it for up to five days. Estrus lasts 8-
43 12 hours and most commonly occurs at night. The occurrence of coitus during this
44 period is usually marked by a copulatory plug, containing hardened semen. In our
45 hands, unusually rapid weight gain was a good indicator of pregnancy rather than the
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3 presence of a plug, since this can fall out. Ultimately ultrasound was the most accurate
4
5 method of confirming pregnancy, although this was not reliable prior to 20 dga.
6
7

8 The length of time spent on a restricted diet by dams varied since a number of females
9
10 were kept on the MNR diet for two or more estrus cycles. Given the time and expense
11
12 of returning these females to an *ad lib* diet, it was not feasible experimentally to do so.
13
14 We observed that following the initial weight loss, the weight of MNR dams tended to
15
16 stabilise rather than drop further the longer they spent on diet. Therefore those
17
18 animals that became pregnant on the second or subsequent tup were included in the
19
20 study. Finally, it would have been ideal to be able to include ultrasound data past 45
21
22 dga. However, an intervention at this time point in our main study meant untreated
23
24 animals were not available, and it was deemed inappropriate to dedicate animals to
25
26 this purpose alone where acceptable post mortem data in this model is available.^{19, 25,}
27
28
29

30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

In conclusion in the MNR guinea pig model of fetal growth restriction we observed
reduced fetal and placental size when compared to *ad lib* fed dams as assessed by
ultrasound examination. This allows *in vivo* tracking of fetal size without the need to
sacrifice animals prematurely, which is likely to be useful when testing out novel
therapies for FGR in the MNR guinea pig. Ultrasound head measurements are a
relevant tool to assess efficacy of therapies to improve fetal growth in FGR, as
measurements taken late in gestation will be highly applicable to the human
condition.

Figure Legends

Figure 1: Weight change in dams before and during gestation. Dams were housed individually for 1 week before commencing dietary restriction (MNR) or *ad lib* diets. Time 0 = time of conception. At 2 weeks before conception (-2 weeks) there was no difference in maternal weight but by 5 weeks after conception (5 weeks) MNR dams were significantly lighter ($p < 0.05^*$).

Figure 2: Cumulative conception rate of dams housed with males for duration of hymen opening. Successful outcome tended to reduce with repeated tugging.

Figure 3: Representative ultrasound images of fetal guinea pigs, showing measurements taken. Ultrasound was performed using a L14-5/38 probe. A, biparietal diameter (BPD); B, occipital-snout length (OSL); C, abdominal circumference (AC); D, femur length (FL), E, placental diameter and thickness; F, crown-rump length (CRL).

ACKNOWLEDGMENTS

The authors wish to thank Mr Adnan Avdic-Belltheus for his advice with regard to guinea pig care and surgery. We thank Dr David Carr and Dr Paul Bassett for statistical support. This project has received research funding from Action Medical Research (GN1738) and the Rosetrees Trust (SP4409). ALD is funded by a HEFCE/Department of Health Clinical Senior Lectureship. This work was undertaken at UCLH/UCL who received a proportion of funding from the Department of Health NIHR Biomedical Research Centre's funding scheme.

Conflict of Interest

ALD is an unpaid consultant and director of Magnus Growth, part of Magnus Life Science, which is aiming to take to market a novel treatment for fetal growth restriction.

