The single-cell atlas of the murine reproductive tissues during preterm labor

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ABSTRACT

Preterm birth, the leading cause of perinatal morbidity and mortality worldwide,

frequently results from the multi-etiological syndrome of preterm labor. Intra-amniotic infection

is the best-established causal link to preterm labor and birth, and involves the premature

activation of the parturition cascade in the reproductive tissues (uterus, decidua, and cervix).

However, the simultaneous investigation of the cellular landscape and interaction networks in

such tissues at single-cell resolution had not been undertaken. Herein, we utilized scRNA-seq to

reveal that preterm labor affects the cellularity of the uterus, decidua, and cervix through immune

cell infiltration and altered transcriptomic profiles of non-immune cell types. Preterm labor-

affected cells showed shared and distinct immune processes, the latter indicating tissue-specific

cellular functions. Cell-cell communication analysis implicated immune and non-immune cell

types in preterm labor-associated inflammatory pathways across tissues. Next, correlation

between uterine transcriptomic data from mice with local or systemic inflammation-induced

preterm labor indicated significant overlap in labor-associated gene expression. Last, comparison

of cell-cell communication in the murine and human uterus revealed shared signaling pathways

implicated in preterm and term parturition. Together, these findings provide novel insight into

the cellular landscape, dynamics, and communications in the reproductive tissues during preterm

labor leading to premature birth.

INTRODUCTION

Preterm birth is a devastating clinical condition that affects 15 million infants each year and is the leading cause of neonatal morbidity and mortality worldwide [1, 2]. Spontaneous preterm birth often results from preterm labor, a syndrome for which multiple etiologies have been proposed [3, 4]. Among these, the best-established causal link to preterm birth is intra-amniotic infection, a clinical condition resulting from the invasion of microbes into the amniotic cavity [5-13]. The most frequently detected bacteria in amniotic fluid of women diagnosed with intra-amniotic infection include genital mycoplasmas, *Streptococcus agalactiae*, *Gardnerella vaginalis*, and *Escherichia coli*, among others [14-25]. Human descriptive studies have consistently shown that such microbial invasion of the amniotic cavity is accompanied by a local acute inflammatory response that includes the infiltration of leukocytes into the amniotic cavity (inc. amniotic fluid [26-39] and placental tissues [40-57]) as well as the reproductive tissues [58, 59]. More recently, animal models coupled with omics technologies have been utilized to strengthen this concept and establish causality between intra-amniotic infection and the inflammatory milieu observed in the reproductive tissues (e.g., uterus, decidua, and cervix) that serve to orchestrate the premature activation of the common pathway of labor [60-63]. However, the simultaneous investigation of the cellular landscape and interaction networks at single-cell resolution in the intrauterine components responsible for preterm parturition has not been undertaken.

Single-cell technology has emerged as a useful tool for evaluating cellular composition, transcriptomic activity, and communication networks in gestational and reproductive tissues [64-70]. Indeed, we have applied single-cell RNA-sequencing (scRNA-seq) to investigate the physiological and pathological processes of labor in the placenta and extraplacental membranes

[69]. More recently, we utilized scRNA-seq to unravel the myometrial cell types that participate

in the normal process of term parturition as well as key cell-cell interactions taking place in this

compartment [71]. Importantly, the discovery of single-cell signatures derived from the placental

tissues and myometrium possesses translational value as these can serve as potential non-

invasive biomarkers of labor progression and/or obstetrical disease [66, 69, 71-74].

In the current study, we utilized scRNA-seq coupled with an allogeneic murine model of

intra-amniotic infection to investigate the cellular landscape and cell-cell communications in the

reproductive tissues (uterus, decidua, and cervix) during the process of preterm labor. First, we

utilized a high-resolution ultrasound system to establish a murine model of preterm labor and

birth induced by the intra-amniotic inoculation of *E. coli* and, using the same system, we

established the timing of active preterm labor by assessing cervical shortening. Next, using

scRNA-seq and computational approaches, we generated a single-cell atlas of the uterus,

decidua, and cervix during preterm labor as well as their cell type-specific transcriptomic

activity. In addition, we established the cell-cell communication networks between cell types in

each tissue during preterm labor. Moreover, we compared the uterine transcriptomic changes

induced by local or systemic inflammation leading to preterm labor and birth. Lastly, we

integrated cell-cell signaling pathways between the murine uterus and the human myometrium

during the processes of preterm and term labor, respectively.

RESULTS AND DISCUSSION

A single-cell atlas of the murine reproductive tissues during preterm labor induced by *E. coli*

Intra-amniotic infection has been documented as inducing inflammatory changes in the tissues surrounding the amniotic cavity [75-78]. To investigate such changes at single-cell resolution, we first established a murine model of preterm labor and birth induced by the intra-amniotic inoculation with *E. coli*, a microorganism commonly identified in the amniotic fluid of women with intra-amniotic infection [14, 16, 20, 79]. Mice with an allogeneic pregnancy underwent ultrasound-guided intra-amniotic injection of *E. coli* or vehicle control on 16.5 days *post coitum* (dpc) (Figure 1A). Intra-amniotic inoculation with *E. coli* reduced gestational length in the majority of dams (Figure 1B), resulting in an 83.3% (5/6) rate of preterm birth (Figure 1C). To evaluate the timing of preterm labor, we intra-amniotically injected a second cohort of mice with *E. coli* or PBS and utilized ultrasound to evaluate cervical length just prior to intra-amniotic injection and again 24 h later as a readout of cervical effacement (Figure 1D). Cervical length was diminished in all dams that received intra-amniotic *E. coli* at 24 h post-injection, indicating that these dams were in active preterm labor, whereas cervical length was unaltered in controls (Figure 1E). Histological analyses revealed that the induction of preterm labor was accompanied by collagen degradation in the uterine and cervical tissues (Figure 1-figure supplement 1A-C). Therefore, intra-amniotic inoculation with *E. coli* represents a translational model that resembles the clinical scenario of intra-amniotic infection leading to preterm labor and birth.

Preterm parturition includes the activation of the common pathway of labor that comprises increased uterine contractility, the triggering of local immune response in the decidual

tissues, and cervical dilatation [4, 80-84]. Therefore, to establish a single-cell atlas of the

reproductive tissues in preterm labor, we collected the uterus, decidua, and cervix of dams that

received intra-amniotic inoculation with *E. coli* or control on 17.5 dpc (during preterm labor

induced by *E. coli*) and generated single-cell suspensions for single-cell RNA-sequencing

(scRNA-seq) (Figure 1F). The uniform manifold approximation and projection plot (UMAP) in

Figure 1G highlights the heterogeneous and distinct cellular composition of the uterus, decidua,

and cervix. Overall, 31 cell types were identified across the uterus, decidua, and cervix: smooth

muscle (2 clusters), epithelial (10 clusters), fibroblast (3 clusters), stromal (3 clusters),

Endothelial, Neutrophil, Monocyte, macrophage (2 clusters), Dendritic Cell, T cell, B cell, NK

cell (2 clusters), Erythroid, Plasmocyte, and Trophoblast (Figure 1H). The uterus, decidua, and

cervix each displayed a distinct basal (control) cellular repertoire: the uterus showed a

predominance of fibroblast (clusters 0 and 1) and non-decidual stromal (clusters 2 and 12) cell

types, whereas the decidua also included a unique subset of stromal cells (cluster 4) in addition

to the abovementioned cell types (Figure 1I). The uterus and decidua of control mice also

included modest populations of innate immune cells such as Monocyte and macrophage subsets

as well as lymphocytes such as T cell, NK cell-1, NK cell-2, and B cell (Figure 1I), likely

representing the resident immune populations that have been characterized in human and murine

tissues [67, 69, 71, 85-88]. By contrast with the uterus and decidua, the cervix of control mice

comprised a diverse compartment of epithelial subsets (clusters 5, 7, 8, 10, 11, 14) and other

major cell types (Figure 1I), as previously shown [89-91]. Immune cells were largely scarce in

the cervix as well, although a modest Macrophage-1 population was observed (Figure 1I) that is

consistent with prior reports of cervical cell composition in late gestation [92-95].

During preterm labor, an increase in innate immune cells such as Monocytes,

macrophages, Dendritic cells, and Neutrophils (clusters 3, 6, 9, and 18) was observed in the

uterus, decidua, and, to a lesser extent, the cervix (Figure 1J). Notably, the T cell population

(cluster 16) was also observed to increase in the uterus and decidua in preterm labor (Figure 1J),

which is consistent with prior studies implicating T-cell infiltration and activation as a

component of parturition [96-103]. Interestingly, a subset of epithelial cells (cluster 11,

Epithelial-10) that was largely absent in the uterus and decidua of controls became apparent in

preterm labor (Figure 1J). We also evaluated whether cells of fetal origin were represented

among the populations of the uterus, decidua, and cervix during preterm labor (Figure 1K-M). A

small population of fetal cells (Trophoblasts) was detected in the uterus and decidua, which is

consistent with prior single-cell studies of the human myometrium [71] and may represent

residual placental cells attached to the uterus and decidua.

To further explore changes in cell type composition, we examined the effects of preterm

labor on the abundance of each cell type identified across all tissues (Figure 2A) as well as

within the uterus, decidua, and cervix (Figure 2B-D and Supplementary file 1). A notable

increase in the Monocyte and Neutrophil populations was observed in the uterus and decidua

with preterm labor, with the NK cell-2 and Plasmocyte subsets also showing changes (Figure

2B&C). Moreover, Dendritic cells were increased in the decidua (Figure 2C), with a similar

tendency observed in the uterus (Figure 2B). Interestingly, the Macrophage-1 cell type was

decreased in the uterus with preterm labor (Figure 2B). Although not visually apparent from the

UMAP plots, both the uterus and decidua showed a substantial decrease in non-immune subsets

such as Fibroblast-1, -2, and Stromal-3 with preterm labor (Figure 2B&C), with Stromal-2 also

showing modest changes in the uterus (Figure 2B). In contrast with these two tissues, the cervix

only showed changes in two cell types: Neutrophil and Epithelial-8 were both increased with

preterm labor (Figure 2D), indicating that a modest cellular response to intra-amniotic infection

does occur in this tissue.

To validate the leukocyte infiltration observed in the reproductive tissues, we performed

immunohistochemistry staining to detect leukocytes using the pan-marker CD45, followed by the

identification of major immune cell subsets using multiplex immunofluorescence (Figure 2E-G).

Consistent with the cell abundances derived from scRNA-seq, leukocyte infiltration was highly

evident in the uterus and decidua with preterm labor; uterine leukocytes were more evenly

distributed among neutrophils, monocytes, and macrophages, whereas decidual leukocytes were

predominantly neutrophils and, to a lesser extent, monocytes (Figure 2E&F). The degree of

leukocyte infiltration observed in the uterus and decidua with preterm labor was not evident in

control tissues (Figure 2-figure supplement 1D&E), given that these mice were not undergoing

labor. Similar to the scRNA-seq results, the leukocyte abundance in the cervical tissues was

largely comparable between the control and preterm labor groups (Figure 2G-figure supplement

1F).

Taken together, these findings highlight the distinct cellular composition of the uterus,

decidua, and cervix, and indicate that preterm labor resulting from intra-amniotic infection

involves changes in both the immune and non-immune cellular repertoire of these tissues.

Preterm labor induced by *E. coli* dysregulates gene expression within immune and non-

immune cell types in the reproductive tissues

Given that preterm labor altered the cellular composition of the uterus, decidua, and

cervix, we next explored whether this inflammatory process also resulted in transcriptomic

changes to the identified cell types. Consistent with their altered abundance, multiple fibroblast,

stromal, and epithelial cell types in the uterus and decidua displayed upregulated gene expression

with preterm labor (Figure 3A&B and Supplementary file 2-3), while the cervical non-immune

cells with upregulated gene expression were exclusively epithelial (Figure 3C and

Supplementary file 4). Interestingly, innate immune cell types showed strong dysregulation of

gene expression in both directions that was inconsistent among tissues: while Monocyte showed

more downregulated differentially expressed genes (DEGs) in the uterus (Figure 3A) and cervix

(Figure 3C), this cell type showed more upregulated DEGs in the decidua (Figure 3B).

