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Title: Hypoxia-inducible factor 1 signaling drives placental aging and can provoke preterm labor

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Abstract:

Most cases of preterm labor have unknown cause, and the burden of preterm birth is immense.

Placental aging has been proposed to promote labor onset, but specific mechanisms remain

elusive. We report findings stemming from unbiased transcriptomic analysis of mouse placenta,

which revealed that hypoxia-inducible factor 1 (HIF-1) stabilization is a hallmark of advanced

gestational timepoints, accompanied by mitochondrial dysregulation and cellular senescence;

we detected similar effects in aging human placenta. In parallel in primary mouse trophoblasts

and human choriocarcinoma cells, we modeled HIF-1 induction and demonstrated resultant

mitochondrial dysfunction and cellular senescence. Transcriptomic analysis revealed that HIF-1

stabilization recapitulated gene signatures observed in aged placenta. Further, conditioned

media from trophoblasts following HIF-1 induction promoted contractility in immortalized

uterine myocytes, suggesting a mechanism by which the aging placenta may drive the transition

from uterine quiescence to contractility at the onset of labor. Finally, pharmacological induction

of HIF-1 via intraperitoneal administration of dimethyloxalyl glycine (DMOG) to pregnant mice

caused preterm labor. These results provide clear evidence for placental aging in normal

pregnancy, and demonstrate how HIF-1 signaling in late gestation may be a causal determinant

of the mitochondrial dysfunction and senescence observed within the trophoblast as well as a

trigger for uterine contraction.

Introduction:

Preterm birth (birth prior to 37 completed weeks of gestation) is a massive global health burden: it leads all causes of death in neonates and children to the age of 5 worldwide[1], and survivors face a broad array of short- and long-term health challenges[2]. Most preterm births in the United States are due to spontaneous onset of preterm labor, with unknown underlying cause[3]. Preterm labor has proven difficult to treat; there currently exist no highly effective interventions that prevent spontaneous preterm birth (SPTB)[4,5]. The dearth of effective treatments stems from our lack of understanding about the pathways regulating spontaneous onset of labor, both preterm and at term.

The placenta defines the maternal-fetal interface; it is capable of profoundly influencing both maternal and fetal physiology[6-8], and it is subject to remodeling in response to its local environment[9]. Placental disease is known to contribute to other disorders of pregnancy including preeclampsia[10-12] and intrauterine growth restriction[13,14] and there is increasing interest in its potential role as a driver of preterm labor[15-17].

Recent studies have found that placentas from pregnancies that resulted in SPTB have unique metabolomic and transcriptomic signatures from term counterparts[18-20]. The reported differences broadly implicate the stress response, inflammation, and various metabolic pathways. It has been challenging to narrow these findings or translate them for mechanistic relevance, given the lack of suitable culture systems that integrate experimental manipulation of placental cells with the uterine myocyte response. Furthermore, interpretation studies

profiling human placentas from SPTB is sharply limited by the lack of gestational age-matched

controls. Without these, the effects of gestational age cannot be distinguished from factors

driving premature labor. The placenta encounters a dynamic local environment across its

lifetime and faces evolving needs of the growing fetus, so the context of normal gestational

age-related changes is vital for the correct interpretation of molecular characteristics

distinguishing a SPTB placenta. Defining the molecular-level changes in the *healthy* placenta as

it approaches the end of gestation, and their potential effects on the timing of labor onset

would therefore address important knowledge gaps.

Here we report findings from unbiased transcriptomic analysis of healthy mouse placenta,

which highlighted hypoxia-inducible factor 1 (HIF-1) signaling as a hallmark of advanced

gestational timepoints, accompanied by mitochondrial dysfunction and cellular senescence. We

detected some similar effects in human placentas, then modeled HIF-1 induction with two

different stimuli and in two trophoblast cell models, demonstrating that mitochondrial

dysfunction and cellular senescence arise secondary to HIF-1 stabilization. Whole transcriptome

analysis revealed that upon HIF-1 stabilization, a trophoblast cell line acquires signatures that

recapitulate the aged placenta. Finally, we show that conditioned media from these cells is

sufficient to potentiate a contractile phenotype in uterine myocytes, implicating a mechanism

by which the aging placenta may help drive the transition from uterine quiescence to

contractility at the onset of labor. This mechanism is further reinforced by an *in vivo* model in

which administration of the prolyl hydroxylase inhibitor dimethyloxalyl glycine (DMOG) to

pregnant mice induces HIF-1 signaling in the placenta and causes SPTB.

Results

To illuminate gestational age-dependent transcriptional changes in across a healthy pregnancy,

we collected whole mouse placentas at 48h intervals spanning embryonic day 13.5 to 17.5

(e13.5-e17.5) and quantified mRNA and protein targets that emerged from network analysis of

an independently published microarray dataset from healthy mouse pregnancies. Upon

searching Gene Expression Omnibus (GEO)[21] datasets for "placenta AND transcriptome", we

were surprised that among 326 results, only nine included data from normal placenta across a

series of gestational timepoints extending to late pregnancy[22-28] (**Figure 1**). We applied

weighted gene correlation network analysis (WGCNA) to a microarray study of mouse

placenta[22] (GEO accession GSE11224) spanning e8.5 to postnatal day 0 (p0) to assess the mRNA

signature of the aging mouse placenta, using the dataset with the best temporal resolution

across gestation. Distinct clusters emerged, each reflecting a group of genes whose expression

changes across timepoints in a unified way (**Figure 2A;** accompanying statistics available at

Mendeley Data, doi: 10.17632/g6vrw9jjn4.1). Genes in the 'blue' cluster showed increasingly

positive correlation with advancing gestational timepoints; KEGG functional pathways

significantly overrepresented among these genes include HIF-1 signaling, AMPK signaling, and

cellular senescence. Genes in the 'turquoise' cluster showed increasingly negative correlation to

advancing timepoints; KEGG functional pathways significantly overrepresented among these

genes include the citric acid cycle, mitochondrial complex I biogenesis, and the mitotic cell

cycle.

Figure 1. Systematic search flow for placental transcriptomics datasets. 326 GEO datasets were identified by the search terms "placenta" and "transcriptome"; nine met criteria for containing placental transcriptomic data representing normal physiology at a range of gestational timepoints spanning through the final 1/3 of pregnancy. Dataset selected for further analysis in yellow.

Figure 2. Mouse placental aging is characterized by cellular senescence, HIF-1 signaling, and mitochondrial dysregulation. WGCNA yielded 20 gene clusters. Functional pathways overrepresented in clusters found to increase (blue) and decrease (turquoise) across gestation highlight enhanced cellular senescence, increased HIF-1 signaling, and decreased mitochondrial synthesis and respiration late in pregnancy (A). mRNA expression of senescence marker *Glb1* peaks at e17.5 (B; one-way ANOVA p=0.0048). HIF-1 protein abundance is higher at e17.5 versus e13.5 and e15.5 (C; one-way ANOVA p=0.019), as is expression of HIF-1 targets *Hk2* and *Slc2a1* (D; two-way ANOVA p<0.0001 for gestational age factor). (See Figure 2 - Supplement 1 for analysis of gene expression changes across timepoints by placental sex.) Mitochondrial abundance, reflected by COX IV protein, decreases with gestational age (E, one-way ANOVA p=0.0064), and mitochondrial DNA lesion rate peaks at e17.5 in the regions of the D-loop (one-way ANOVA p=0.0001), COII/ATPase6 (p=0.0027), and ND5 (p=0.036) (F). B-F, Each data point represents a biological replicate (eg. RNA, protein, or DNA extracted from an individual placenta, in turn collected from one of 2-4 pregnant dams per group). Data normalized to mean at e13.5. See Figure 2 - Source Data 1 for uncropped blots.