REFERENCES

1. Mandruzzato G, Antsaklis A, Botet F, et al. Intrauterine restriction (IUGR). *Journal of perinatal medicine*. 2008; 36: 277-81.
2. McIntire DD, Bloom SL, Casey BM and Leveno KJ. Birth weight in relation to morbidity and mortality among newborn infants. *The New England journal of medicine*. 1999; 340: 1234-8.
3. Spinillo A, Capuzzo E, Egbe TO, Fazzi E, Colonna L and Nicola S. Pregnancies complicated by idiopathic intrauterine growth retardation. Severity of growth failure, neonatal morbidity and two-year infant neurodevelopmental outcome. *The Journal of reproductive medicine*. 1995; 40: 209-15.
4. Doctor BA, O'Riordan MA, Kirchner HL, Shah D and Hack M. Perinatal correlates and neonatal outcomes of small for gestational age infants born at term gestation. *American journal of obstetrics and gynecology*. 2001; 185: 652-9.
5. Blair E and Stanley F. Intrauterine growth and spastic cerebral palsy. I. Association with birth weight for gestational age. *American journal of obstetrics and gynecology*. 1990; 162: 229-37.
6. Jarvis S, Glinianaia SV, Torrioli MG, et al. Cerebral palsy and intrauterine growth in single births: European collaborative study. *Lancet*. 2003; 362: 1106-11.
7. Thornton JG, Hornbuckle J, Vail A, Spiegelhalter DJ and Levene M. Infant wellbeing at 2 years of age in the Growth Restriction Intervention Trial (GRIT): multicentred randomised controlled trial. *Lancet*. 2004; 364: 513-20.
8. Barker DJ. Adult consequences of fetal growth restriction. *Clinical obstetrics and gynecology*. 2006; 49: 270-83.

- 1
2
3 9. Ghidini A. Idiopathic fetal growth restriction: a pathophysiologic approach.
4
5 *Obstetrical & gynecological survey*. 1996; 51: 376-82.
6
7
8 10. Swanson AM and David AL. Animal models of fetal growth restriction:
9
10 Considerations for translational medicine. *Placenta*. 2015; 36: 623-30.
11
12 11. Wigglesworth JS. Fetal growth retardation. Animal model: uterine vessel
13
14 ligation in the pregnant rat. *The American journal of pathology*. 1974; 77: 347-50.
15
16 12. Lafeber HN, Rolph TP and Jones CT. Studies on the growth of the fetal guinea
17
18 pig. The effects of ligation of the uterine artery on organ growth and development.
19
20 *Journal of developmental physiology*. 1984; 6: 441-59.
21
22 13. Eixarch E, Hernandez-Andrade E, Crispi F, et al. Impact on fetal mortality and
23
24 cardiovascular Doppler of selective ligation of uteroplacental vessels compared with
25
26 undernutrition in a rabbit model of intrauterine growth restriction. *Placenta*. 2011; 32:
27
28 304-9.
29
30 14. Girard JR, Ferre P, Gilbert M, Kervran A, Assan R and Marliiss EB. Fetal
31
32 metabolic response to maternal fasting in the rat. *The American journal of physiology*.
33
34 1977; 232: E456-63.
35
36 15. Woodall SM, Breier BH, Johnston BM and Gluckman PD. A model of
37
38 intrauterine growth retardation caused by chronic maternal undernutrition in the rat:
39
40 effects on the somatotrophic axis and postnatal growth. *The Journal of endocrinology*.
41
42 1996; 150: 231-42.
43
44 16. Lingas R, Dean F and Matthews SG. Maternal nutrient restriction (48 h)
45
46 modifies brain corticosteroid receptor expression and endocrine function in the fetal
47
48 guinea pig. *Brain research*. 1999; 846: 236-42.
49
50
51
52
53
54
55
56
57
58
59
60