Neutrophil showed stronger downregulation of DEGs in the uterus and decidua (Figure 3A&B),

whereas in the cervix DEGs were primarily upregulated in this cell type (Figure 3C).

Macrophage-1, Dendritic cell, and NK cell-1 consistently displayed predominantly upregulated

DEGs in the uterus and decidua (Figure 3A&B), and were not represented in the cervix as

previously noted. In addition, the uterine Macrophage-2 and NK cell-2 populations displayed

upregulated DEGs (Figure 3A), which was not observed in other tissues (Figure 3B&C).

Although not as abundant as innate immune cells, the T cell population also displayed

upregulated DEGs with preterm labor in the uterus and decidua (Figure 3A&B). Thus, preterm

labor primarily induces gene expression in the dominant cell types from each tissue; yet, the

substantial amount of downregulated gene expression in innate immune cells may indicate a

switch from one transcriptomic program to another to better respond to infection.

We then utilized the Kyoto Encyclopedia of Genes and Genomes database to evaluate the

pathways enriched in preterm labor-associated DEGs in each cell type and thereby infer

functionality (Figure 3D). Strikingly, both immune and non-immune cell types with altered gene

expression in preterm labor showed enrichment of immunological pathways such as "cytokine-

cytokine receptor interaction", "NOD-like receptor signaling pathway", and "viral protein

interaction with cytokine and its receptor" across the three tissues (Figure 3D). Such findings are

consistent with previous studies showing the upregulation of immune-related pathways in

decidual endothelial [104] and stromal cells [70] from women with labor. Additional

inflammatory pathways such as "NK-kappa B signaling pathway" and "Toll-like receptor

signaling pathway" were also represented, to a lesser extent, by immune cells (e.g., NK cells and

Neutrophil) as well as non-immune cells such as epithelial cells, including in the cervix (Figure

3D). Together with the observed increase in cervical Epithelial-8 cell counts with preterm labor,

it is possible that the upregulation of inflammatory gene expression represents an infection-

induced differentiation of cervical epithelial cells to better participate in host defense

mechanisms in this compartment. Yet, while prior studies have indicated that the loss of cervical

epithelial integrity or function can increase susceptibility to ascending infection [105, 106], the

inverse relationship showing how intra-amniotic infection affects cervical cell composition

remains to be investigated.

The above data demonstrate that both immune and non-immune cell types in the

reproductive tissues display altered transcriptomic profiles with preterm labor that are primarily

characterized by upregulated gene expression. Yet, there is an overall tendency for the

enrichment of similar immunological pathways in both immune and non-immune cell types

across tissues, likely as part of the host response to intra-amniotic infection.

Preterm labor induced by *E. coli* involves conserved cell types that display distinct

processes in the reproductive tissues

The transcriptomic profiling of cell types suggested that specific subsets show conserved

responses with preterm labor across the reproductive tissues. Therefore, we next focused on the

shared preterm labor-specific gene expression among the uterus, decidua, and cervix. The Venn

diagram displayed in Figure 4A highlights the overlap in DEGs across tissues, particularly the

uterus and decidua. Correlation analyses indicated stronger relationships between preterm labor

and gene expression changes in the uterus and decidua than in the cervix (Figure 4B), which was

reflective of the total preterm labor-associated DEGs in each tissue. This observation was further

confirmed by the correlation between the gene expression profiles of the uterus and decidua,

which was stronger than the correlations between the decidua and cervix or the uterus and cervix

(Figure 4C). Given that the uterus, decidua, and cervix all displayed some degree of correlation

for preterm labor-associated gene expression, we evaluated the cell type-specific transcriptomic

changes that were conserved across all three tissues. We found that innate immune cell types

(Monocyte and Neutrophil) as well as non-immune cell types (Epithelial-3, -4, -6 and

Endothelial) showed conserved gene expression changes associated with preterm labor across the

uterus, decidua, and cervix (Figure 4D). We reasoned that, although the transcriptome profiles of

specific cell types were affected across all tissues, such cells may display distinct biological

processes according to their location. Gene Ontology (GO) analysis of the Neutrophil cell type in

the uterus, decidua, and cervix revealed that, while these cells shared some processes such as

"response to bacterium" and "response to lipopolysaccharide", processes specific to Neutrophils

in each tissue were also observed (Figure 4E). Uterine Neutrophils showed enrichment of

processes related to cytokine signaling and anti-viral response, whereas decidual Neutrophils

showed enrichment of cellular activation-associated processes (Figure 4E). In the cervix, unique

enriched Neutrophil processes were primarily associated with response to external stimuli and

bacteria (Figure 4E). Uterine and decidual Monocyte and Macrophage-1 cells also shared

enriched processes related to cytokine production and response to bacteria/lipopolysaccharide,

with decidual Monocytes also showing enrichment of activation-associated processes (Figure

4F). By contrast, cervical Monocytes displayed highly distinct processes related to protein

synthesis and humoral immune response (Figure 4F), suggesting that such cells may functionally

differ from their counterparts in the uterus and decidua. Epithelial-6, which had sufficient DEGs

to perform GO analysis in all three tissues, displayed largely consistent processes across the

uterus, decidua, and cervix that were related to inflammation, anti-bacterial response, and

cytokine production (Figure 4G). The uterine Epithelial-4 cell type displayed enrichment of

several chemotaxis-associated processes, suggesting involvement in leukocyte recruitment to this

tissue, whereas the cervical Epithelial-4 showed enrichment of effector functions such as

production of NO, IL-1, and IFNγ (Figure 4G). Epithelial-3, which only displayed sufficient

DEGs for GO analysis in the cervix, showed enrichment of multiple processes related to

promotion of B-cell and antibody responses (Figure 4G). Thus, the conserved cell types affected

by preterm labor in the uterus, decidua, and cervix each display distinct enrichment of biological

processes, suggesting that similar cell types display tissue-specific functions in the context of

intra-amniotic infection leading to preterm labor.

Given the higher degree of similarity in cell type-composition between the uterus and

decidua (Figure 1), we further investigated the biological processes enriched in several non-

immune cell subsets that were conserved between these two tissues with preterm labor (Figure 4-

figure supplement 2). Interestingly, Stromal-1 and Stromal-2 in the uterus showed largely similar

enrichment of biological processes, as did the Stromal-1 and Stromal-2 cell types in the decidua

(Figure 4-figure supplement 2A). Yet, these cell types differed between tissues, given that the

decidual stromal cells were enriched for leukocyte migration and chemotaxis whereas the uterine

stromal cells showed enrichment for response to immune signaling (Figure 4-figure supplement

2A). The Fibroblast-1 and Stromal-3 cell types showed less diversity in their enriched processes

compared between the uterus and decidua, with the former being associated with host defense

against infection and the latter associated with immune activation, including adaptive immunity

(Figure 4-figure supplement 2B). Fibroblast-2 and Fibroblast-3 were also comparable between

the uterus and decidua; however, the decidual Fibroblast-3 showed more striking enrichment of

responses to microorganisms and cytokine signaling (Figure 4-figure supplement 2C). Finally,

the uterine and decidual Endothelial cell types displayed similar enrichment of processes related

to host defense, innate immunity, and cytokine signaling, with the decidual subset showing

modestly higher enrichment for processes related to neutrophil migration (Figure 4-figure

supplement 2D).

Taken together, these data indicate that the uterus, decidua, and cervix showed shared and

cell type-specific gene dysregulation with preterm labor, with a larger overlap between uterine

and decidual cell types. Yet, similar cell types displayed distinct tissue-specific gene expression

profiles, pointing to differing functional roles for these cells in the host response to intra-

amniotic infection leading to preterm labor.

Preterm labor influences cell-cell communications in the reproductive tissues

Having established that preterm labor drives distinct transcriptomic changes in specific

cell types in the uterus, decidua, and cervix, we next leveraged our single-cell data to elucidate

cell-cell communication networks in these tissues.

Cell-cell communications in the uterus

The uterus is a highly heterogeneous organ with multiple described regions that differ in

cellular composition and function [107-116]. To unravel the intercellular communications taking

place in the murine uterus with preterm labor, we performed a correlation analysis across

preterm labor-associated genes for each pair of identified cell types (Figure 5-figure supplement

3A). The strongest correlations were observed for non-immune cell types, such as stromal,

epithelial, fibroblast, smooth muscle, and Endothelial cell types (Figure 5-figure supplement

3A), suggesting that these cells exhibit similar changes in gene expression with preterm labor.

Innate and adaptive immune cell types also showed moderate correlations; namely, T cell, NK-

cell-1, NK-cell-2, Macrophage-1, Macrophage-2, Monocyte, and Dendritic cell (Figure 5-figure

supplement 3A). The cell types with the weakest correlations were primarily epithelial subsets as

well as Neutrophil, Erythroid, Stromal-3, and SMC-2 (Figure 5-figure supplement 3A),

indicating that such cells show more distinct gene expression changes with preterm labor.

We next used CellChat to infer cell-cell communications within the uterus using our

single-cell gene expression data and a database of established interactions between signaling

ligands, receptors, and their cofactors [117]. Signaling pathways that were enriched or

diminished in preterm labor, as well as those that were unaffected by this process, are shown in

Figure 5-figure supplement 3B and Supplementary file 5. The alluvial plots shown in Figure

5A&B display the major cell-cell communication processes taking place in the uterus as well as

the cell types that participate as senders or receivers in each process. Both innate and adaptive

immune cell subsets (Neutrophil, Macrophage-1, Monocyte, Dendritic cell, NK cell, T-cell)

contribute to the top signaling pathways implicated in preterm labor, such as CCL, CXCL,

complement, IFN-I, IL-1, and IL-6 (Figure 5A). Notably, multiple non-immune subsets also

participate in these processes; namely, fibroblast, stromal, epithelial, SMC, and Endothelial cell

types (Figure 5A). While both immune and non-immune cell types served as receivers of preterm

labor-associated signaling, specific responders to each pathway could be distinguished (Figure

5B). For example, the signaling pathway of IL-6, which is commonly utilized as a biomarker of

intra-amniotic inflammation [47], was primarily driven by immune cell types (Figure 5A); yet,

the receiver cells for this pathway were non-immune subsets (Figure 5B). Conversely, the

primary senders for the Annexin signaling pathway were non-immune cell types (Figure 5A),

with the downstream receivers being predominantly immune cells (Figure 5B). The changes in

cell-cell communication occurring as a result of preterm labor were visualized using the arrow

plot in Figure 5C, where the directionality of each cell type arrow reflects the propensity for

increased outgoing and/or incoming interaction strength. Cell types such as Macrophage-2,

Stromal-2, Stromal-3, and Fibroblast-3 showed primarily even increases in incoming and

outgoing signaling with preterm labor (Figure 5C). Other cell types were more biased towards

increased incoming interactions, such as Macrophage-1, Neutrophil, Dendritic cell, Plasmocyte,

Monocyte, and Epithelial-6, or outgoing interactions, such as Stromal-1, Fibroblast-1, and

Fibroblast-2 (Figure 5C). Interestingly, several cell types showed a net decrease in signaling with

preterm labor; namely, T cell and SMC-1 (Figure 5C).

The top 25% of aggregated cellular interactions in the uterus were then contrasted

between the control and preterm labor groups, emphasizing the overall increase in cell-cell

signaling with preterm labor as well as the incorporation of new signaling pathways from cell

types that were rarely present in control tissues, such as Neutrophil (Figure 5D). The overall

change in uterine cell signaling with preterm labor was generated for each cell type, illustrating

that specific subsets such as Endothelial and Macrophage-2 show overall reduced cell-cell

communication relative to the control tissue environment while others such as stromal cell types

and Macrophage-1 have increased signaling (Figure 5E). We then generated circle plots of the

major cell-cell signaling pathways identified in the uterus with preterm labor to unravel the top

cellular contributors to each (Figure 5F). Similar to Figure 5D, a cut-off was used to display only

the top 25% of predicted interactions for each pathway, as opposed to the complete senders and

receivers displayed in the alluvial plots. As expected, inflammatory pathways such as IL-1 and

IL-6 were only modestly represented or completely absent, respectively, in the control uterus and

were noticeably increased with preterm labor (Figure 5F), which is consistent with the

upregulated expression of these cytokines in the human and murine myometrium during preterm

or term labor [118-121]. The top contributors to these pathways were innate immune cell types

such as Neutrophil and Monocyte, with non-immune subsets such as Fibroblast-3 contributing to

a lesser extent (Figure 5F). Other signaling pathways (e.g., CXCL, CCL, and Complement) were

also predominantly driven by specific immune cell types, such as Neutrophil and Macrophage-1,

whereas IFN-I was primarily derived from Epithelial-6 (Figure 5F).