To validate the dynamic pathway activity suggested by the WGCNA, we used qPCR to quantify

mRNA expression of the senescence marker $Glb1$[29] in our mouse placentas, which mirrored the

WGCNA finding that cellular senescence in the placenta peaks in the final days of gestation

(**Figure 2B**). HIF-1 protein abundance was found to peak at e17.5 (**Figure 2C**) and HIF-1 targets

$Hk2$ and $Slc2a1$ likewise confirmed increasing HIF-1 activation with advancing gestational age

through e17.5 (**Figure 2D**). Of note, a modest but significant fetal sex-dependent difference in

HIF-1 target expression (but not $Glb1$) was also observed across timepoints (**Figure 2 -**

Supplement 1). To assess changes in mitochondrial abundance across gestation, we measured

COX IV protein expression and found it declined progressively across mouse gestation (**Figure**

2E) as predicted by the WGCNA.

Having observed a pattern of declining mitochondrial abundance in the placenta with advancing

gestational age, we next investigated the mitochondrial DNA (mtDNA) lesion rate. The

mitochondrial genome is particularly vulnerable to reactive oxygen species (ROS) insults, and

mtDNA damage participates in a vicious cycle with mitochondrial dysfunction and further ROS

production; these effects are observed in a number of age-related diseases in various tissues[30]

and may drive age-associated loss of function[31]. We employed a semi-long run real-time qPCR

approach[32] to quantify relative mtDNA lesion rates in mouse placentas, normalized to e13.5.

There was a measurable increase in the mtDNA lesion rate in the D-loop and COII/ATPase 6

regions of the mitochondrial genome at e17.5 (**Figure 2F**). Together, these results reflect a

series of coordinated changes as gestation progresses —namely HIF-1 signaling induction,

A

two-way ANOVA: p = 0.83 (sex), p = 0.01 (gestational age)

B

two-way ANOVA: p = 0.25 (sex), p < 0.0001 (gestational age)

C

two-way ANOVA: p < 0.0001 (sex), p < 0.0001 (gestational age),
p = 0.026 (interaction)

Figure 2 - Supplement 1. Gestational age-dependent variability in expression of Hif-1 target *Slc2a1*, but not *Hk2*, is affected by placental sex. Subgroup analysis did not reveal sex-dependent mRNA expression changes in *Glb1* (A) or *Hk2* (B) by qPCR, but did demonstrate consistently higher *Slc2a1* expression in male placentas at all gestational ages and an interaction between the effects of sex and gestational age on *Slc2a1* expression (C; two-way ANOVA p<0.0001 for sex, p<0.0001 for gestational age, and p=0.028 for interaction). Each data point represents a biological replicate (RNA isolated from an individual placenta, collected from one of 2-4 dams per group). Data normalized to collective (M+F) mean at e13.5.

decreasing mitochondrial abundance, accumulating mtDNA damage, and escalating cellular

senescence — confirming the patterns we discovered through reanalysis of published

transcriptomic data.

We next probed human placentas for the same gestational age-dependent changes. Studying

normal human placenta at a range of gestational ages beyond the second trimester is

challenging, as placental sampling is usually only possible after delivery, and most deliveries

associated with healthy pregnancies occur at term. We therefore sought to capitalize on rare

exceptions such as cases of placenta previa, vasa previa, or uterine dehiscence, where

iatrogenic preterm delivery is indicated for reasons unrelated to placental health. With an

objective to compare term versus preterm placentas, yet minimize confounding factors that

accompany labor and disease states that could be expected to affect placental health, we

designed a case-control study using the following exclusion criteria: onset of labor prior to

delivery (spontaneous or induced); maternal history of hypertension, asthma, diabetes, or

autoimmune disease; pregnancy complicated by gestational hypertension, gestational diabetes,

preeclampsia, multiples, fetal anomalies, placenta accreta spectrum disorder, or smoking

during pregnancy.

Placentas from 9 cesarean deliveries occurring before 35 weeks gestation and 11 cesarean

deliveries occurring after 39 weeks gestation were studied (**Table 1**). Maternal characteristics

including race, nulliparity, and obesity were not statistically different across the early versus

late groups; there was a small but statistically significant difference in maternal age at the time

of delivery (31.9 ± 0.9 years versus 36.2 ± 1.0 for early gestation versus late, p = 0.008). The

distribution of fetal sex was not different among groups.

qPCR revealed a trend toward increased mRNA expression of *GLB1* and HIF-1 targets *HK2* and

SLC2A1 in the > 39-week cohort (**Figure 3A**), consistent with the gestational age-dependent

effect seen in mouse placenta. We also examined mitochondrial abundance in the two groups

and found that mitochondrial RNA transcripts *ATP6* and *COX2* were significantly decreased

(**Figure 3B**) and COX IV protein abundance was lower at the later timepoint (**Figure 3C**),

mirroring the mouse findings. Of note, power calculation to reject the null hypothesis for

difference between means for some of these measurements (with α=0.05 and β=0.2) suggests

a sample size of greater than 35 per group is required, assuming a similar effect size as seen in

mouse data (eg. expecting *GLB1* fold change difference of 40% across groups), and greater

variability than seen for mouse data (eg. expected standard deviation of *GLB1* fold change

equal to 0.6, versus 0.3 in mice). Practical constraints, especially given our strict exclusion

criteria, make a study of this size unfeasible; nonetheless, we have included analysis of 20

human placentas here in recognition of the vital importance of translating mouse findings to

human biology, even preliminarily. The data should be interpreted in the context of these

statistical realities.