- 1
2
3 17. Roberts CT, Sohlstrom A, Kind KL, et al. Maternal food restriction reduces
4 the exchange surface area and increases the barrier thickness of the placenta in the
5 guinea-pig. *Placenta*. 2001; 22: 177-85.
6
7
8
9
10 18. Newnham JP, Kelly RW, Patterson L and James I. The influence of maternal
11 undernutrition in ovine twin pregnancy on fetal growth and Doppler flow-velocity
12 waveforms. *Journal of developmental physiology*. 1991; 16: 277-82.
13
14
15
16 19. Carter AM. Animal models of human placentation--a review. *Placenta*. 2007;
17 28 Suppl A: S41-7.
18
19
20
21 20. Kaufmann P and Davidoff M. The guinea-pig placenta. *Advances in anatomy,*
22 *embryology, and cell biology*. 1977; 53: 5-91.
23
24
25
26 21. Verkeste CM, Slangen BF, Daemen M, et al. The extent of trophoblast
27 invasion in the preplacental vasculature of the guinea-pig. *Placenta*. 1998; 19: 49-54.
28
29
30 22. Mess A. The Guinea pig placenta: model of placental growth dynamics.
31 *Placenta*. 2007; 28: 812-5.
32
33
34 23. Carr DJ, Aitken RP, Milne JS, David AL and Wallace JM. Fetoplacental
35 biometry and umbilical artery Doppler velocimetry in the overnourished adolescent
36 model of fetal growth restriction. *American journal of obstetrics and gynecology*.
37 2012; 207: 141 e6-15.
38
39
40
41
42 24. Carr DJ, Wallace JM, Aitken RP, et al. Uteroplacental adenovirus vascular
43 endothelial growth factor gene therapy increases fetal growth velocity in growth-
44 restricted sheep pregnancies. *Human gene therapy*. 2014; 25: 375-84.
45
46
47
48
49 25. Mehta V, Abi-Nader KN, Peebles DM, et al. Long-term increase in uterine
50 blood flow is achieved by local overexpression of VEGF-A(165) in the uterine
51 arteries of pregnant sheep. *Gene therapy*. 2012; 19: 925-35.
52
53
54
55
56
57
58
59
60

- 1
2
3 26. Mehta V, Abi-Nader KN, Shangaris P, et al. Local over-expression of VEGF-
4 DDeltaNDeltaC in the uterine arteries of pregnant sheep results in long-term changes
5 in uterine artery contractility and angiogenesis. *PloS one*. 2014; 9: e100021.
6
7
8
9
10 27. Dwyer CM, Madgwick AJ, Ward SS and Stickland NC. Effect of maternal
11 undernutrition in early gestation on the development of fetal myofibres in the guinea-
12 pig. *Reproduction, fertility, and development*. 1995; 7: 1285-92.
13
14
15 28. Kind KL, Roberts CT, Sohlstrom AI, et al. Chronic maternal feed restriction
16 impairs growth but increases adiposity of the fetal guinea pig. *American journal of*
17 *physiology Regulatory, integrative and comparative physiology*. 2005; 288: R119-26.
18
19
20 29. Sohlstrom A, Katsman A, Kind KL, et al. Food restriction alters pregnancy-
21 associated changes in IGF and IGFBP in the guinea pig. *The American journal of*
22 *physiology*. 1998; 274: E410-6.
23
24
25 30. Turner AJ and Trudinger BJ. Ultrasound measurement of biparietal diameter
26 and umbilical artery blood flow in the normal fetal guinea pig. *Comparative medicine*.
27 2000; 50: 379-84.
28
29
30 31. Kind KL, Simonetta G, Clifton PM, Robinson JS and Owens JA. Effect of
31 maternal feed restriction on blood pressure in the adult guinea pig. *Experimental*
32 *physiology*. 2002; 87: 469-77.
33
34
35 32. Eckstein P, Mc KT and Record RG. Variation in placental weight according to
36 litter size in the guinea-pig. *The Journal of endocrinology*. 1955; 12: 108-14.
37
38
39 33. Harkness JE and Wagner JE. *Biology and Medicine of Rabbits and Rodents*.
40 3rd ed. Philadelphia: Lea & Febiger, 1989.
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Table 1: Fetal and placental measurements at 31-36 days gestational age.