Taken together, these findings highlight the complex cell-cell communication network

taking place in the murine uterus and how such interactions are modulated by the inflammatory

process of preterm labor in both immune and non-immune cell types.

Cell-cell communication in the decidua

We first examined the correlations across preterm labor-associated changes in gene

expression for each pair of cell types identified in the decidua (Figure 6-figure supplement 4A).

Similar to the uterine tissues, the strongest correlations were observed for non-immune cell types

(e.g., stromal, epithelial, fibroblast, smooth muscle, and Endothelial), followed by innate and

adaptive immune cells, of which the macrophage and Monocyte clusters were best correlated

(Figure 6-figure supplement 4A). Similarly, the weakest correlations were observed for some

epithelial cell types and Neutrophils (Figure 6-figure supplement 4A). Thus, decidual cells

display preterm labor-associated changes in gene expression with varying magnitude of sharing

among cell types, which resemble those observed in the uterine tissues.

The inferred cell-cell signaling pathways that were enriched or diminished in the decidua

with preterm labor are shown in Figure 6-figure supplement 4B and Supplementary file 6. From

among these, the top pathways are displayed with their participating sender and receiver cell

types in Figure 6A&B. Similar to the uterine tissues, key cell-cell communication pathways were

primarily related to immune functions such as cytokine and chemokine signaling (Figure

6A&B). Unique among the three compared tissues, the IL-17 pathway was most prominent in the

decidua (Figure 6A&B), which was consistent with a previous report of IL-17 signaling in

endothelial cells derived from the human peripartum decidua [104]. Both immune and non-

immune cell subsets contributed as senders or receivers in these signaling pathways, including

the NK-cell-2 subset that was not implicated in uterine cell-cell signaling (Figure 6A&B). The

decidual Epithelial-5 cell type appeared to be primarily functioning as a receiver of cell-cell

signaling in this tissue (Figure 6A&B). We then visualized the preterm labor-driven changes in

incoming and outgoing signaling, and observed that subsets such as Monocyte, Macrophage-1,

Neutrophil, NK cells, and Dendritic cells showed predominantly increased incoming interactions

(Figure 6C). On the other hand, stromal and fibroblast subsets as well as T cells tended towards

increased outgoing signaling, while SMC-1 and Endothelial cells showed an overall reduction in

interaction strength (Figure 6C). Interestingly, outgoing interaction strength was greater in

decidual T cells compared to uterine T cells (Figure 6C vs. Figure 5C), which is consistent with

our prior studies indicating a role for T cell-derived signals in the pathophysiology of preterm

labor associated with intra-amniotic infection [122].

Consistent with enhanced cell-cell signaling in preterm labor, aggregated cellular

interaction plots demonstrated an overall net increase in decidual intercellular interactions

compared to controls (Figure 6D). This was reflected by the upregulated signaling observed in

the majority of cell types as represented in Figure 6E, of which the strongest differential increase

in interaction was observed in Monocytes. We then dissected the aggregated cell-cell interactions

according to the top pathways (Figure 6-figure supplement 4B), and noted that inflammatory

pathways such as IL-1, IL-6, and the decidua-specific IL-17 were primarily represented by the

preterm labor group (Figure 6F). The top contributors to IL-1 signaling in preterm labor were the

Macrophage-1, Neutrophil, Dendritic cell, Monocyte, and NK-cell-2 subsets, while IL-6

signaling appeared to be driven by only the latter two cell types (Figure 6F). Notably, the top

contributor to the decidual IL-17 signaling was T cell, potentially indicating the participation of

decidual Th17 cells in the inflammatory process of preterm labor (Figure 6F). This concept is

supported by prior research that reported higher concentrations of IL-17 in amniotic fluid from

women who delivered preterm with acute histological chorioamnionitis compared to those who

delivered at term, and the cellular source of this cytokine was shown to be T cells in the

chorioamniotic membranes of women with acute histologic chorioamnionitis [123]. More

recently, we demonstrated that decidual T cells expressing IL-22, a pleiotropic cytokine with

pro- and anti-inflammatory properties, are enriched in women who underwent preterm labor and

birth [122]. Together with our current findings, these data indicate that decidual T cells

participate in the local inflammatory response to intra-amniotic infection.

These data provide insight into the distinct cellular interactions taking place in the

decidua during the process of preterm labor, including the involvement of cell types and

signaling pathways not observed in other tissues. Yet, the decidua and uterus also share cell type-

specific communications that are affected by preterm labor. It is worth mentioning that, given the

close relationship between the decidua and placenta, it is likely that the cellular signaling

processes taking place in the decidua do not represent a closed system but may also include

outgoing and incoming signals involving placental cell types. This concept is supported by a

prior study of the first trimester decidua and placenta that investigated the expression levels of

ligand-receptor pairs and proposed that decidual tissue cells such as fibroblasts may

communicate with placental trophoblast cell types [68]. Future investigations may further

elucidate inter-tissue cellular signaling between the uterus, decidua, and placenta, and how such

processes are implicated in preterm labor.

Cell-cell communication in the cervix

Our investigation of the cell type-specific changes taking place in the cervix with preterm

labor had indicated that the Neutrophil and Monocyte subsets were most affected, in tandem with

previous studies showing labor-associated infiltration of immune cells [92, 93, 124-126], as well

as multiple epithelial cell subsets (Figures 2 and 3). Consistently, correlation analysis of these

cell types showed that the strongest associations in gene expression changes driven by preterm

labor were observed among epithelial cell types (Figure 7-figure supplement 5A), while

Neutrophils and Monocytes showed modest correlation of genes affected by preterm labor

(Figure 7-figure supplement 5A). Inferred cell-cell signaling pathways were noticeably fewer

compared to the other tissues and included multiple processes unique to the cervix (Figure 7-

figure supplement 5B and Supplementary file 7), which could be attributed to the less diverse

cell type composition observed in this tissue. Indeed, as shown by the participating senders and

receivers, signaling pathways that were strongly implicated in the uterus and decidua with

preterm labor were not as enriched in cervical cell types (Figure 7A&B). On the other hand, cell-

cell signaling pathways related to extracellular matrix were strongly represented (Figure 7A&B),

which is consistent with the primarily connective tissue composition of the cervix [127-129]. As

expected, given their inferred roles as receivers, most cervical epithelial cell types showed strong

incoming interactions with preterm labor, whereas the SMC-1, Fibroblast-2, and Stromal-1

subsets showed a tendency towards increased outgoing interactions (Figure 7A, C). This was

further supported by the aggregated cervical cell-cell interactions in the control and preterm

labor groups showing increased receipt of signaling by Epithelial-1 and Epithelial-8 (Figure 7D).

The overall differential interactions were consistent with the predominant role of SMC-1 and

Fibroblast-2 as senders of cell-cell signaling and epithelial subsets as receivers (Figure 7E). A

previous histological investigation of cervical biopsies from intrapartum and non-pregnant

women indicated a pregnancy-specific accumulation of myofibroblast cells, which could be

interacting with the extracellular matrix to aid in supporting the mechanical stresses present

during labor [130]. Histologically, such myofibroblasts displayed features of both fibroblast and

smooth muscle cells [130]; yet, it was also noted that myofibroblasts were less abundant and

spatially restricted in rat cervical tissues compared to the human cervix [131], Furthermore, in

the last decade, a new paradigm for the role of SMCs in the human cervix has emerged,

suggesting a sphincter-like function of the internal os, in which the SMCs express contractility-

associated proteins that are responsive to oxytocin signaling [132]. Therefore, these studies

support the observed involvement of SMC-1 and Fibroblast-2 subsets in preterm labor-associated

signaling in the murine cervix herein. We then dissected the individual signaling pathways

driven by cervical cell types, and noted that the most obvious change driven by preterm labor

was observed for the IL-1 signaling pathway in which Epithelial-2 was the top participant

(Figure 7F), supporting the role of IL-1 as a mediator of parturition [133-136].

Together, these findings further emphasize the unique cell-cell signaling pathways taking

place in the cervix during preterm labor, which are primarily driven by the non-immune cells in

this compartment.

Comparison of the uterine transcriptomic effects of preterm labor induced by local or

systemic inflammation

Preterm labor is associated with intra-amniotic infection that is frequently subclinical

(i.e., occurring in the absence of maternal symptoms) [4, 83, 137-139]. This clinical scenario has

been most closely replicated using murine models of the intra-amniotic injection of bacteria [77,

122] or their products [76, 140, 141], as we have previously demonstrated. However, a subset of

spontaneous preterm labor cases occurs in the clinical setting of a maternal systemic

inflammatory response, such as pyelonephritis [142-147]. In a previous study, we utilized two

models of preterm birth induced by intra-amniotic or systemic maternal inflammation and

evaluated the resulting inflammatory response in the mother and fetus [141]. Both intra-amniotic

and systemic maternal inflammation resulted in preterm birth [141], which led us to propose that

these inflammatory processes may induce overlapping transcriptomic changes in the uterine

tissues. Therefore, we compared the current uterine scRNA-seq data to a uterine bulk

transcriptomic dataset derived from mice that underwent preterm labor induced by systemic

maternal inflammation [62] (Figure 8A). To compare these datasets, cell type-assignment of

uterine scRNA-seq-derived DEGs was ignored, thereby obtaining a pooled "pseudobulk" dataset

that was directly compared to the previously generated uterine bulk transcriptomic dataset.

Correlation analysis of the DEGs from uterine pseudobulk data and bulk transcriptomic data

indicated a high degree of shared changes in gene expression with preterm labor induced by

intra-amniotic or systemic inflammation (Figure 8B). Each dataset also contained preterm labor-

associated DEGs that were not identified in the other dataset (Figure 8B); yet, whether such

unique DEGs are driven more by inherent differences between scRNA-seq and bulk tissue

sequencing technologies, or by differences in the uterine response to intra-amniotic vs. systemic

inflammation, cannot be ascertained here. To infer cell type-specific changes in gene expression

within the bulk dataset, we used the annotated expression profiles of each cell type identified by

scRNA-seq and overlaid these with the bulk data. Correlation analysis was then performed to

evaluate whether changes in cell type-specific gene expression were correlated in magnitude and

direction between the scRNA-seq and bulk datasets (Figure 8C). Notably, significant agreement

was observed for the majority of cell type-specific gene expression changes between the datasets

(Figure 8C). The DEGs assigned to the Epithelial-4 and SMC-2 cell types showed only slight

agreement between scRNA-seq and bulk datasets (Figure 8C); for the latter subset, this could

potentially be explained by the limited capacity of the 10x Genomics technology to encapsulate

smooth muscle cells above a specific size threshold, as we have previously reported [71].

Nonetheless, these data indicate a substantial degree of overlap between the uterine gene

expression changes associated with intra-amniotic inflammation or systemic maternal

inflammation leading to preterm labor and birth.

Shared cellular signaling pathways in the murine uterus and human myometrium during the processes of preterm and term labor

Lastly, to examine the cell types that contribute to the process of labor in mice and humans, we utilized the differential cellular interactions in the murine uterus with preterm labor together with our previously generated single-cell atlas of the human myometrium with labor at term [71] (Figure 9). We investigated the interaction strength between cell types affected by labor as well as prominent signaling pathways, and contrasted these between the murine and human tissues. Overall, we found that labor-associated cell-cell interactions were primarily driven by SMC, stromal, fibroblast, and innate immune cell types in both the murine uterus and human myometrium, independent of differences in sender/receiver status (Figure 9A&B).