The co-appearance of cellular senescence, HIF-1 signaling, and mitochondrial dysregulation in

the placenta as it approaches the end of gestation led us to hypothesize that in aging placental

cells, HIF-1 induction could be upstream of mitochondrial dysregulation and cellular

Figure 3. Senescence, HIF-1 signaling, and decreased mitochondrial abundance characterize late-gestation human placenta. mRNA expression of senescence marker *GLB1* and HIF-1 targets *HK2* and *SLC2A1* trends higher in placentas from > 39-week cohort vs < 35-week cohort (A; 2-way ANOVA gestational age factor p=0.057). Mitochondrial abundance, reflected by mitochondrial genes *ATP6* and *COX2* (B; two-way ANOVA gestational age factor p=0.042) and COX IV protein (C; p=0.0036) decreases with advancing gestational age. Each data point represents a biological replicate (RNA or protein isolated from an individual placenta). Data normalized to mean in < 35 week group. See Figure 3 - Source Data 1 for uncropped blots.

senescence, as is seen in other systems in emerging aging research[33-35]. To test this hypothesis,

we established a pharmacological model of HIF-1 induction in primary mouse trophoblasts

using cobalt chloride, a prolyl hydroxylase inhibitor that stabilizes HIF-1α[36,37] and has been

widely used to model hypoxia. After six hours of $CoCl_2$ exposure, we confirmed HIF-1 protein

accumulation in cultured trophoblasts (**Figure 4A**). After 48 hours of $CoCl_2$ exposure, mouse

trophoblasts exhibit decreased mitochondrial abundance, by *Cox2* mRNA expression (**Figure 4B**)

and Cox IV protein abundance (**Figure 4C**), and an increase in senescence-associated beta

galactosidase (SA-βGal), encoded by *Glb1* (**Figure 4D**) and detected as a blue stain in an X-gal

assay for senescence (**Figure 4E**). These findings suggest that HIF-1 stabilization induces

subsequent mitochondrial dysfunction and senescence in trophoblasts.

Primary trophoblasts undergo spontaneous syncytialization in culture, a phenomenon that

limits the duration of study and may also confound the interpretation of experimental changes

in key metabolic factors[38]. We therefore also modeled HIF-1 activation in JAR cells, a

trophoblast cell line that does not undergo syncytialization[39]. Consistent with our results in

primary cells, we found that HIF-1 is stabilized in $CoCl_2$-treated JAR cells (**Figure 5A**), and after 6

days of exposure, mitochondrial DNA and protein abundance declined (**Figure 5B-C**). We

further defined the time course of mitochondrial downregulation: by 72 hours the effect began

to appear (**Figure 5 – Supplement 1**). Furthermore, at the 6-day timepoint we found that $CoCl_2$

exposure leads to accumulation of mitochondrial ROS, as measured by mtSOX, a fluorescent

mt-superoxide indicator dye (**Figure 5D**), and impairs mitochondrial polarization, as measured

by tetramethylrhodamine ethyl ester (TMRE) staining, a cell-permeant fluorescent dye that

Figure 4. Short-term HIF-1 stabilization in primary mouse trophoblasts leads to decreased mitochondrial abundance and cellular senescence. HIF-1 is detected in cultured trophoblasts exposed to CoCl$_2$ (A). After 48 hours of CoCl$_2$ exposure, trophoblasts exhibit decreased mitochondrial abundance reflected by *Cox2* mRNA expression levels (B; p=0.014) and COX IV protein levels (C; p=0.0047). Senescence marker *Glb1* is increased (D; p=0.038) and SA-βGal accumulation is noted by X-gal assay (E; p=0.012). Each data point represents a technical replicate (eg. protein, RNA, or β-Gal measured from an individual well of cells grown in treated or control condition). Data normalized to mean of control treatment group. See Figure 4 - Source Data 1 for uncropped blots.

Figure 5. Long-term HIF-1 stabilization in JAR cells leads to mitochondrial dysfunction, cellular senescence, and metabolic reprogramming. HIF-1 is stabilized at 6 day timepoint of CoCl$_2$ exposure (A). After 6 days, mitochondrial abundance is decreased as reflected by a drop in the mitochondrial:nuclear DNA copy number (B) and a decrease in COX IV protein (C). (See Figure 5 - Supplement 1 for timecourse of declining mitochondrial abundance.) Cells also exhibit augmented signs of mitochondrial dysfunction via MtSox (D; p=0.0003) and TMRE staining (E; two-way ANOVA CoCl$_2$ factor p<0.0001). SA-βGal staining reflects a high proportion of senescent cells (F; p<0.0001) and growth arrest is confirmed by cell counting following a 6-day pre-treatment with CoCl$_2$ (G; two-way ANOVA p<0.0001 for interaction of CoCl$_2$ factor with time). (See Figure 5 - Supplement 2 for assessment of cell death by propidium iodide staining.) mRNA expression of SASP candidates *VEGF*, *TNFA, IL1A,* and *IL10* is altered after CoCl$_2$ exposure (H; *, adjusted p<0.01). RNA Seq revealed upregulation of 2188 and downregulation of 1389 genes (I; genes with | log$_2$(FC) | > 1 and -log(FDR)>2 indicated in red) after CoCl$_2$ treatment, with geneset enrichment analysis revealing several pathways significantly dysregulated after CoCl$_2$ treatment recapitulating changes seen in transcriptomic analysis of late versus early gestation mouse placenta. Scale marker = 200 μm. FCCP= carbonyl cyanide 4-(trifluoromethoxy) phenylhydrazone, an ionophore uncoupler of oxidative phosphorylation which depolarizes mt membrane potential. See Figure 5 - Supplement 3 for assessment of effects of HIF-1 stabilization in JAR cells using DMOG. Each data point represents a technical replicate (measurement from an independent well of cells grown in treatment vs control condition). Data normalized to mean of control group. See Fig 5 Source Data 1 for uncropped blots.

accumulates in polarized mitochondria (**Figure 5E**). Additionally, we observed pronounced signs

of cellular senescence: morphological hallmarks (cellular swelling) and β-galactosidase

overexpression (**Figure 5F**); growth arrest which persists for days after removal of the HIF-1

stabilizing compound (**Figure 5G**); and a senescence-associated secretory phenotype (SASP,

Figure 5H) reflected by increases in mRNA expression of the genes encoding VEGF, TNFα and IL-

1α and a decrease in mRNA expression of the gene encoding anti-inflammatory cytokine IL-10.

We conducted additional studies to confirm that cell death was not a primary contributor to

the lack of proliferation. Propidium iodide staining with quantitative fluorescence cytometry

indicated that CoCl$_2$ treatment only increased cell death by 0-3% (**Figure 5 - Supplement 2**).

Importantly, cells remained adherent and continued to acidify culture medium beyond 14 days

of CoCl$_2$ exposure, providing confidence that HIF-1 stabilization induces a phenotype

characterized by predominantly viable cells that are no longer proliferating, namely cellular

senescence. Finally, to assess whether the effects we observed were attributable to HIF-1

stabilization and not an off-target effect of CoCl$_2$, we also evaluated an alternative prolyl

hydroxylase inhibitor, dimethyloxalylglycine (DMOG)[40], and found similar effects on HIF-1,

mitochondrial abundance and cellular senescence (**Figure 5 – Supplement 3**).

To determine if other features of the aged placenta phenotype were recapitulated in this

model, we performed whole transcriptome analysis via RNA-Seq. Differential expression (log$_2$

fold change > 1; FDR < 0.05) was found for 2188 upregulated and 1389 downregulated genes

(**Figure 5I**). Gene set enrichment analysis revealed that chemical hypoxia led to upregulation of

Figure 5 - Supplement 1. The mitochondrial effects of HIF-1 stabilization in JAR cells begin to appear on day 3 following $CoCl_2$ exposure. Each data point represents a technical replicate (independent well of cells grown in control vs treatment condition).