	Diet		p Generalized Linear Mixed Models
	<i>ad lib</i> (mean±SD)	MNR (mean±SD)	
Biparietal Diameter (BPD, mm)	10.84±0.81 n=16	11.03±0.94 n=81	0.248
Occipito-Snout Length (OSL, mm)	17.24±1.67 n=16	17.37±1.85 n=77	0.876
Abdominal Circumference (AC, mm)	38.91±5.58 n=16	39.29±4.42 n=76	0.81
Head Circumference (HC, mm)	44.08±3.66 n=16	44.70±4.12 n=77	0.558
Crown Rump Length (CRL, mm)	32.83±5.22 n=15	32.71±4.18 n=69	0.526
Placental Length (PL, mm)	19.84±2.70 n=15	18.77±2.53 n=74	0.139
Placental Thickness (PT, mm)	6.24±1.16 n=15	6.11±1.25 n=74	0.523
BPD/AC	0.28±0.03 n=16	0.28±0.02 n=76	0.394
OSL/AC	0.45±0.04 n=16	0.44±0.03 n=76	0.3
HC/AC	1.14±0.10 n=16	1.14±0.08 n=76	0.332

Table 2: Fetal and placental measurements at 39-43 days gestational age.

	Diet		p Generalized Linear Mixed Models
	<i>ad lib</i> (mean±SD) n	MNR (mean±SD) n	
Biparietal Diameter (BPD, mm)	15.15±1.09 n=12	13.27±1.65 * n=15	0.025
Occipito-Snout Length (OSL, mm)	24.85±2.52 n=11	21.74±2.95 n=15	0.060
Abdominal Circumference (AC, mm)	61.76±9.97 n=12	52.63±8.53 n=15	0.099
Head Circumference (HC, mm)	62.81±5.57 n=11	54.97±7.04 * n=15	0.041
Placental Length (PL, mm)	23.50±3.00 n=8	21.39±1.94 n=15	0.138
Placental Thickness (PT, mm)	8.93±1.60 n=8	7.33±1.22 * n=15	0.017
BPD/AC	0.25±0.03 n=12	0.25±0.02 n=15	0.849
OSL/AC	0.38±0.12 n=12	0.42±0.03 n=15	0.817
HC/AC	0.96±0.31 n=12	1.05±0.08 n=15	0.806