Specifically, in the murine uterus, non-immune cell types such as Fibroblast-1, -2, and -3, Stromal-2 and -3, and SMC-1 showed the strongest labor-associated increase in outgoing cell-cell signaling, whereas outgoing signaling by Macrophage-2 was greatly diminished (Figure 9A). The top receivers of labor-associated signaling were Fibroblast-3, Stromal-2 and -3, and Epithelial-6 as well as innate immune cell types (Monocyte, Neutrophil, and Macrophage-1) (Figure 9A). Endothelial, SMC-1, Plasmocyte, and Macrophage-2 showed diminished incoming signaling with preterm labor (Figure 9A).

In the human myometrium, labor involved increased outgoing signaling almost exclusively by smooth muscle cell and stromal subsets, with Myofibroblast and LED cells also contributing to this process (Figure 9B). Receivers of such outgoing interactions included macrophage subsets and Monocytes, which is consistent with previous investigations indicating that myometrial cell contraction during labor is promoted by crosstalk with macrophages in a co-culture model [148]. Multiple myometrial cell subsets displayed substantially reduced outgoing

signaling with labor, such as EVT, Macrophage-4, Plasmablast, Unciliated Epithelial, and ILC

(Figure 9B). For incoming signaling, the majority of human myometrial cell types tended to have

increased interaction only with those cells that displayed greater outgoing signals, such as

smooth muscle and stromal cells (Figure 9B). Some exceptions seemed to be the Macrophage-1,

SMC-3, and Stromal-1 subsets, whose incoming signaling from the majority of other cell types

was strengthened (Figure 9B).

We then examined the top 25% of aggregated cell-cell interactions in the human

myometrium at term without labor and at term with labor (Figure 8B-figure supplement 6A).

Consistent with the correlation analysis above (Figure 9B), a clear shift in the cell types

contributing to myometrial cell-cell signaling was observed between groups, with the EVT,

Macrophage-4, Plasmablast, and Unciliated epithelial clusters showing greatly diminished

interactions in labor, and smooth muscle and stromal cell subsets acquiring increased interactions

(Figure 8B-figure supplement 6A). This shift in interaction with labor was also reflected by the

combined differential interaction analysis shown in Figure 8B-figure supplement 6B. When

examining the specific cell-cell signaling pathways that were impacted by labor, terms such as

Collagen, IL-1, CCL, Complement, and CXCL were found to be shared between the murine

uterus and human myometrium, indicating shared labor-associated cellular signaling between

species (Figure 8D-figure supplement 6C); yet, the closer inspection of these shared signaling

pathways revealed differences in the cell types contributing to each (Figure 9C&D). The

relevance of immune pathways such as chemokine signaling in the process of labor is supported

by previous reports demonstrating that the use of a chemokine inhibitor on human myometrial

cells decreased contraction and gap junction formation, thereby disrupting intercellular

communication [149, 150]. Taken together, these data indicate that labor-associated cell-cell

interactions heavily involve SMC, stromal, fibroblast, and innate immune cell types in the

murine uterus and the human myometrium, providing evidence of labor-specific signaling

processes between immune and non-immune cells that are shared between species.

Conclusion

In summary, the current study provides a single-cell atlas of the murine uterus, decidua,

and cervix and highlights the shared and distinct patterns of cell type composition, transcriptional

profiles, and cell-cell signaling among these tissues induced by intra-amniotic infection leading

to preterm labor and birth. scRNA-seq revealed that preterm labor affects the cellularity of the

uterus, decidua, and cervix not only through the infiltration of innate immune cells but also

through the altered transcriptomic profiles of non-immune cell types. Importantly, gene

expression analysis indicated shared modulation of uterine and decidual cell types, with the

cervix showing more distinct changes. Yet, affected cell types showed distinct host immune

responses according to location, indicating tissue-specific functions of these cells. Cell-cell

communication analysis indicated the participation of immune and non-immune cell types in

multiple inflammatory signaling pathways associated with preterm labor in the uterus, decidua,

and cervix. Correlation analysis of uterine scRNA-seq or bulk transcriptomic data from mice

with local or systemic inflammation-induced preterm labor, respectively, indicated a substantial

overlap in labor-associated gene expression changes. Lastly, comparison of cell-cell

communication in the murine uterus with preterm labor and the human myometrium with term

labor revealed shared cell types and signaling pathways implicated in the process of parturition.

Together, our findings provide novel insight into the cellular changes taking place in the murine

reproductive tissues during preterm labor leading to premature birth.

MATERIALS AND METHODS

Mice

Mice were purchased from The Jackson Laboratory (Bar Harbor, ME, USA) and bred in

the animal care facility at the C.S. Mott Center for Human Growth and Development, Wayne

State University (Detroit, MI, USA). Mice were under a circadian cycle of light:dark = 12:12 h.

Eight- to twelve-week-old C57BL/6 (RRID:IMSR_JAX:000664) female mice were bred with

BALB/cByJ male mice (RRID:IMSR_JAX:001026), and females were examined daily between

0800 and 0900 to check for the presence of a vaginal plug, which was considered as 0.5 days

post coitum (dpc). Upon observation of a vaginal plug, females were removed from mating cages

and housed separately, and their weights were monitored daily. At 12.5 dpc, a weight gain of $\geq$2g

was considered confirmation of pregnancy. Mice were randomized to receive intra-amniotic

injection of *E. coli* or vehicle control, and investigators were not blinded to control or treatment

assignment. No experimental mice were excluded from analysis. All procedures and experiments

were approved by the Institutional Animal Care and Use Committee (IACUC) at Wayne State

University under Protocol nos. 18-03-0584 and 21-04-3506.

Preparation of E. coli culture for intra-amniotic injection

Escherichia coli was purchased from the American Type Culture Collection (ATCC,

Manassas, VA, USA) (ATCC 12014) and was grown in Luria-Bertani (LB) broth (cat. no.

L8050, Teknova, Hollister, CA, USA) at 37°C. From an overnight culture, a sub-culture was

placed with fresh LB broth and grown to the logarithmic phase (OD_{600} 0.9 - 1). Additional

dilution was performed using sterile 1X phosphate-buffered saline (PBS, Thermo Fisher

Scientific/Gibco, Grand Island, NY, USA) to reach a working concentration of 10 CFU/25µL.

Measurement of cervical length by ultrasound

Dams were anesthetized on 16.5 dpc by inhalation of 2% isoflurane (Aerrane; Baxter

Healthcare Corporation, Deerfield, IL, USA) and 1 to 2 liters/min of oxygen in an induction

chamber. Anesthesia was maintained with a mixture of 1.5 to 2% isoflurane and 1.5 to 2

liters/min of oxygen. Mice were positioned on a heating pad and stabilized with adhesive tape.

Fur removal from the abdomen was performed using Nair cream (Church & Dwight Co., Inc.,

Ewing, NJ, USA). Sterile forceps were utilized to expose the vulva and 200 µL of Sterile

Aquasonic® 100 ultrasound transmission gel (Parker laboratories, Fairfield, NJ, USA) was used

to fill the vagina to create contrast and allow for clear visualization of the external limit of the

uterine cervix (i.e., the external os). A trans-abdominal ultrasound approach was utilized to

evaluate the cervix. The transducer was slowly moved toward the lower part of the abdomen and

the cervix was positioned in a longitudinal view. The cervical length was measured from the

internal to the external OS at least three times per mouse, and its average was utilized as the final

value for cervical length. This procedure was performed prior to ultrasound-guided injection

with either *E. coli* or PBS and repeated 24 h later (on 17.5 dpc) (i.e., prior to tissue collection).

Intra-amniotic inoculation with E. coli

Dams that underwent cervical measurement were maintained on the heating pad under

anesthesia as described above. The ultrasound transducer was slowly moved toward the abdomen

to localize the amniotic sacs. The syringe with *E. coli* suspension (10 CFU/25µL) was stabilized

by a mechanical holder (VisualSonics). Ultrasound-guided intra-amniotic inoculation with *E.*

coli was performed in each amniotic sac using a 30G needle (BD PrecisionGlide needle; Becton

Dickinson, Franklin Lakes, NJ, USA). Controls were injected with 25 µL of sterile 1X PBS into

each amniotic sac. After the ultrasound injection, the dams were placed under a heat lamp for

recovery (defined as when the mouse resumed normal activities such as walking and

responding), which typically occurred 10 min after removal from anesthesia. After recovery,

mice were video monitored to observe pregnancy outcomes.

Video Monitoring

Pregnancy outcomes were recorded via video camera (Sony Corporation, Tokyo, Japan)

to determine gestational length, and therefore rate of preterm birth. Preterm birth was defined as

delivery occurring before 18.5 dpc, and its rate was represented by the percentage of females

delivering preterm among the total number of mice injected.

Tissue collection prior to preterm birth

Dams were euthanized on 17.5 dpc and the reproductive tissues (uterus, decidua, and

cervix) were collected. Tissues collected for the preparation of single-cell suspensions were

placed in sterile 1X PBS, while tissues for histological analyses were fixed in 10% Neutral

Buffered Formalin (Surgipath, Leyca Biosystems, Wetzlar, Germany) and embedded in paraffin.

Five-µm-thick sections were cut and mounted on Superfrost® Plus microscope slides (Cat. No.

48311-703, VWR International, LLC. Radnor, PA, USA).

Histological characterization of murine reproductive tissues

Leukocyte detection using DAB immunohistochemistry

640 Five-μm-thick tissue sections from mice injected with PBS or *E. coli* were deparaffinized

641 and rehydrated using xylene and a series of decreasing ethanol concentrations, respectively.

642 Immunohistochemistry staining using the Monoclonal Rabbit Anti-Mouse CD45 (AB_2799780;

643 clone D3F8Q, cat. no. 70257S, Cell Signaling Technology, Danvers, MA, USA) was performed

644 using the Leica Bond Max Automatic Staining System in a peroxidase-mediated oxidation of

645 3,30-diaminobenzidine (DAB) from the Bond™ Polymer Refine Detection Kit (both from Leica

646 Microsystems, Wetzlar, Germany). The negative control used was the Rabbit FLEX Universal

647 Negative Control (cat. no. IR60066-2, Agilent, Santa Clara, CA, USA). Images were scanned

648 using the Brightfield setting of the Vectra Polaris Multispectral Imaging System.

650 *Movat's pentachrome staining*

651 Five-μm-thick tissue sections from mice injected with PBS or *E. coli* were histologically

652 characterized for the presence of collagen, elastin, muscle, and mucin using the Movat

653 Pentachrome Stain Kit (Modified Russell-Movat; ScyTek Laboratories, Inc. Logan, UT, USA),

654 following manufacturer's instructions with modifications. Briefly, tissue sections were

655 deparaffinized, stained with working Elastic Stain solution for 20 min, and rinsed in running tap

656 water for 1 min followed by rinsing with deionized water. Then, the following reagents from the

657 kit were sequentially applied to the entire tissue section with distilled water rinsing in between

658 each application: 2% Ferric Chloride for 5-8 s, 5% Sodium Thiosulfate Solution for 1 min,

659 Alcian Blue Solution (pH 2.5) for 20 min, Biebrich Scarlet-Acid Fuchsin Solution for 2 min, 5%

660 Phosphotungstic Acid Solution for 7 min, and 1% Acetic Acid Solution for 3 min. Excess Acetic

661 Acid Solution was drained from the slides and Yellow Stain Solution was immediately applied

662 for 20 min. The slides were then rinsed in 100% ethanol followed by rinsing with xylene. Images

were scanned using the Brightfield setting of the Vectra Polaris Multispectral Imaging System

(Akoya Biosciences, Marlborough, MA, USA).

OPAL multiplex immunofluorescence

OPAL multiplex immunofluorescence staining was performed using the OPAL Multiplex

7-color IHC kit (Cat. no. NEL811001KT; Akoya Biosciences), according to the manufacturer's

instructions. Prior to multiplex staining, the order of antibody staining was optimized using

single-plex staining paired with tyramide signal amplification (TSA)-conjugated OPAL

fluorophores. The optimized detection panel includes antibody-OPAL fluorophore pairs in the

following order: Monoclonal Rabbit Anti-Mouse F4/80 (AB_2799771; clone D2S9R; cat. no.