Figure 5 - Supplement 2. Increased number of JAR cells stain with propidium iodide, but the absolute number remains low following 6 days of $CoCl_2$ treatment. Each data point represents a technical replicate (independent well of cells grown in control vs treatment condition).

Figure 5 - Supplement 3. DMOG stabilizes HIF-1 in JAR cells (A) and induces similar effects as $CoCl_2$ on COX IV protein (B), SA-βGal expression (C), and cell growth (D) after 4 days. Each data point represents a technical replicate (measurement from an independent well of cells grown in treatment vs control condition). See Figure 5 - Source Data 1 for uncropped blots.

inflammatory signaling, and downregulation of the TCA cycle, mitochondrial biogenesis, and

respiratory electron transport. These data therefore recapitulated metabolic patterns that

emerged from time course transcriptomic analysis of intact placentas (Figure 2A).

The onset of labor is accompanied by a transformation of the uterus from quiescence into a

distinct physiologic state in which it generates powerful, coordinated contractions. This

phenotypic change is characterized by upregulation of a cadre of contraction associated

proteins (CAPs), notably: cyclooxygenase-2 (COX-2, encoded by *PTGS2*), prostaglandin F2α

receptor (encoded by *PTGFR*), interleukin-6 (IL-6), and connexin 43 (Cx43, encoded by *GJA1*)

Phenotypic switching can be modeled in primary and immortalized uterine myocytes upon

stimulation with inflammatory mediators such as IL-1β, PGF2α, and thrombin[41-43].

To test whether primary placental metabolic disruptions could crosstalk with uterine myocytes

to trigger the contractile phenotype, we collected conditioned media from our JAR cell model

of HIF-1-driven senescence and measured the effect on expression of CAPs in uterine myocytes

(hTERT-HM cells). We observed a robust and specific effect: co-stimulation of uterine myocytes

with IL-1β plus conditioned media from JAR cells treated with $CoCl_2$ (but not from untreated

JAR cells) potentiated the induction of *PTGS2*, *GJA1*, *PTGFR*, and *IL6* mRNA expression (**Figure**

6A-D). We next employed a collagen lattice assay previously described for assessing

contractility of myometrial cells *in vitro*[41,44], and demonstrated that myocyte contraction is

augmented upon exposure to conditioned media from JAR cells treated with $CoCl_2$ but not from

untreated JAR cells (**Figure 6E**). These transcriptional and functional results collectively

Figure 6. Conditioned media (CM) from JAR cells following HIF-1 stabilization induces expression of contractile-associated proteins and augments contraction in immortalized human uterine myocytes. hTERT-HM mRNA expression of *PTGS2* (A), *GJA1* (B), *PTGFR* (C), and *IL6* (D) was induced by CM from JAR cells following $CoCl_2$ treatment (but not in control conditions), potentiating the effect of stimulation of myocytes by exogenous IL-1β. Data normalized to mean of null treatment group. Percent well area occupied by hTERT-HM cells embedded in collagen matrix is significantly smaller after stimulation with IL-1β plus JAR CM from $CoCl_2$ condition, reflecting greater degree of hTERT-HM cellular contraction (E). Each data point represents a technical replicate (measurement from an independent well of cells grown in treatment vs control condition).

demonstrate that uterine myocytes are responsive to the secretome of JAR cells driven to

senescence via HIF-1 induction.

To test whether HIF-1 induction drives labor onset *in vivo*, we administered DMOG

intraperitoneally to pregnant mice on gestational day e16.5. Analysis of placentas recovered 12

hours following injection indicated that HIF-1 protein is stabilized in placenta following

maternal DMOG injection (**Figure 7A**), and transcription of HIF-1 target genes *Hk2* and *Slc2a1*

was significantly increased (**Figure 7B**). Following injection of DMOG, gestational length was

significantly shortened compared to injection of vehicle alone (**Figure 7C-D**).

Discussion

The subject of whether the healthy placenta undergoes aging (with accompanying dysfunction)

within its 40-week lifespan has been of great interest and debate for many years. Age-related

functional decline is a near-universal phenomenon affecting many tissues, but the underlying

biochemical driving factors vary widely depending on the context of cell type and local

stressors. Mechanisms well described in other tissues are rooted in genomic instability,

mitochondrial dysfunction and oxidative stress, nutrient deprivation and metabolic

insufficiency, or loss of proteostasis[45]. While characterization of the placenta as an aging organ

appeared in the literature beginning nearly fifty years ago[46,47], a counter-argument has been

offered that there is no logical reason for the placenta to undergo accelerated aging relative to

the fetus, since both share the same genes and environment[48]. A third viewpoint proposes that

aging in the placenta is indicative of a disease state—not normal progression of healthy

Figure 7. Maternal DMOG injection on e16.5 stabilizes placental HIF-1 and induces preterm labor. HIF-1α protein is detected in placental lysates 12 hours following DMOG injection but not vehicle (A). mRNA expression of HIF-1 targets *Hk2* and *Slc2a1* is upregulated following DMOG injection (p = 0.002 for DMOG vs vehicle, two-way ANOVA) (B). Gestational length is significantly shortened following DMOG injection versus vehicle (C-D). Each data point represents a biological replicate (in A and B, each measurement from an individual placenta collected from one of 2 pregnant dams). Data normalized to mean of vehicle group. See Figure 7 - Source Data 1 for uncropped blots.

gestation—one usually reflective of maladaptive responses to oxidative stress[49-53]. Finally,

recent reports have noted prominent signs of aging in another fetally derived tissue, the

chorioamniotic membranes, in healthy pregnancies[54], and have linked aging of the fetal

membranes to the onset of labor[55,56]. The results presented here span mouse and human

placentas to provide evidence for placental aging in normal pregnancy. Mechanistic dissection

of this phenomenon further demonstrates how hypoxia in late gestation may be both a causal

determinant of mitochondrial dysfunction and senescence observed within the trophoblast as

well as a trigger to induce uterine contraction.

To our knowledge, this is the first report to propose that placental aging in healthy pregnancy is

characterized by induction of HIF-1 signaling, accompanied by downstream effects including

mitochondrial dysfunction and cellular senescence. These findings have implications for the role

of the placenta in signaling that promotes the onset of labor, particularly given our

demonstration that upon HIF-1 stabilization, trophoblasts can induce inflammatory changes in

uterine myocytes and potentiate their contractility, and our *in vivo* demonstration that

administration of DMOG stabilizes placental HIF-1 and leads to preterm labor in mice.

Important next steps prompted by this work include determining the specific components of

the secretome of HIF-1-activated trophoblasts which are responsible for inducing myocyte

transformation, anticipating overlap with findings of prior studies delineating paracrine signals

that mediate labor onset[57-60]. Additionally, having established that HIF-1 signaling is upstream

of mitochondrial dysfunction and cellular senescence in late-gestation placenta in normal

pregnancies, future studies can investigate whether factors that modulate this pathway could

increase or decrease vulnerability to preterm labor. In studies targeted to uterine decidua, a

link between cellular senescence and labor onset has previously been established, with

evidence implicating phospho-Akt and mTORC1 signaling upstream of prostaglandin synthesis

as a key mechanism in this model[61,62]. It is possible that senescence signaling from the placenta

and decidua converge, and labor is provoked upon these convergent endpoint signals

surpassing a threshold, regardless of their origin within the gestational compartment. Future

studies using targeted manipulation of senescence and metabolism in these compartments

individually will help clarify their specific contributions to labor onset.