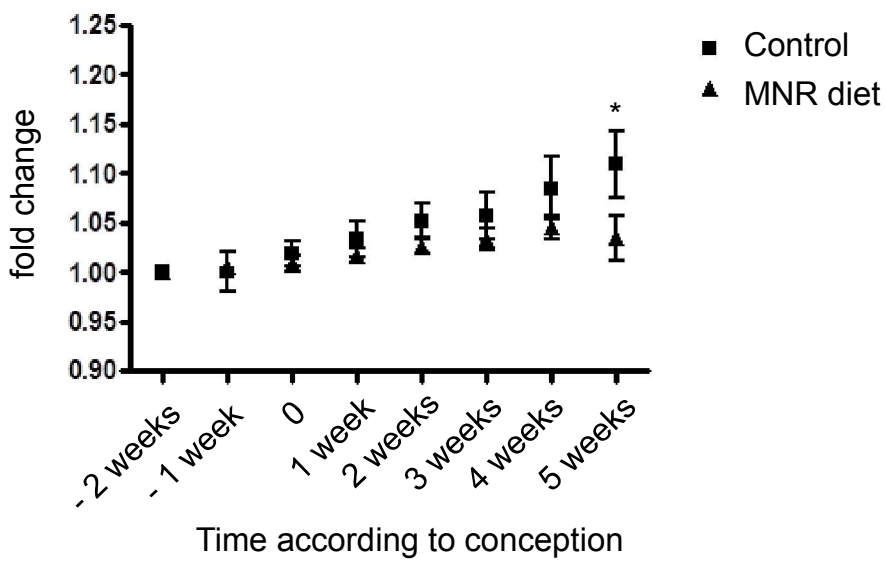


Figure 1

Peer Review

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

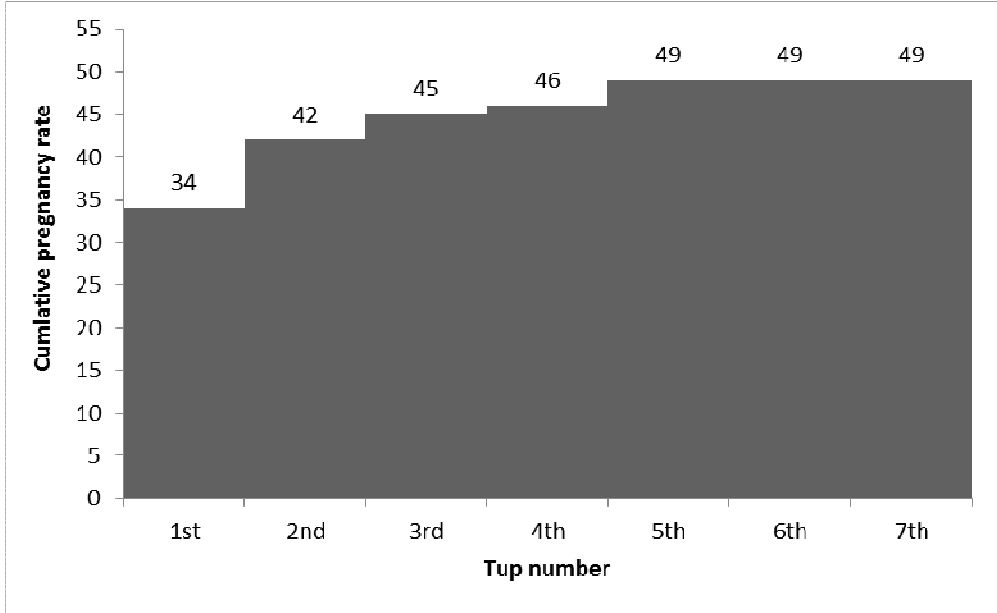
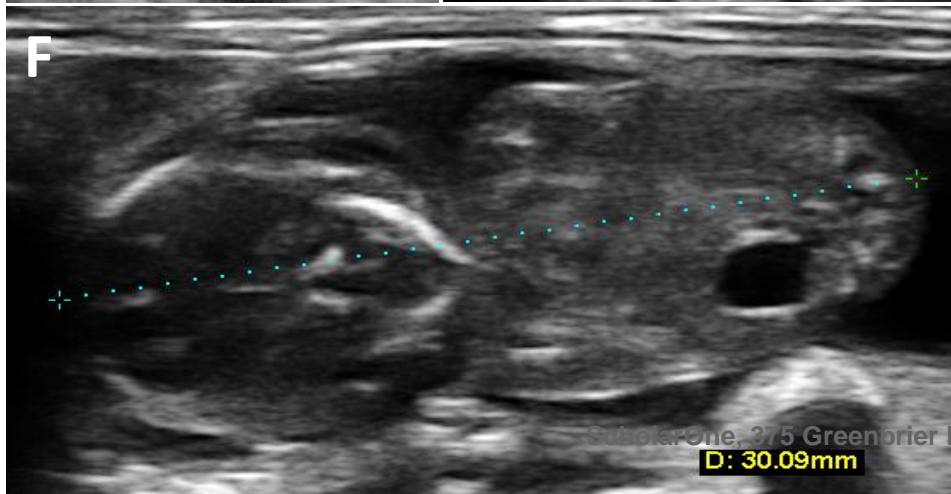