70076s, Cell Signaling Technology) with OPAL 520, Monoclonal Rabbit Anti-Mouse CD3ε

(AB_2889902; clone E4T1B; cat. no. 78588s, Cell Signaling Technology) with OPAL 570,

Monoclonal Rabbit Anti-Mouse Klrb1c/CD161c (AB_2892989; clone E6Y9G; cat. no. 39197S,

Cell Signaling Technology) with OPAL 620, Polyclonal Rabbit Anti-Mouse Ly6C (cat. no.

HA500088, HuaBio, Boston, MA, USA) with OPAL 650, and Monoclonal Rabbit Anti-Mouse

Ly6G (AB_2909808; clone E6Z1T; cat. no. 87048S, Cell Signaling Technology) with OPAL

690. The Rabbit FLEX Universal Negative Control (Agilent) was used as isotype. Briefly, 5-

µm-thick tissue sections from mice injected with PBS or *E. coli* were deparaffinized and

rehydrated using xylene and a series of decreasing ethanol concentrations, respectively. The

slides were rinsed in deionized water and epitope retrieval was performed by submerging the

slides in appropriate antigen retrieval (AR) buffer and boiling in a microwave oven. Non-specific

binding was prevented by incubating slides in OPAL antibody diluent/blocking solution prior to

incubating with each primary antibody at room temperature. Next, the slides were rinsed in

TBST prior to incubation with anti-mouse secondary antibody-horse radish peroxidase (HRP)

conjugate followed by the selected TSA-conjugated OPAL fluorophore. Cycles of sequential

epitope retrieval, target detection, and signal amplification were repeated using the optimized

antibody-OPAL fluorophore pair. Once all targets were detected, the slides were incubated with

DAPI (4′,6-diamidino-2-phenylindole) as a nuclear counterstain and mounted using AquaSlip™

Aqueous Permanent Mounting Medium (American MasterTech). Fluorescence image acquisition

was performed using the Vectra Polaris Multispectral Imaging System at 20x magnification.

Multispectral images were analyzed using the inForm software version 2.4 (Akoya Biosciences).

Tissue dissociation of murine uterus and decidua

Immediately following tissue collection, the uterus and decidua were dissociated to

prepare single-cell suspensions. The tissues were mechanically dissociated and enzymatically

digested by incubating at 37ºC using enzymes from the Umbilical Cord Dissociation Kit

(Miltenyi Biotec). A second round of mechanical dissociation was performed using the

gentleMACS Dissociator (Miltenyi Biotec), and dissociated cells were rinsed with 1X PBS

(Thermo Fisher Scientific) prior to filtration using a 100µm cell strainer (Miltenyi Biotec).

Filtered cells were pelleted by centrifugation at 300 x g for 5 min, erythrocytes were eliminated

using ACK Lysing Buffer (Life Technologies), and the cells were rinsed in 0.04% BSA (Sigma

Aldrich) and 0.5 mM EDTA (Sigma Aldrich) diluted in 1X PBS. Finally, the cells were filtered

using a 30µm cell strainer (Miltenyi Biotec), and the Dead Cell Removal Kit was used to remove

dead cells to obtain a cell viability of ≥80%.

Tissue dissociation of the murine cervix

Immediately following the collection of the cervix, the tissue was mechanically

dissociated and enzymatically digested using Collagenase A (160 mg/mL) (Sigma Aldrich, St.

Louis, MO, USA) and incubated at 37ºC. Then, the dissociated cells were pelleted by

centrifugation at 16,000 x g for 10 min at 20ºC and resuspended with 0.05% trypsin-EDTA

(Thermo Fisher Scientific, Waltham, MA) prior to a second round of mincing and incubation in

0.05% trypsin-EDTA at 37ºC. The enzymatic reaction was stopped by the addition of FBS (Fetal

Bovine Serum, Thermo Fisher). Cells were then filtered using a 70µm cell strainer (Miltenyi

Biotec, San Diego, CA, USA) and pelleted by centrifugation at 300 x g for 10 min. Erythrocytes

were removed using ACK Lysing Buffer (Life Technologies, Grand Island, NY, USA). Finally,

the cells were resuspended in 0.04% Bovine Serum Albumin (BSA) (Sigma Aldrich) diluted in

1X PBS (Thermo Fisher Scientific, NY, USA) and filtered through a 30µm cell strainer

(Miltenyi Biotec). The cell concentration and viability were determined using an automatic cell

counter (Cellometer Auto 2000, Nexcelom Bioscience, Lawrence, MA, USA) and the Dead Cell

Removal Kit (Miltenyi Biotec) was used to remove dead cells to obtain a cell viability of ≥80%.

Generation of gel beads-in-emulsion (GEMs) and library preparation

Generation of gel beads-in-emulsion (GEMs) and preparation of library constructs was

performed on viable single-cell suspensions using the 10x Genomics Chromium Single Cell 3'

Gene Expression Version 3.1 Kit (10x Genomics, Pleasanton, CA, USA), according to the

manufacturer's instructions. Briefly, viable single cells were encapsulated in partitioning oil

together with a single Gel Bead with barcoded oligonucleotides within the Chromium Controller.

Reverse transcription of mRNA into complementary (c)DNA was performed using the Veriti 96-

well Thermal Cycler (Thermo Fisher Scientific, Wilmington, DE, USA). Dynabeads MyOne

SILANE (10x Genomics) and the SPRIselect Reagent (Beckman Coulter, Indianapolis, IN,

USA) were used to purify resulting cDNA, which was optimized by enzymatic fragmentation,

end-repair, and A-tailing. Next, adaptors and sample index were incorporated by ligation. The

sample index PCR product was then amplified using the Veriti 96-well Thermal Cycler and

double-sided size selection was performed using the SPRIselect Reagent kit. Following the

formation of cDNA and final library construct, the Agilent Bioanalyzer High Sensitivity DNA

Chip (Agilent Technologies, Wilmington, DE, USA) was used determine sample quality and

concentration.

Sequencing

Prior to sequencing of post-library constructs, samples were quantified using the Kapa

DNA Quantification Kit for Illumina platforms (Kapa Biosystems, Wilmington, MA, USA),

following the manufacturer's instructions. The sequencing of 10x scRNA-seq libraries was

performed on the Illumina NextSeq 500 at the Genomics Services Center (GSC) of the Center

for Molecular Medicine and Genetics (Wayne State University School of Medicine, Detroit, MI,

USA). The Illumina 75 Cycle Sequencing Kit (Illumina, San Diego, CA, USA) was used with 58

cycles for R2, 26 for R1, and 8 for I1.

Data analysis

scRNA-seq data normalization and pre-processing

Sequencing data were processed using Cell Ranger version 4.0.0 (10x Genomics). The

"cellranger counts" was also used to align the scRNA-seq reads by using the STAR aligner [151]

to produce the bam files necessary for demultiplexing the individual of origin based on genotype

information using demuxlet [152] and a custom vcf file. The genotype data were downloaded

from ftp://ftp-mouse.sanger.ac.uk/current_snps/mgp.v5.merged.snps_all.dbSNP142.vcf.gz, the

strains C57BL_6NJ and BALB_cJ were extracted, and a new synthetic vcf file was generated

consisting of all the genetic variants where these two strains diverge, and containing a maternal

genotype column identical to the C57BL_6NJ strain and a fetal genotype column with a "0/1"

heterozygote genotype. Ambient RNA contamination and doublets were removed using SoupX

version 1.5.2 [153] and DoubletFinder 2.0.3 [154]. Additionally, any cell with < 200 genes or >

20,000 genes detected, or that had > 10% mitochondrial reads, was excluded. All count data

matrices were then normalized and combined using the Seurat package in R (Seurat version

4.0.3) [155, 156]. The first 100 principal components were obtained, and the different libraries

were integrated and harmonized using the Harmony package in R version 1.0.0 [157]. The top 30

harmony components were then processed to embed and visualize the cells in a two-dimensional

map via the Uniform Manifold Approximation and Projection for Dimension Reduction (UMAP)

algorithm [158, 159]. A resolution of 0.5 was used to cluster the single cells.

Annotation of cell types

The SingleR [160] package in R version 1.6.1 was used to annotate cell types based on

their similarities to reference datasets with known labels [161, 162]. SingleR annotates single

cells from query data by computing the Spearman's correlation coefficient between the single-

cell gene expression data and samples from the reference dataset. The correlation is measured

only based on the variable genes in the reference dataset. The multiple correlation coefficients

per cell type are combined according to the cell type labels of the reference dataset to assign a

score per cell type. Additionally, we confirmed the cell type identities by identifying the top

DEGs (see below) and the gene-cell type mapping data provided by the Mouse Cell Atlas and

single-cell MCA (scMCA) package [163] in R version 0.2.0. Using different annotations

obtained from the reference mapping workflows, the final cell type labels were assigned based

on a majority vote. If multiple clusters were assigned to the same consensus cell type, we added

a sub-index to that cell type for each different original Seurat cluster: Clusters 0, 1, and 21 were

annotated as Fibroblast-1, Fibroblast-2, and Fibroblast-3; clusters 2, 4, and 12 were annotated as

Stromal-1, Stromal-2 (Decidua), and Stromal-3; clusters 5, 7, 8, 10, 11, 13, 14, 20, 23, and 28

were annotated as Epithelial-1 (basal), Epithelial-2 (squamous), Epithelial-3 (squamous),

Epithelial-4 (glandular), Epithelial-10 (proliferative), Epithelial-5 (luminal), Epithelial-6

(secretory), Epithelial-7 (glandular), Epithelial-8 (Enterocyte), and Epithelial-9 (Secretory);

clusters 9 and 24 were annotated as Macrophage-1 and Macrophage-2 (progenitor); clusters 15

and 26 were annotated as SMC-1 and SMC-2; and clusters 19 and 27 were annotated as NK-cell-

1 and NK-cell-2. All remaining clusters were assigned a unique cell type identifier.

Differential gene expression for cell type analysis

For this analysis, the differential expression of selected marker genes for each cell

type/cluster was identified using the Wilcoxon Rank Sum test and the FindAllMarkers function

from Seurat (see Supplementary file 8). For this analysis, we first compared each cluster to all

cell types. We further used the top cell markers [ranked based on $\log_2$(Fold change) and

requiring q < 0.1] assigned to each sub-cluster to annotate the clusters using the Mouse Cell

Atlas and scMCA package [163].

Differential gene expression in preterm labor

The identification of preterm labor-associated DEGs between study groups was

performed using the DESeq2 R package version 1.32.0 [164]. A term for each library was added

to the DESeq2 model to correct for technical batch effects (library identifier). For each cell

type/replicate combination, we only used combinations with more than 20 cells; otherwise, it

was treated as non-observed. Cell types found in < 3 combinations per study group were dropped

from the differential gene expression analysis (Supplementary file 9 contains all genes

determined as differentially expressed).

Gene ontology and pathway enrichment analysis of genes affected by preterm labor

The clusterProfiler in R version 4.0.4 [165] was used to perform the Over-Representation

Analysis (ORA) separately for each list of genes obtained as differentially expressed for each

cell type based on the Gene Ontology (GO), Kyoto Encyclopedia of Gene and Genomes

(KEGG), and Reactome databases. The functions "enrichPathway", "enrichKEGG", and

"enrichGO", from "clusterProfiler" were used. In ORA analyses, the universe of genes for each

cell type was the subset that was expressed at a level sufficient to be tested in differential gene

expression analysis. When results are combined across cell types, any genes tested (with a

calculated p-value) in any of the cell types are used for the universe. Only ORA results that were

significant after correction were reported with q < 0.05 being considered statistically significant.

Cell-cell communication analysis

CellChat [117] was used to infer the cell-cell communications using the single-cell gene

expression data from preterm labor and control conditions and a database of prior knowledge of

the interactions between signaling ligands, receptors, and their cofactors. The top 25% of

significant cell-cell communications (p < 0.05) across different pathways were shown for the two

conditions of preterm labor and control. Next, the aggregated cell-cell communication between

different cell groups was calculated for the two study groups, and the interaction strength was

compared among different cell types from the two study groups. The differential interaction

strength was represented with circle plots with red (or blue) edges showing the increased (or

decreased) signaling in preterm labor compared to controls. Additionally, the detailed differential

interaction strengths were shown using heatmap representations. Major signaling sender and

receiver cells were displayed using scatter plots where the changes in signaling strength from

control to preterm labor were represented by arrows. The R packages CellChat version 1.1.2,

ggalluvial version 0.12.3, and ggplot2 version 3.3.5 were used to visualize cell-cell

communication analyses. The major sending and receiving signaling roles based on context-

specific pathways across different cell groups were identified using a cut-off of 0.5 when

visualizing the connection. The overall information flow [sum of the significant communication

probability (p < 0.05) in the inferred cell-cell network] for each signaling network was

represented using a bar plot. The comparison between the overall information flow from the two

study groups (preterm labor and control) was performed using the paired Wilcoxon test with the

function "rankNet" from CellChat.