Our results suggest that placental HIF-1 becomes stabilized late in gestation, and this could be

secondary to the onset of hypoxia sensing as oxygen demand outstrips supply in the

fetoplacental unit. However, placental hypoxia has been difficult to examine *in vivo*. Despite

evolving approaches for measurement of placental oxygenation, findings have varied widely

and adequate spatiotemporal resolution has so far been challenging[63]. However, it is apparent

that due to arteriovenous shunting and high metabolic extraction rates, the placenta

experiences hypoxia throughout pregnancy with a reported partial pressure of oxygen 30-50

mm Hg in the intervillous space, so perhaps a relevant question is what *prevents* HIF-1

stabilization and its downstream effects early in gestation. It is possible that the gestational-

age-dependent HIF-1 induction we observed reflects not a change in oxygen availability, but

rather a change in other HIF-regulatory factors such as nicotinamide adenine dinucleotide

(NAD^+) depletion, as has been demonstrated to occur in muscle and is accompanied by

metabolic reprogramming and mitochondrial decline[64]. Importantly, replenishment of NAD^+

was shown to restore markers of mitochondrial function in these aged cells, suggesting that

mitochondrial effects of HIF-1-driven aging are reversible in some systems. Separately, a recent

study which compared the miR-nomes of 1st- versus 3rd-trimester human placenta highlighted

differential expression of miRNAs with functional links to silencing of hypoxia response and

cellular senescence pathways in the first trimester[65]. Future investigations into the impact of

placental HIF-1 regulation will require a more precise understanding of placental oxygenation *in*

vivo and a sophisticated approach to model these factors in placental explants or other cellular

systems.

The shift in metabolic phenotype away from oxidative respiration in late pregnancy as

demonstrated by our transcriptomics analysis is consistent with earlier findings from

respirometry studies in mouse placenta[66], where rates of oxidative phosphorylation were noted

to decline from e14 to e19, particularly in the labyrinthine zone. It is still unclear if this shift

reflects changing substrate availability, or oxygen content, or perhaps the metabolic needs of

the developing fetus. A better understanding of the dynamic metabolism of the placenta across

gestation will be crucial for developing strategies for optimizing placental health, with major

implications for both maternal and fetal outcomes. For example, placental metabolomics

studies with a gestational time series could help corroborate the metabolic implications

interpreted from our transcriptomic data. And while our study stemmed from analysis of the

whole-organ placental transcriptome, single-cell transcriptomics across advancing gestational

age in healthy placentas would offer critical cell-type localization of specific metabolic events

noted to occur late in pregnancy.

Our data have implications for other adverse pregnancy outcomes beyond preterm birth,

including intrauterine growth restriction and preeclampsia. Two important recent studies have

examined separate mouse models with constitutively active placental HIF-1 and found that

when induced from the beginning of gestation, placental HIF-1 signaling drives abnormal

placentogenesis and impaired spiral artery remodeling, leading to placental hypoperfusion,

fetal growth restriction, and a preeclampsia-like clinical syndrome[67,68]. In the context of these

earlier results, our study highlights the critical gestational age-dependence of HIF-1 effects,

having demonstrated that in a normally developed mouse placenta, induction of HIF-1 signaling

during the final days of gestation leads to labor onset. Timing may be key to understanding how

two distinct pregnancy complications – preterm labor and preeclampsia – appear to emerge

separately from overlapping pathophysiologic mechanisms[69-73].

In summary, we report a molecular characterization of placental aging phenomena occurring in

normal pregnancies, stemming from induction of HIF-1 signaling and downstream

mitochondrial dysfunction and cellular senescence. These findings establish aging in the

placenta as a feature of normal gestation; identify HIF-1 signaling as an upstream trigger

leading to mitochondrial dysfunction and senescence in the placenta; demonstrate that the

secretome of senescent trophoblasts is sufficient to potentiate uterine myocyte transformation

and contractility; and establish that HIF-1 induction *in vivo* can induce preterm labor. These

findings may have important implications for illuminating the factors that determine gestational

length both in health and disease.

Data Availability:

Statistics accompanying WGCNA (Figure 2) are accessible through Mendeley Data, doi:

10.17632/g6vrw9jjn4.1. (https://data.mendeley.com/datasets/g6vrw9jjn4/1)

The RNA Seq dataset has been deposited in NCBI's Gene Expression Omnibus[21] and is accessible

through GEO Series accession number GSE199278.

(https://www.ncbi.nlm.nih.gov/geo/query/acc.cgi?acc=GSE199278)

Additional source data (original images for all blots) available in attached files.

Methods:

Mouse placenta collection: Wild-type C57BL/6 mice (Jackson Laboratory #000664) were fed a

chow diet and housed at 20°C in a 12-hour light/12-hour dark cycle. Nulliparous females (< 6

months of age) were housed for a single dark cycle (midnight = gestational day 0) with a stud

male. On gestational day e13.5-17.5, placentas were isolated via laparotomy from pregnant

females anesthetized via surgical-plane isoflurane. Placentas were quartered, immersion-rinsed

in dH$_2$O and blotted dry, then snap frozen in liquid nitrogen and stored at -80°C prior to use.

Mouse trophoblast isolation: Protocol described in full in Pennington *et al*[74]. On gestational day

e15.5, placentas were collected via laparotomy from pregnant wild-type C57BL/6 female mice

anesthetized with surgical-plane isoflurane. After dissection, placentas were quartered,

immersion-rinsed in dH2O, then placed in ice-cold digestion buffer: DMEM plus HEPES 20 mM,

collagenase 1mg/mL, and DNase I 4000U/mL. Placentas were digested for 20-40 minutes at

37°C with trituration and examined under a microscope until optimal digestion achieved.

Digested cells were passed through a 70 micron strainer, washed in DMEM, then separated

using a Percoll gradient. Trophoblast fraction was washed once more then plated in complete

medium: DMEM with HEPES 20 mM, FBS 10%, and supplemented with sodium pyruvate, pen-

strep-glutamine, non-essential amino acids, and gentamicin. Cells were grown at 37°C in 95%

ambient air with 5% CO_2.

Mouse DMOG injection and measurement of gestational length: On gestational day e16.5, dams

received an intraperitoneal injection of DMOG (Selleck Chemicals) 7.5 mg in 0.3 mL sterile

saline (approximately 250 mg/kg) versus vehicle alone. Video recordings were used to measure

gestational length, defined as interval from midnight of timed mating period until birth of the

first pup.

Human placental specimens. Placenta samples were collected at the time of cesarean delivery,

within 20 minutes of delivery of the placenta. Placental tissue was sampled from approximately

1cm deep to the maternal surface after dissecting away membranes. Cotyledons from all 4

quadrants were collected and minced together prior to immersion rinse in dH_2O and storage of

separate aliquots by snap freezing versus immersion in RNA Later. All samples were stored at -

80°C prior to use.