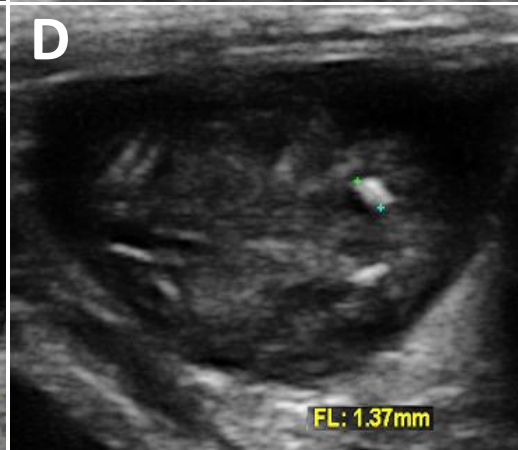
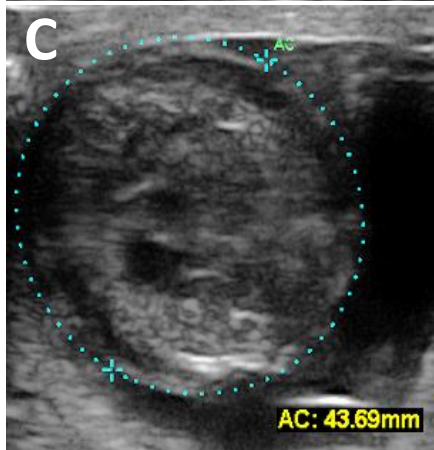
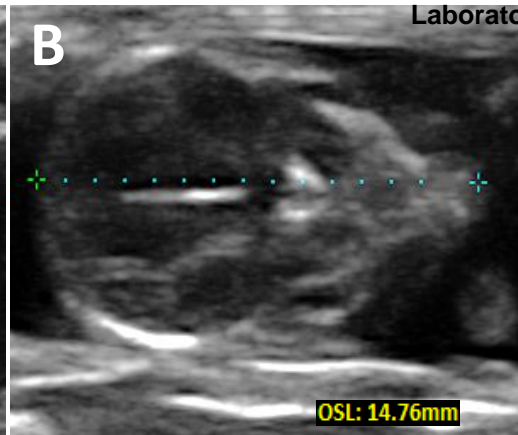
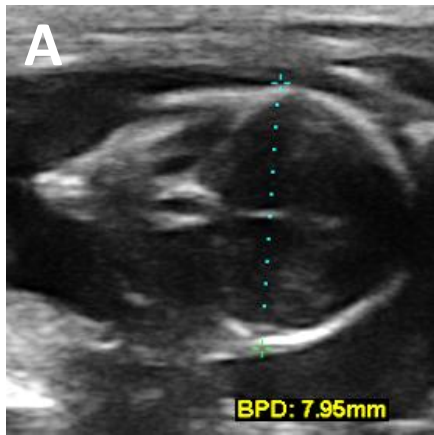