Comparison between murine uterine single-cell and bulk transcriptomic data

The cell type-specific and pseudo-bulk preterm labor-associated DEGs were identified

using the DESeq2 R package and compared with the DEGs from the bulk uterine RNA

sequencing data from mice intra-peritoneally injected with LPS [62].

Comparison between cell-cell communication in human and murine uterine tissues

We inferred cell-cell communications using the human myometrial single-cell gene

expression data from term in labor (TIL) and term without labor (TNL) study groups [71], and

compared the inferred interactions between mouse (uterus) and human (myometrium) across the

top common signaling pathways with highest numbers of DEGs.

Statistics

Observational mouse data were analyzed by using SPSS v19.0 and GraphPad Prism

version 8. For comparing the rates of preterm birth, the Fisher's exact test was used. For

gestational length and cervical length, the statistical significance of group comparisons was

assessed using the Mann-Whitney U-test or paired t-test, respectively.

Data and materials availability

The scRNA-seq data reported in this study has been submitted to the Gene Expression

Omnibus repository (GEO accession number GSE200289). All software and R packages used

herein are detailed in materials and methods section. Scripts detailing the single-cell analysis are

available at GitHub (https://github.com/piquelab/murine_scRNA).

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COMPETING INTERESTS

The authors declare that no competing interests exist.

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REFERENCES

1.   Liu, L., et al., *Global, regional, and national causes of child mortality in 2000-13, with projections to inform post-2015 priorities: an updated systematic analysis.* Lancet, 2015. **385**(9966): p. 430-40.

2.   Chawanpaiboon, S., et al., *Global, regional, and national estimates of levels of preterm birth in 2014: a systematic review and modelling analysis.* Lancet Glob Health, 2019. **7**(1): p. e37-e46.

3.   Goldenberg, R.L., et al., *Epidemiology and causes of preterm birth.* Lancet, 2008. **371**(9606): p. 75-84.

4.   Romero, R., S.K. Dey, and S.J. Fisher, *Preterm labor: one syndrome, many causes.* Science, 2014. **345**(6198): p. 760-5.

5.   Gibbs, R.S., et al., *A review of premature birth and subclinical infection.* Am J Obstet Gynecol, 1992. **166**(5): p. 1515-28.

6.   Gomez, R., et al., *Premature labor and intra-amniotic infection. Clinical aspects and role of the cytokines in diagnosis and pathophysiology.* Clin Perinatol, 1995. **22**(2): p. 281-342.

7.   Gonçalves, L.F., T. Chaiworapongsa, and R. Romero, *Intrauterine infection and prematurity.* Ment Retard Dev Disabil Res Rev, 2002. **8**(1): p. 3-13.

8.   Keelan, J.A., et al., *Cytokines, prostaglandins and parturition--a review.* Placenta, 2003. **24 Suppl A**: p. S33-46.

9.   Bastek, J.A., L.M. Gómez, and M.A. Elovitz, *The role of inflammation and infection in preterm birth.* Clin Perinatol, 2011. **38**(3): p. 385-406.

10. Agrawal, V. and E. Hirsch, *Intrauterine infection and preterm labor.* Semin Fetal Neonatal Med, 2012. **17**(1): p. 12-9.

11. Combs, C.A., et al., *Amniotic fluid infection, inflammation, and colonization in preterm labor with intact membranes.* Am J Obstet Gynecol, 2014. **210**(2): p. 125 e1-125 e15.

12. Romero, R., et al., *Evidence that intra-amniotic infections are often the result of an ascending invasion - a molecular microbiological study.* J Perinat Med, 2019. **47**(9): p. 915-931.

13. Theis, K.R., et al., *Microbial burden and inflammasome activation in amniotic fluid of patients with preterm prelabor rupture of membranes.* J Perinat Med, 2020. **48**(2): p. 115-131.

14. Gibbs, R.S., et al., *Quantitative bacteriology of amniotic fluid from women with clinical intraamniotic infection at term.* J Infect Dis, 1982. **145**(1): p. 1-8.

15. Gravett, M.G., et al., *Preterm labor associated with subclinical amniotic fluid infection and with bacterial vaginosis.* Obstet Gynecol, 1986. **67**(2): p. 229-37.

16. Romero, R., et al., *Infection and labor. V. Prevalence, microbiology, and clinical significance of intraamniotic infection in women with preterm labor and intact membranes.* Am J Obstet Gynecol, 1989. **161**(3): p. 817-24.

17. Yoon, B.H., J.W. Chang, and R. Romero, *Isolation of Ureaplasma urealyticum from the amniotic cavity and adverse outcome in preterm labor.* Obstet Gynecol, 1998. **92**(1): p. 77-82.

18. DiGiulio, D.B., et al., *Prevalence and diversity of microbes in the amniotic fluid, the fetal inflammatory response, and pregnancy outcome in women with preterm pre-labor rupture of membranes.* Am J Reprod Immunol, 2010. **64**(1): p. 38-57.

19.   Romero, R., et al., *A novel molecular microbiologic technique for the rapid diagnosis of*
microbial invasion of the amniotic cavity and intra-amniotic infection in preterm labor
with intact membranes. Am J Reprod Immunol, 2014. **71**(4): p. 330-58.
20.   Romero, R., et al., *Clinical chorioamnionitis at term I: microbiology of the amniotic*
cavity using cultivation and molecular techniques. J Perinat Med, 2015. **43**(1): p. 19-36.
21.   Romero, R., et al., *Sterile intra-amniotic inflammation in asymptomatic patients with a*
sonographic short cervix: prevalence and clinical significance. J Matern Fetal Neonatal
Med, 2015. **28**(11): p. 1343-1359.
22.   Romero, R., et al., *Sterile and microbial-associated intra-amniotic inflammation in*
preterm prelabor rupture of membranes. J Matern Fetal Neonatal Med, 2015. **28**(12): p.
1394-409.
23.   Oh, K.J., et al., *Evidence that antibiotic administration is effective in the treatment of a*
subset of patients with intra-amniotic infection/inflammation presenting with cervical
insufficiency. Am J Obstet Gynecol, 2019. **221**(2): p. 140.e1-140.e18.
24.   Yoon, B.H., et al., *Antibiotic administration can eradicate intra-amniotic infection or*
intra-amniotic inflammation in a subset of patients with preterm labor and intact
membranes. Am J Obstet Gynecol, 2019. **221**(2): p. 142.e1-142.e22.
25.   Burnham, P., et al., *Separating the signal from the noise in metagenomic cell-free DNA*
sequencing. Microbiome, 2020. **8**(1): p. 18.
26.   Romero, R., et al., *Amniotic fluid white blood cell count: a rapid and simple test to*
diagnose microbial invasion of the amniotic cavity and predict preterm delivery. Am J
Obstet Gynecol, 1991. **165**(4 Pt 1): p. 821-30.
27.   Romero, R., et al., *The diagnostic and prognostic value of amniotic fluid white blood cell*
count, glucose, interleukin-6, and gram stain in patients with preterm labor and intact
membranes. Am J Obstet Gynecol, 1993. **169**(4): p. 805-16.
28.   Romero, R., et al., *A comparative study of the diagnostic performance of amniotic fluid*
glucose, white blood cell count, interleukin-6, and gram stain in the detection of
microbial invasion in patients with preterm premature rupture of membranes. Am J
Obstet Gynecol, 1993. **169**(4): p. 839-51.
29.   Gomez, R., et al., *The value of amniotic fluid interleukin-6, white blood cell count, and*
gram stain in the diagnosis of microbial invasion of the amniotic cavity in patients at
term. Am J Reprod Immunol, 1994. **32**(3): p. 200-10.
30.   Yoon, B.H., et al., *Maternal blood C-reactive protein, white blood cell count, and*
temperature in preterm labor: a comparison with amniotic fluid white blood cell count.
Obstet Gynecol, 1996. **87**(2): p. 231-7.
31.   Gomez-Lopez, N., et al., *Are amniotic fluid neutrophils in women with intraamniotic*
infection and/or inflammation of fetal or maternal origin? Am J Obstet Gynecol, 2017.
217(6): p. 693.e1-693.e16.
32.   Martinez-Varea, A., et al., *Clinical chorioamnionitis at term VII: the amniotic fluid*
cellular immune response. J Perinat Med, 2017. **45**(5): p. 523-538.
33.   Gomez-Lopez, N., et al., *The immunophenotype of amniotic fluid leukocytes in normal*
and complicated pregnancies. Am J Reprod Immunol, 2018. **79**(4): p. e12827.
34.   Gomez-Lopez, N., et al., *Fetal T Cell Activation in the Amniotic Cavity during Preterm*
Labor: A Potential Mechanism for a Subset of Idiopathic Preterm Birth. J Immunol,
2019. **203**(7): p. 1793-1807.

35. Gomez-Lopez, N., et al., *The origin of amniotic fluid monocytes/macrophages in women with intra-amniotic inflammation or infection.* J Perinat Med, 2019. **47**(8): p. 822-840.

36. Gomez-Lopez, N., et al., *Cellular immune responses in amniotic fluid of women with preterm labor and intra-amniotic infection or intra-amniotic inflammation.* Am J Reprod Immunol, 2019. **82**(5): p. e13171.

37. Galaz, J., et al., *Cellular immune responses in amniotic fluid of women with preterm clinical chorioamnionitis.* Inflamm Res, 2020. **69**(2): p. 203-216.

38. Galaz, J., et al., *Cellular immune responses in amniotic fluid of women with preterm prelabor rupture of membranes.* J Perinat Med, 2020. **48**(3): p. 222-233.

39. Gomez-Lopez, N., et al., *RNA Sequencing Reveals Diverse Functions of Amniotic Fluid Neutrophils and Monocytes/Macrophages in Intra-Amniotic Infection.* J Innate Immun, 2021. **13**(2): p. 63-82.

40. Olding, L., *Value of placentitis as a sign of intrauterine infection in human subjects.* Acta Pathol Microbiol Scand A, 1970. **78**(3): p. 256-64.

41. Zhang, J.M., F.T. Kraus, and T.I. Aquino, *Chorioamnionitis: a comparative histologic, bacteriologic, and clinical study.* Int J Gynecol Pathol, 1985. **4**(1): p. 1-10.

42. Guzick, D.S. and K. Winn, *The association of chorioamnionitis with preterm delivery.* Obstet Gynecol, 1985. **65**(1): p. 11-6.

43. Svensson, L., I. Ingemarsson, and P.A. Mårdh, *Chorioamnionitis and the isolation of microorganisms from the placenta.* Obstet Gynecol, 1986. **67**(3): p. 403-9.

44. Hillier, S.L., et al., *A case-control study of chorioamnionic infection and histologic chorioamnionitis in prematurity.* N Engl J Med, 1988. **319**(15): p. 972-8.

45. van Hoeven, K.H., et al., *Clinical significance of increasing histologic severity of acute inflammation in the fetal membranes and umbilical cord.* Pediatr Pathol Lab Med, 1996. **16**(5): p. 731-44.

46. Odibo, A.O., et al., *Relationship of amniotic fluid markers of intra-amniotic infection with histopathology in cases of preterm labor with intact membranes.* J Perinatol, 1999. **19**(6 Pt 1): p. 407-12.

47. Yoon, B.H., et al., *Clinical significance of intra-amniotic inflammation in patients with preterm labor and intact membranes.* Am J Obstet Gynecol, 2001. **185**(5): p. 1130-6.

48. Pacora, P., et al., *Funisitis and chorionic vasculitis: the histological counterpart of the fetal inflammatory response syndrome.* J Matern Fetal Neonatal Med, 2002. **11**(1): p. 18-25.