Cell culture.

All cells were grown at 37°C in 95% ambient air with 5% CO_2. JAR choriocarcinoma cells (ATCC

HTB-144; authenticated by STR profiling and confirmed negative for mycoplasma

contamination) were grown in RPMI 1640 media (4.5 g/L glucose) supplemented with 10% FBS.

Adherent JAR cells were treated with HIF1-stabilizing agents dissolved in 1X PBS (pH 7.4): cobalt

chloride hexahydrate (100 µM $CoCl_2$, Millipore Sigma) and dimethyloxalylglycine, N-

(methoxyoxoacetyl)-glycine methyl ester (1 mM DMOG, Millipore Sigma). JAR cells were

treated with 100 µM $CoCl_2$ or 1 mM DMOG in culture media as indicated prior to endpoint

assays.

Preparation of conditioned media: On day 5 of JAR cell treatment with $CoCl_2$ (versus control

condition), media exchange was performed to apply serum-free media for both conditions. 24

hours later, conditioned media samples were collected and applied to 10 kDa molecular weight

cutoff filters (Amicon Ultra), with centrifugation for 20 minutes at 4000 x g, 4°C. Filters were

washed with one volume of hTERT-HM base medium (see below), with repeat centrifugation.

Concentrated proteins retained in suspension above the filter were collected and stored at -

80°C.

hTERT-HM cells (generously supplied by Dr. Jennifer Condon, Wayne State; STR reference

profile not available) were grown in DMEM/F12 medium (Gibco) with 10% FBS and Antibiotic-

Antimycotic (1X, Gibco). Cells were stimulated by addition of recombinant human IL-1β (R&D

Systems) and/or filter-concentrated JAR cell conditioned media as indicated, 6 hours prior to

collection of cellular RNA.

RT – qPCR. Total RNA was reverse transcribed to cDNA with the Superscript III reverse

transcriptase (Invitrogen) system with random hexamer primers (Invitrogen) according to

manufacturer's instructions. cDNA was amplified via real-time quantitative PCR with TaqMan

Fast Advanced Master Mix (Applied Biosystems) or SYBR Green PCR Master mix (Qiagen) in a

QuantStudio 6 Flex Real-Time PCR System (Applied Biosystems). In mouse samples, target gene

expression was normalized to endogenous levels of housekeeping gene, β-actin. In human

samples, target gene expression was normalized to endogenous levels of housekeeping gene,

YWHAZ (TaqMan) or β-actin (SYBR). Mouse and human primers are listed in Table 2.

Collagen lattice contraction assay: As previously described[41,44], hTERT-HM cells were suspended

in a collagen gel matrix (Cellmatrix collagen type I-A, Fisher Scientific, prepared with MEM,

NaOH and HEPES) then plated in 12-well dishes and grown in hTERT-HM medium. When cells

reached approximately 60% confluence, gel matrix was detached from plate and experimental

treatments were applied in fresh cell culture medium. After 1 hour incubation, a photograph

was taken of each well for manual measurement of percent well area occupied by collagen disc

(using imageJ), reflecting cellular contraction.

mtDNA damage assay. Mitochondrial DNA damage was assayed from total DNA via a semi-long

run real-time PCR approach, as described elsewhere[32]. Briefly, separate qPCR reactions were

assayed to compare a long versus short amplicon representing each genomic region. A lesion

rate per 10 kb of mtDNA was calculated as:

$\text{lesion rate} = \dfrac{10000\ (bp)}{size\ of\ long\ fragment\ (bp)} * (1 - FC_{long-short})$,

with $FC_{long-short} = 2^{-\Delta\Delta Ct}$ calculated in the usual method.

Relative mtDNA copy number. qPCR assays for nuclear and mitochondrial genes were

performed using total DNA as a template. Relative mitochondrial DNA was calculated as:

follows:

mt:nuc DNA copy number $= 2 * 2^{\Delta Ct}$, where $\Delta Ct = Ct_{nuclear\ gene} - Ct_{mitochondrial\ gene}$.

Immunoblots. Protein extraction was performed on cell pellets using RIPA lysis buffer, or on

snap-frozen tissue using RIPA lysis buffer and a bead homogenizer. Protein lysates were

fractionated using NuPage Bis-Tris polyacrylamide gels (20μg total protein per well) and

transferred to PVDF membranes. Antibodies are listed in Table 3.

SA-β-Galactosidase Assay. Adherent cells were fixed and stained for SA-βGal via a Senescence

Detection kit (Abcam, ab65351) per manufacturer's instructions. Representative images were

used to calculate the fraction of SA-β-Gal-positive cells, scored by an observer blinded to

treatment condition.

Live cell staining. Adherent cells were stained using the TMRE-Mitochondrial Membrane

Potential Assay Kit (Abcam, ab113852) per manufacturer's instructions. Select wells were

pretreated with 20 μM FCCP, a decoupling agent, as a positive control for 20 minutes before

TMRE and Hoechst counterstain was applied. Live JAR cells were analyzed by the Celigo Image

Cytometer (Nexcelom BioScience) for fluorescence quantification and gating. Adherent live JAR

cells were stained with MitoSOX™ Red Mitochondrial Superoxide Indicator kit (Invitrogen) and

analyzed using the cytometer in a similar manner.

Cell counting. JAR cells were cultured for 6 days ± cobalt chloride exposure prior to cell

counting. On day 6, cells from each condition were replated in a 96-well plate in CoCl$_2$-free

media at a density of 5 x 10^3 cells per well. Celigo Image Cytometer was used for automated cell

counting (total cells per well) at 24-hour intervals.

RNA-Seq. Following 6 days of treatment with CoCl2 100 ⬚M versus control media, total RNA was

isolated from JAR cells as described above. Extracted RNA (300ng) was treated with NEBNext

rRNA Depletion Kit v2 (E7400X) and cDNA was generated using random hexamer priming and

Maxima H Minus Reverse Transcriptase. cDNA was converted into double stranded cDNA using

NEBNext mRNA Second Strand Synthesis Module (E6111L) and sequencing libraries were

generated by tagmentation using Nextera XT DNA Library Preparation Kit (Illumina FC-131) with

12 cycles of PCR amplification. Sequencing libraries were analyzed by Qubit and Agilent

Bioanalyzer, pooled at a final concentration of 1.2pM, and sequenced on an Illumina

Nextseq500 instrument 36x8x36 read structure.

Transcriptomics Analysis: Sequencing reads were demultiplexed and trimmed for adapters

using bcl2fastq (v2.20.0). Secondary adapter trimming, NextSeq/Poly(G) tail trimming, and read

filtering was performed using fastp (v0.20.0)[75]; low quality reads and reads shorter than 18nt

after trimming were removed from the read pool. Salmon (v1.1.0)[76] was used to simultaneously

map and quantify reads to transcripts in the GENCODE 33 genome annotation of the

GRCh38/hg38 human assembly. Salmon was run using full selective alignment, with sequence-

specific and fragment GC-bias correction turned on (--seqBias and --gcBias options,

respectively). Transcript abundances were collated and summarized to gene abundances using

the tximport package for R[77]. Normalization and differential expression analysis were

performed using edgeR[78,79]. For differential gene expression analysis, genes were considered

significant if they passed a fold change (FC) cutoff of log2FC > 1 and a false discovery rate (FDR)

cutoff of FDR < 0.05. Functional enrichment analyses were performed using g:Profiler[80].