Figure 2

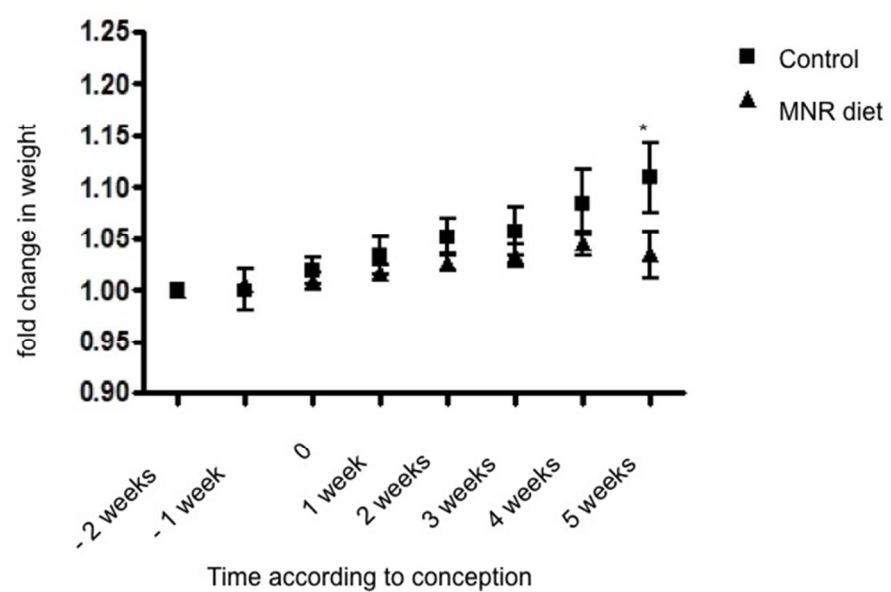
Under Review

Laboratory Animals

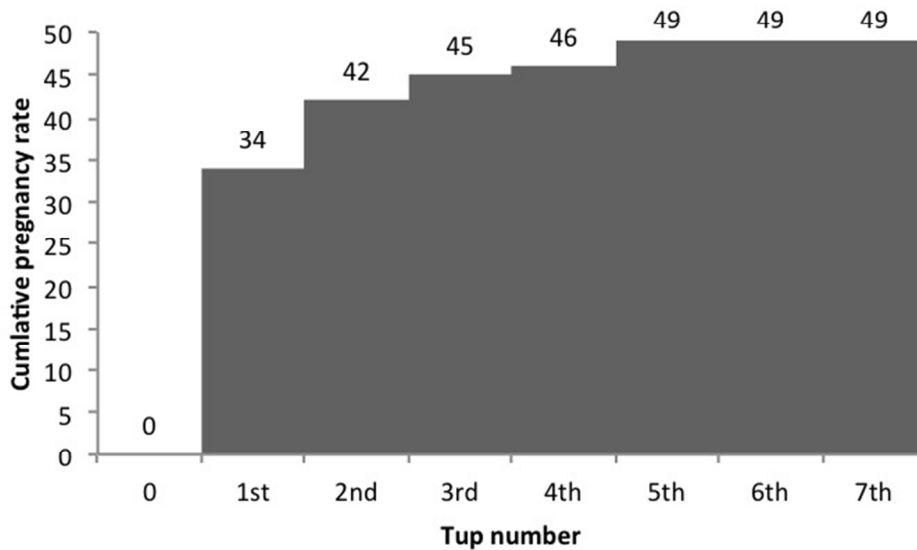


1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60



254x190mm (72 x 72 DPI)

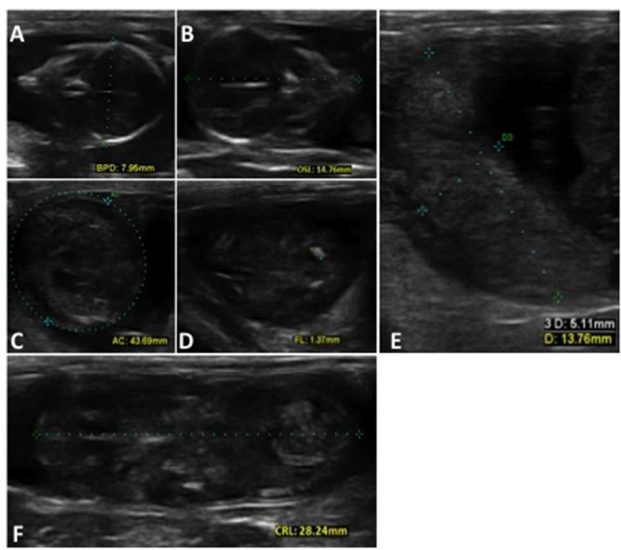


254x190mm (72 x 72 DPI)

Review

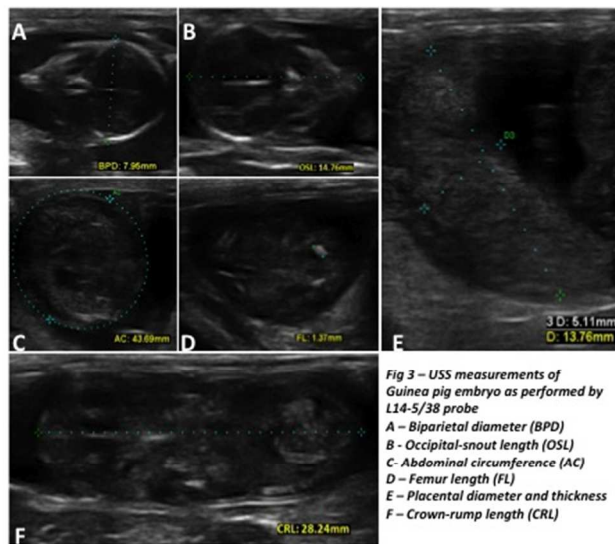
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60



254x142mm (72 x 72 DPI)

Peer Review



254x142mm (72 x 72 DPI)