49. Redline, R.W., et al., *Amniotic infection syndrome: nosology and reproducibility of placental reaction patterns.* Pediatr Dev Pathol, 2003. **6**(5): p. 435-48.

50. Kim, M.J., et al., *Widespread microbial invasion of the chorioamniotic membranes is a consequence and not a cause of intra-amniotic infection.* Lab Invest, 2009. **89**(8): p. 924-36.

51. Park, C.W., et al., *The involvement of human amnion in histologic chorioamnionitis is an indicator that a fetal and an intra-amniotic inflammatory response is more likely and severe: clinical implications.* Placenta, 2009. **30**(1): p. 56-61.

52. Oh, K.J., et al., *Predictive value of intra-amniotic and serum markers for inflammatory lesions of preterm placenta.* Placenta, 2011. **32**(10): p. 732-6.

53. Redline, R.W., *Inflammatory response in acute chorioamnionitis.* Semin Fetal Neonatal Med, 2012. **17**(1): p. 20-5.

1015   54.   Kim, C.J., et al., *Acute chorioamnionitis and funisitis: definition, pathologic features, and*
1016   *clinical significance.* Am J Obstet Gynecol, 2015. **213**(4 Suppl): p. S29-52.
1017   55.   Kim, S.M., et al., *The relationship between the intensity of intra-amniotic inflammation*
1018   *and the presence and severity of acute histologic chorioamnionitis in preterm gestation.* J
1019   Matern Fetal Neonatal Med, 2015. **28**(13): p. 1500-9.
1020   56.   Gomez-Lopez, N., et al., *Neutrophil extracellular traps in acute chorioamnionitis: A*
1021   *mechanism of host defense.* Am J Reprod Immunol, 2017. **77**(3).
1022   57.   Oh, J.W., et al., *Acute chorioamnionitis and intra-amniotic inflammation are more severe*
1023   *according to outside-in neutrophil migration within the same chorio-decidua.* Taiwan J
1024   Obstet Gynecol, 2021. **60**(4): p. 639-652.
1025   58.   Keski-Nisula, L.T., et al., *Myometrial inflammation in human delivery and its association*
1026   *with labor and infection.* Am J Clin Pathol, 2003. **120**(2): p. 217-24.
1027   59.   Makieva, S., et al., *The preterm cervix reveals a transcriptomic signature in the presence*
1028   *of premature prelabor rupture of membranes.* Am J Obstet Gynecol, 2017. **216**(6): p. 602
1029   e1-602 e21.
1030   60.   Migale, R., et al., *Modeling hormonal and inflammatory contributions to preterm and*
1031   *term labor using uterine temporal transcriptomics.* BMC Med, 2016. **14**(1): p. 86.
1032   61.   Willcockson, A.R., et al., *Transcriptome signature identifies distinct cervical pathways*
1033   *induced in lipopolysaccharide-mediated preterm birth.* Biol Reprod, 2018. **98**(3): p. 408-
1034   421.
1035   62.   Motomura, K., et al., *Pregnancy-specific transcriptional changes upon endotoxin*
1036   *exposure in mice.* J Perinat Med, 2020. **48**(7): p. 700-722.
1037   63.   Toothaker, J.M., et al., *Immune Cells in the Placental Villi Contribute to Intra-amniotic*
1038   *Inflammation.* Front Immunol, 2020. **11**: p. 866.
1039   64.   Nelson, A.C., et al., *Single-cell RNA-seq reveals cell type-specific transcriptional*
1040   *signatures at the maternal-foetal interface during pregnancy.* Nat Commun, 2016. **7**: p.
1041   11414.
1042   65.   Pavličev, M., et al., *Single-cell transcriptomics of the human placenta: inferring the cell*
1043   *communication network of the maternal-fetal interface.* Genome Res, 2017. **27**(3): p.
1044   349-361.
1045   66.   Tsang, J.C.H., et al., *Integrative single-cell and cell-free plasma RNA transcriptomics*
1046   *elucidates placental cellular dynamics.* Proc Natl Acad Sci U S A, 2017. **114**(37): p.
1047   E7786-e7795.
1048   67.   Vento-Tormo, R., et al., *Single-cell reconstruction of the early maternal-fetal interface in*
1049   *humans.* Nature, 2018. **563**(7731): p. 347-353.
1050   68.   Suryawanshi, H., et al., *A single-cell survey of the human first-trimester placenta and*
1051   *decidua.* Sci Adv, 2018. **4**(10): p. eaau4788.
1052   69.   Pique-Regi, R., et al., *Single cell transcriptional signatures of the human placenta in term*
1053   *and preterm parturition.* Elife, 2019. **8**.
1054   70.   Huang, J., et al., *Single-cell RNA sequencing reveals heterogeneity and differential*
1055   *expression of decidual tissues during the peripartum period.* Cell Prolif, 2021. **54**(2): p.
1056   e12967.
1057   71.   Pique-Regi, R., et al., *A single-cell atlas of the myometrium in human parturition.* JCI
1058   Insight, 2022. **7**(5).

72. Tarca, A.L., et al., *Targeted expression profiling by RNA-Seq improves detection of cellular dynamics during pregnancy and identifies a role for T cells in term parturition.* Sci Rep, 2019. **9**(1): p. 848.

73. Tarca, A.L., et al., *Maternal whole blood mRNA signatures identify women at risk of early preeclampsia: a longitudinal study.* J Matern Fetal Neonatal Med, 2021. **34**(21): p. 3463-3474.

74. Gomez-Lopez, N., et al., *Transcriptome changes in maternal peripheral blood during term parturition mimic perturbations preceding spontaneous preterm birth.* Biol Reprod, 2022. **106**(1): p. 185-199.

75. Senthamaraikannan, P., et al., *Intra-amniotic Ureaplasma parvum-Induced Maternal and Fetal Inflammation and Immune Responses in Rhesus Macaques.* J Infect Dis, 2016. **214**(10): p. 1597-1604.

76. Faro, J., et al., *Intra-amniotic inflammation induces preterm birth by activating the NLRP3 inflammasome.* Biol Reprod, 2019. **100**(5): p. 1290-1305.

77. Motomura, K., et al., *Intra-Amniotic Infection with Ureaplasma parvum Causes Preterm Birth and Neonatal Mortality That Are Prevented by Treatment with Clarithromycin.* mBio, 2020. **11**(3).

78. Motomura, K., et al., *RNA Sequencing Reveals Distinct Immune Responses in the Chorioamniotic Membranes of Women with Preterm Labor and Microbial or Sterile Intra-amniotic Inflammation.* Infect Immun, 2021. **89**(5).

79. Yoneda, N., et al., *Polymicrobial Amniotic Fluid Infection with Mycoplasma/Ureaplasma and Other Bacteria Induces Severe Intra-Amniotic Inflammation Associated with Poor Perinatal Prognosis in Preterm Labor.* Am J Reprod Immunol, 2016. **75**(2): p. 112-25.

80. Romero, R., et al., *The preterm labor syndrome.* Ann N Y Acad Sci, 1994. **734**: p. 414-29.

81. Norwitz, E.R., J.N. Robinson, and J.R. Challis, *The control of labor.* N Engl J Med, 1999. **341**(9): p. 660-6.

82. Lopez Bernal, A., *Mechanisms of labour--biochemical aspects.* BJOG, 2003. **110 Suppl 20**: p. 39-45.

83. Romero, R., et al., *The preterm parturition syndrome.* BJOG, 2006. **113 Suppl 3**: p. 17-42.

84. Smith, R., *Parturition.* N Engl J Med, 2007. **356**(3): p. 271-83.

85. Trundley, A. and A. Moffett, *Human uterine leukocytes and pregnancy.* Tissue Antigens, 2004. **63**(1): p. 1-12.

86. Erlebacher, A., *Immunology of the maternal-fetal interface.* Annu Rev Immunol, 2013. **31**: p. 387-411.

87. Bartmann, C., et al., *Quantification of the predominant immune cell populations in decidua throughout human pregnancy.* Am J Reprod Immunol, 2014. **71**(2): p. 109-19.

88. Li, Y., et al., *Decidual-Placental Immune Landscape During Syngeneic Murine Pregnancy.* Front Immunol, 2018. **9**: p. 2087.

89. Koh, W., et al., *Single Cell Transcriptomes Derived from Human Cervical and Uterine Tissue during Pregnancy.* Adv Biosyst, 2019. **3**(11): p. e1800336.

90. Chumduri, C., et al., *Opposing Wnt signals regulate cervical squamocolumnar homeostasis and emergence of metaplasia.* Nat Cell Biol, 2021. **23**(2): p. 184-197.

91. Zhao, Z., et al., *Single-cell analysis defines the lineage plasticity of stem cells in cervix epithelium.* Cell Regen, 2021. **10**(1): p. 36.

92.   Osman, I., et al., *Leukocyte density and pro-inflammatory cytokine expression in human fetal membranes, decidua, cervix and myometrium before and during labour at term.* Mol Hum Reprod, 2003. **9**(1): p. 41-5.

93.   Timmons, B.C., A.M. Fairhurst, and M.S. Mahendroo, *Temporal changes in myeloid cells in the cervix during pregnancy and parturition.* J Immunol, 2009. **182**(5): p. 2700-7.

94.   Dobyns, A.E., et al., *Macrophage gene expression associated with remodeling of the prepartum rat cervix: microarray and pathway analyses.* PLoS One, 2015. **10**(3): p. e0119782.

95.   Dubicke, A., et al., *Density of Stromal Cells and Macrophages Associated With Collagen Remodeling in the Human Cervix in Preterm and Term Birth.* Reprod Sci, 2016. **23**(5): p. 595-603.

96.   Vargas, M.L., et al., *Comparison of the proportions of leukocytes in early and term human decidua.* Am J Reprod Immunol, 1993. **29**(3): p. 135-40.

97.   Sindram-Trujillo, A., et al., *Increased T-cell activation in decidua parietalis compared to decidua basalis in uncomplicated human term pregnancy.* Am J Reprod Immunol, 2003. **49**(5): p. 261-8.

98.   Gomez-Lopez, N., et al., *Fetal membranes exhibit selective leukocyte chemotaxic activity during human labor.* J Reprod Immunol, 2009. **80**(1-2): p. 122-31.

99.   Gomez-Lopez, N., et al., *Specific inflammatory microenvironments in the zones of the fetal membranes at term delivery.* Am J Obstet Gynecol, 2011. **205**(3): p. 235.e15-24.

100.   Gomez-Lopez, N., et al., *Choriodecidua and amnion exhibit selective leukocyte chemotaxis during term human labor.* Am J Obstet Gynecol, 2011. **204**(4): p. 364.e9-16.

101.   Gomez-Lopez, N., et al., *Evidence for a role for the adaptive immune response in human term parturition.* Am J Reprod Immunol, 2013. **69**(3): p. 212-30.

102.   Arenas-Hernandez, M., et al., *Effector and Activated T Cells Induce Preterm Labor and Birth That Is Prevented by Treatment with Progesterone.* J Immunol, 2019. **202**(9): p. 2585-2608.

103.   Slutsky, R., et al., *Exhausted and Senescent T Cells at the Maternal-Fetal Interface in Preterm and Term Labor.* J Immunol Res, 2019. **2019**: p. 3128010.

104.   Huang, J.R., et al., *Single-cell transcriptomics reveals the heterogeneity of the decidual endothelial cells that participate in labor onset.* Eur Rev Med Pharmacol Sci, 2020. **24**(20): p. 10359-10365.

105.   Akgul, Y., et al., *Hyaluronan in cervical epithelia protects against infection-mediated preterm birth.* J Clin Invest, 2014. **124**(12): p. 5481-9.

106.   Pavlidis, I., et al., *Cervical epithelial damage promotes Ureaplasma parvum ascending infection, intrauterine inflammation and preterm birth induction in mice.* Nat Commun, 2020. **11**(1): p. 199.

107.   Danforth, D.N. and A.C. Ivy, *The lower uterine segment; its derivation and physiologic behavior.* Am J Obstet Gynecol, 1949. **57**(5): p. 831-41.

108.   Schwalm, H. and V. Dubrauszky, *The structure of the musculature of the human uterus--muscles and connective tissue.* Am J Obstet Gynecol, 1966. **94**(3): p. 391-404.