WGCNA[81] was performed after removing genes with low expression as previously described[82].

Statistics. Student's two-tailed unpaired t-test, ordinary one-way, and two-way ANOVA

statistical tests were applied as indicated to compare biological replicates in each experiment.

Data were excluded as outliers using the interquartile range method (lower limit = 1st quartile −

1.5 x IQR; upper limit = 3rd quartile + 1.5 x IQR).

Study Approval. All animal experiments were approved by the Beth Israel Deaconess Medical

Center Institutional Animal Care and Use Committee (protocol #008-2022). Human placental

specimens and data were biobanked and accessed under protocols approved by the Beth Israel

Deaconess Medical Center Institutional Review Board, and written informed consent was

obtained before subject participation (protocols #2008P000061, 2020P000997, 2021P000897).

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Figure Legends

Figure 1. Systematic search flow for placental transcriptomics datasets. 326 GEO datasets

were identified by the search terms "placenta" and "transcriptome"; nine met criteria for

containing placental transcriptomic data representing normal physiology at a range of

gestational timepoints spanning through the final 1/3 of pregnancy. Dataset selected for further

analysis in yellow.

Figure 2. Mouse placental aging is characterized by cellular senescence, HIF-1 signaling, and

mitochondrial dysregulation. WGCNA yielded 20 gene clusters. Functional pathways

overrepresented in clusters found to increase (blue) and decrease (turquoise) across gestation

highlight enhanced cellular senescence, increased HIF-1 signaling, and decreased mitochondrial

synthesis and respiration late in pregnancy (A). mRNA expression of senescence marker *Glb1*

peaks at e17.5 (B; one-way ANOVA p=0.0048). HIF-1 protein abundance is higher at e17.5

versus e13.5 and e15.5 (C; one-way ANOVA p=0.019), as is expression of HIF-1 targets *Hk2* and

Slc2a1 (D; two-way ANOVA p<0.0001 for gestational age factor). (See Figure 2 - Supplement 1

for analysis of gene expression changes across timepoints by placental sex.) Mitochondrial

abundance, reflected by COX IV protein, decreases with gestational age (E, one-way ANOVA

p=0.0064), and mitochondrial DNA lesion rate peaks at e17.5 in the regions of the D-loop (one-

way ANOVA p=0.0001), COII/ATPase6 (p=0.0027), and ND5 (p=0.036) (F). B-F, Each data point

represents a biological replicate (eg. RNA, protein, or DNA extracted from an individual

placenta, in turn collected from one of 2-4 pregnant dams per group). Data normalized to mean

at e13.5. See Figure 2 - Source Data 1 for uncropped blots.

Figure 2 - Supplement 1. Gestational age-dependent variability in expression of Hif-1 target

Slc2a1, **but not** *Hk2*, **is affected by placental sex.** Subgroup analysis did not reveal sex-

dependent mRNA expression changes in *Glb1* (A) or *Hk2* (B) by qPCR, but did demonstrate

consistently higher *Slc2a1* expression in male placentas at all gestational ages and an

interaction between the effects of sex and gestational age on *Slc2a1* expression (C; two-way

ANOVA p<0.0001 for sex, p<0.0001 for gestational age, and p=0.028 for interaction). Each data

point represents a biological replicate (RNA isolated from an individual placenta, collected from

one of 2-4 dams per group). Data normalized to collective (M+F) mean at e13.5.

Figure 2 - Source Data 1. Uncropped, unedited blots from 2c (left) and 2e (right).

Figure 3. Senescence, HIF-1 signaling, and decreased mitochondrial abundance characterize

late-gestation human placenta. mRNA expression of senescence marker *GLB1* and HIF-1

targets *HK2* and *SLC2A1* trends higher in placentas from > 39-week cohort vs < 35-week cohort

(A; 2-way ANOVA gestational age factor p=0.057). Mitochondrial abundance, reflected by

mitochondrial genes *ATP6* and *COX2* (B; two-way ANOVA gestational age factor p=0.042) and

COX IV protein (C; p=0.0036) decreases with advancing gestational age. Each data point

represents a biological replicate (RNA or protein isolated from an individual placenta). Data

normalized to mean in < 35 week group. See Figure 3 - Source Data 1 for uncropped blots.

Figure 3 - Source Data 1. Uncropped, unedited blots from Figure 3.

Figure 4. Short-term HIF-1 stabilization in primary mouse trophoblasts leads to decreased

mitochondrial abundance and cellular senescence. HIF-1 is detected in cultured trophoblasts

exposed to $CoCl_2$ (A). After 48 hours of $CoCl_2$ exposure, trophoblasts exhibit decreased

mitochondrial abundance reflected by *Cox2* mRNA expression levels (B; p=0.014) and COX IV

protein levels (C; p=0.0047). Senescence marker *Glb1* is increased (D; p=0.038) and SA-βGal

accumulation is noted by X-gal assay (E; p=0.012). Each data point represents a technical

replicate (eg. protein, RNA, or β-Gal measured from an individual well of cells grown in treated

or control condition). Data normalized to mean of control treatment group. See Figure 4 -

Source Data 1 for uncropped blots.

Figure 4 - Source Data 1. Uncropped, unedited blots from 4a (left) and 4c (right)

Figure 5. Long-term HIF-1 stabilization in JAR cells leads to mitochondrial dysfunction, cellular

senescence, and metabolic reprogramming. HIF-1 is stabilized at 6 day timepoint of $CoCl_2$

exposure (A). After 6 days, mitochondrial abundance is decreased as reflected by a drop in the

mitochondrial:nuclear DNA copy number (B) and a decrease in COX IV protein (C). (See Figure 5

- Supplement 1 for timecourse of declining mitochondrial abundance.) Cells also exhibit

augmented signs of mitochondrial dysfunction via MtSox (D; p=0.0003) and TMRE staining (E;

two-way ANOVA CoCl2 factor p<0.0001). SA-βGal staining reflects a high proportion of

senescent cells (F; p<0.0001) and growth arrest is confirmed by cell counting following a 6-day

pre-treatment with CoCl$_2$ (G; two-way ANOVA p<0.0001 for interaction of CoCl$_2$ factor with

time). (See Figure 5 - Supplement 2 for assessment of cell death by propidium iodide staining.)

mRNA expression of SASP candidates *VEGF, TNFA, IL1A*, and *IL10* is altered after CoCl$_2$ exposure

(H; *, adjusted p<0.01). RNA Seq revealed upregulation of 2188 and downregulation of 1389

genes (I; genes with | log2(FC) | > 1 and -log(FDR)>2 indicated in red) after CoCl$_2$ treatment,

with geneset enrichment analysis revealing several pathways significantly dysregulated after

CoCl2 treatment recapitulating changes seen in transcriptomic analysis of late versus early

gestation mouse placenta. Scale marker = 200 μm. FCCP= carbonyl cyanide 4-(trifluoromethoxy)

phenylhydrazone, an ionophore uncoupler of oxidative phosphorylation which depolarizes mt

membrane potential. See Figure 5 - Supplement 3 for assessment of effects of HIF-1

stabilization in JAR cells using DMOG. Each data point represents a technical replicate

(measurement from an independent well of cells grown in treatment vs control condition). Data

normalized to mean of control group. See Fig 5 Source Data 1 for uncropped blots.

Figure 5 - Supplement 1. The mitochondrial effects of HIF-1 stabilization in JAR cells begin to

appear on day 3 following CoCl$_2$ exposure. Each data point represents a technical replicate

(independent well of cells grown in control vs treatment condition).

Figure 5 - Supplement 2. Increased number of JAR cells stain with propidium iodide, but the

absolute number remains low following 6 days of CoCl$_2$ treatment. Each data point represents a

technical replicate (independent well of cells grown in control vs treatment condition).

Figure 5 - Supplement 3. DMOG stabilizes HIF-1 in JAR cells (A) and induces similar effects as

$CoCl_2$ on COX IV protein (B), SA-βGal expression (C), and cell growth (D) after 4 days. Each data

point represents a technical replicate (measurement from an independent well of cells grown in

treatment vs control condition). See Figure 5 - Source Data 1 for uncropped blots.

Figure 5 - Source Data 1. Uncropped, unedited blots from 5a (left) and 5c (right)

Figure 6. Conditioned media (CM) from JAR cells following HIF-1 stabilization induces

expression of contractile-associated proteins and augments contraction in immortalized

human uterine myocytes. hTERT-HM mRNA expression of *PTGS2* (A), *GJA1* (B), *PTGFR* (C), and

IL6 (D) was induced by CM from JAR cells following $CoCl_2$ treatment (but not in control

conditions), potentiating the effect of stimulation of myocytes by exogenous IL-1β. Data

normalized to mean of null treatment group. Percent well area occupied by hTERT-HM cells

embedded in collagen matrix is significantly smaller after stimulation with IL-1β plus JAR CM

from $CoCl_2$ condition, reflecting greater degree of hTERT-HM cellular contraction (E). Each data

point represents a technical replicate (measurement from an independent well of cells grown in

treatment vs control condition).

Figure 7. Maternal DMOG injection on e16.5 stabilizes placental HIF-1 and induces preterm

labor. HIF-1α protein is detected in placental lysates 12 hours following DMOG injection but not

vehicle (A). mRNA expression of HIF-1 targets *Hk2* and *Slc2a1* is upregulated following DMOG

injection ($p = 0.002$ for DMOG vs vehicle, two-way ANOVA) (B). Gestational length is

significantly shortened following DMOG injection versus vehicle (C-D). Each data point

represents a biological replicate (in A and B, each measurement from an individual placenta

collected from one of 2 pregnant dams). Data normalized to mean of vehicle group. See Figure

7 - Source Data 1 for uncropped blots.

Figure 7 - Source Data 1. Uncropped, unedited blots from Figure 7.

Table 1. Maternal and fetal characteristics. Data summarized by mean ± SEM or n (%). p-values
calculated via t-test (continuous variables) or Chi-square contingency table (categorical
variables).
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		<u>< 35 weeks</u>	<u>> 39 weeks</u>	p value
		n = 9	n = 11	
Gestational age at delivery (weeks)		34.0 ± 0.3	39.5 ± 0.1	< 0.0001
Maternal age (years)		31.9 ± 0.9	36.2 ± 1.0	0.008
Maternal BMI > 40		1 (11)	0 (0)	0.26
Maternal race				
	White	7 (78)	9 (82)	0.13
	Black	2 (22)	0 (0)	
	Asian	0 (0)	2 (18)	
Primiparous		4 (44)	4 (36)	0.71
Female neonate		5 (55)	8 (73)	0.42
Indication for delivery		Placenta previa (3)	Scheduled repeat (7)	
		Vasa previa (4)	Breech presentation (3)	
		Thinned lower uterine segment (2)	Elective (1)	

906
907   Table 2. Primers

908   Mouse

Target	**Sequence**	**Platform**

Glb1	Mm00515342_m1	TaqMan
Hk2	Mm00443385_m1	TaqMan
Slc2a1	Mm00441473_m1	TaqMan
D loop (long, 801 bp amplicon)	F: CGTACATTAAACTATTTTCCCCAAG R: GAGTTTTGGTTCACGGAACAT	SYBR
COII/ATPase 6 (long, 855 bp amplicon)	F: TTGGTCTACAAGACGCCACA R: ATTTTGGTGAAGGTGCCAGT	SYBR
Nd5 (long, 930 bp amplicon)	F: CGCCTACTCCTCAGTTAGCC R: ATGGTGACTCAGTGCCAGGT	SYBR
Nd2/Nd1 (long, 832 bp amplicon)	F: GGATGAGCCTCAAACTCCAA R: ATGATGGCAAGGGTGATAGG	SYBR
D loop (short)	F: TGACTATCCCCTTCCCCATT R: TTGTTGGTTTCACGGAGGAT	SYBR
COII/ATPase 6 (short)	F: TCTCCCCTCTCTACGCATTC R: CGGTTAATACGGGGTTGTTG	SYBR
Nd5 (short)	F: GGCCTCACATCATCACTCCT R: GCTGTGGATCCGTTCGTAGT	SYBR
Nd2/Nd1 (short)	F: GGATGAGCCTCAAACTCCAA R: GGCTCGTAAAGCTCCGAATA	SYBR
Actb	Mm00607939_s1	TaqMan

910   Human

Target	Sequence	Platform
HK2	Hs00606086_m1	TaqMan
SLC2A1	Hs00892681_m1	TaqMan
IL1A	Hs00174092_m1	TaqMan
IL1B	Hs01555410_m1	TaqMan
TNFA	Hs00174128_m1	TaqMan
IL6	Hs00174131_m1	TaqMan
IL10	Hs00961622_m1	TaqMan
MT-ATP6	Hs02596862_g1	TaqMan
MT-COX2	Hs02596865_g1	TaqMan
ND1	F: CCATAAAACCCGCCACACT	SYBR

	R: GAGCGATGGTGAGAGCTAAGGT	
18S	F: CGCAGCTAGGAATAATGGAATAGG	SYBR
	R: CATGGCCTCAGTTCCGAAA	
GJA1	Hs.PT.58.38338544	SYBR
PTGS2	Hs.PT.58.77266	SYBR
ACTB	Hs.PT.39a.22214847	SYBR
YWHAZ	Hs01122445_g1	TaqMan

912   Table 3. Antibodies

Antibody	Species	Working Concentration	Source
CoxIV	Mouse IgG mAb	1:1,000	Cell Signaling Technology, #11967S
β-Actin-HRP conjugate	Rabbit IgG mAb	1:2,000	Cell Signaling Technology, # 5125S
HIF1	Rabbit	1:1000	Cell Signaling Technology, #14179S

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