109.   Wikland, M., et al., *Oxytocin, prostaglandins, and contractility of the human uterus at term pregnancy.* Acta Obstet Gynecol Scand, 1982. **61**(5): p. 467-72.

110.   Sparey, C., et al., *The differential expression of myometrial connexin-43, cyclooxygenase-1 and -2, and Gs alpha proteins in the upper and lower segments of the human uterus during pregnancy and labor.* J Clin Endocrinol Metab, 1999. **84**(5): p. 1705-10.

111. Pollard, A.J., et al., *Spatio-temporal expression of the trans-acting splicing factors*
SF2/ASF and heterogeneous ribonuclear proteins A1/A1B in the myometrium of the
pregnant human uterus: a molecular mechanism for regulating regional protein isoform
expression in vivo. J Clin Endocrinol Metab, 2000. **85**(5): p. 1928-36.
112. Bukowski, R., et al., *Labor-associated gene expression in the human uterine fundus,*
lower segment, and cervix. PLoS Med, 2006. **3**(6): p. e169.
113. Sooranna, S.R., et al., *Myometrial prostaglandin E2 synthetic enzyme mRNA expression:*
spatial and temporal variations with pregnancy and labour. Mol Hum Reprod, 2006.
12(10): p. 625-31.
114. Mosher, A.A., et al., *Development and validation of primary human myometrial cell*
culture models to study pregnancy and labour. BMC Pregnancy Childbirth, 2013. **13**
Suppl 1(Suppl 1): p. S7.
115. Liu, L., et al., *HoxA13 Regulates Phenotype Regionalization of Human Pregnant*
Myometrium. J Clin Endocrinol Metab, 2015. **100**(12): p. E1512-22.
116. Patwardhan, M., et al., *Dynamic Changes in the Myometrium during the Third Stage of*
Labor, Evaluated Using Two-Dimensional Ultrasound, in Women with Normal and
Abnormal Third Stage of Labor and in Women with Obstetric Complications. Gynecol
Obstet Invest, 2015. **80**(1): p. 26-37.
117. Jin, S., et al., *Inference and analysis of cell-cell communication using CellChat.* Nat
Commun, 2021. **12**(1): p. 1088.
118. Bollapragada, S., et al., *Term labor is associated with a core inflammatory response in*
human fetal membranes, myometrium, and cervix. Am J Obstet Gynecol, 2009. **200**(1): p.
104.e1-11.
119. Mittal, P., et al., *Characterization of the myometrial transcriptome and biological*
pathways of spontaneous human labor at term. J Perinat Med, 2010. **38**(6): p. 617-43.
120. Chan, Y.W., et al., *Assessment of myometrial transcriptome changes associated with*
spontaneous human labour by high-throughput RNA-seq. Exp Physiol, 2014. **99**(3): p.
510-24.
121. Stanfield, Z., et al., *Myometrial Transcriptional Signatures of Human Parturition.* Front
Genet, 2019. **10**: p. 185.
122. Gershater, M., et al., *IL-22 Plays a Dual Role in the Amniotic Cavity: Tissue Injury and*
Host Defense against Microbes in Preterm Labor. J Immunol, 2022.
123. Ito, M., et al., *A role for IL-17 in induction of an inflammation at the fetomaternal*
interface in preterm labour. J Reprod Immunol, 2010. **84**(1): p. 75-85.
124. Sakamoto, Y., et al., *Macrophages and not granulocytes are involved in cervical*
ripening. J Reprod Immunol, 2005. **66**(2): p. 161-73.
125. Gonzalez, J.M., et al., *Cervical remodeling/ripening at term and preterm delivery: the*
same mechanism initiated by different mediators and different effector cells. PLoS One,
2011. **6**(11): p. e26877.
126. Payne, K.J., et al., *Residency and activation of myeloid cells during remodeling of the*
prepartum murine cervix. Biol Reprod, 2012. **87**(5): p. 106.
127. Krantz, K.E. and W.P. Phillips, *Anatomy of the human uterine cervix, gross and*
microscopic. Ann N Y Acad Sci, 1962. **97**: p. 551-63.
128. Granstrom, L., et al., *Changes in the connective tissue of corpus and cervix uteri during*
ripening and labour in term pregnancy. Br J Obstet Gynaecol, 1989. **96**(10): p. 1198-202.

129. Ludmir, J. and H.M. Sehdev, *Anatomy and physiology of the uterine cervix.* Clin Obstet Gynecol, 2000. **43**(3): p. 433-9.

130. Montes, G.S., et al., *Phenotypic modulation of fibroblastic cells in the mucous layer of the human uterine cervix at term.* Reproduction, 2002. **124**(6): p. 783-90.

131. Varayoud, J., et al., *Characterization of fibroblastic cell plasticity in the lamina propria of the rat uterine cervix at term.* Biol Reprod, 2001. **65**(2): p. 375-83.

132. Vink, J.Y., et al., *A new paradigm for the role of smooth muscle cells in the human cervix.* Am J Obstet Gynecol, 2016. **215**(4): p. 478 e1-478 e11.

133. Romero, R., et al., *Infection and labor. III. Interleukin-1: a signal for the onset of parturition.* Am J Obstet Gynecol, 1989. **160**(5 Pt 1): p. 1117-23.

134. Romero, R., et al., *Interleukin-1 stimulates prostaglandin biosynthesis by human amnion.* Prostaglandins, 1989. **37**(1): p. 13-22.

135. Bry, K. and M. Hallman, *Synergistic stimulation of amnion cell prostaglandin E2 synthesis by interleukin-1, tumor necrosis factor and products from activated human granulocytes.* Prostaglandins Leukot Essent Fatty Acids, 1991. **44**(4): p. 241-5.

136. Romero, R., et al., *Interleukin-1 alpha and interleukin-1 beta in preterm and term human parturition.* Am J Reprod Immunol, 1992. **27**(3-4): p. 117-23.

137. Goldenberg, R.L., J.C. Hauth, and W.W. Andrews, *Intrauterine infection and preterm delivery.* N Engl J Med, 2000. **342**(20): p. 1500-7.

138. Romero, R., et al., *The role of infection in preterm labour and delivery.* Paediatr Perinat Epidemiol, 2001. **15 Suppl 2**: p. 41-56.

139. Romero, R., et al., *Inflammation in preterm and term labour and delivery.* Semin Fetal Neonatal Med, 2006. **11**(5): p. 317-26.

140. Gomez-Lopez, N., et al., *Intra-amniotic administration of lipopolysaccharide induces spontaneous preterm labor and birth in the absence of a body temperature change.* J Matern Fetal Neonatal Med, 2018. **31**(4): p. 439-446.

141. Garcia-Flores, V., et al., *Inflammation-Induced Adverse Pregnancy and Neonatal Outcomes Can Be Improved by the Immunomodulatory Peptide Exendin-4.* Front Immunol, 2018. **9**: p. 1291.

142. Ledger, W.J., *Infection and premature labor.* Am J Perinatol, 1989. **6**(2): p. 234-6.

143. Graham, J.M., et al., *Uterine contractions after antibiotic therapy for pyelonephritis in pregnancy.* Am J Obstet Gynecol, 1993. **168**(2): p. 577-80.

144. Kaul, A.K., et al., *Experimental gestational pyelonephritis induces preterm births and low birth weights in C3H/HeJ mice.* Infect Immun, 1999. **67**(11): p. 5958-66.

145. Millar, L.K., L. DeBuque, and D.A. Wing, *Uterine contraction frequency during treatment of pyelonephritis in pregnancy and subsequent risk of preterm birth.* J Perinat Med, 2003. **31**(1): p. 41-6.

146. Jolley, J.A., S. Kim, and D.A. Wing, *Acute pyelonephritis and associated complications during pregnancy in 2006 in US hospitals.* J Matern Fetal Neonatal Med, 2012. **25**(12): p. 2494-8.

147. Dawkins, J.C., et al., *Acute pyelonephritis in pregnancy: a retrospective descriptive hospital based-study.* ISRN Obstet Gynecol, 2012. **2012**: p. 519321.

148. Wendremaire, M., et al., *Macrophage-induced reactive oxygen species promote myometrial contraction and labor-associated mechanisms.* Biol Reprod, 2020. **102**(6): p. 1326-1339.

149. Coleman, M., et al., *A Broad Spectrum Chemokine Inhibitor Prevents Preterm Labor but*
Not Microbial Invasion of the Amniotic Cavity or Neonatal Morbidity in a Non-human
Primate Model. Front Immunol, 2020. **11**: p. 770.
150. Boros-Rausch, A., O. Shynlova, and S.J. Lye, *A Broad-Spectrum Chemokine Inhibitor*
Blocks Inflammation-Induced Myometrial Myocyte-Macrophage Crosstalk and
Myometrial Contraction. Cells, 2021. **11**(1).
151. Dobin, A., et al., *STAR: ultrafast universal RNA-seq aligner.* Bioinformatics, 2013.
29(1): p. 15-21.
152. Kang, H.M., et al., *Multiplexed droplet single-cell RNA-sequencing using natural genetic*
variation. Nat Biotechnol, 2018. **36**(1): p. 89-94.
153. Young, M.D. and S. Behjati, *SoupX removes ambient RNA contamination from droplet-*
based single-cell RNA sequencing data. Gigascience, 2020. **9**(12).
154. McGinnis, C.S., L.M. Murrow, and Z.J. Gartner, *DoubletFinder: Doublet Detection in*
Single-Cell RNA Sequencing Data Using Artificial Nearest Neighbors. Cell Syst, 2019.
8(4): p. 329-337 e4.
155. Stuart, T., et al., *Comprehensive Integration of Single-Cell Data.* Cell, 2019. **177**(7): p.
1888-1902 e21.
156. Hafemeister, C. and R. Satija, *Normalization and variance stabilization of single-cell*
RNA-seq data using regularized negative binomial regression. Genome Biol, 2019.
20(1): p. 296.
157. Korsunsky, I., et al., *Fast, sensitive and accurate integration of single-cell data with*
Harmony. Nat Methods, 2019. **16**(12): p. 1289-1296.
158. McInnes, L., J. Healy, and J. Melville *UMAP: Uniform Manifold Approximation and*
Projection for Dimension Reduction. 2018. arXiv:1802.03426.
159. Becht, E., et al., *Dimensionality reduction for visualizing single-cell data using UMAP.*
Nat Biotechnol, 2018.
160. Aran, D., et al., *Reference-based analysis of lung single-cell sequencing reveals a*
transitional profibrotic macrophage. Nat Immunol, 2019. **20**(2): p. 163-172.
161. Tabula Muris, C., et al., *Single-cell transcriptomics of 20 mouse organs creates a Tabula*
Muris. Nature, 2018. **562**(7727): p. 367-372.
162. Buechler, M.B., et al., *Cross-tissue organization of the fibroblast lineage.* Nature, 2021.
593(7860): p. 575-579.
163. Han, X., et al., *Mapping the Mouse Cell Atlas by Microwell-Seq.* Cell, 2018. **172**(5): p.
1091-1107 e17.
164. Love, M.I., W. Huber, and S. Anders, *Moderated estimation of fold change and*
dispersion for RNA-seq data with DESeq2. Genome Biol, 2014. **15**(12): p. 550.
165. Yu, G., et al., *clusterProfiler: an R package for comparing biological themes among gene*
clusters. OMICS, 2012. **16**(5): p. 284-7.

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1281 **FIGURE LEGENDS**

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Figure 1. Preterm labor induced by intra-amniotic *Escherichia coli* alters the cellular

composition of the reproductive tissues. (A) Experimental design for the ultrasound-guided

intra-amniotic injection of *E. coli* or PBS (vehicle control) into pregnant mice on 16.5 days *post*

coitum (dpc) (n = 3-6 per group). Mice were monitored to determine pregnancy outcomes **(B-C)**.

Gestational age and preterm birth rate of dams intra-amniotically injected with *E. coli or* PBS.

Grey dashed line corresponds to the cut-off for term delivery ($\geq$18.5 dpc). Gestational age was

compared using a 2-sided Mann-Whitney U-test, and preterm birth rates were compared using a

2-sided Fisher's test. $P < 0.05$ was considered significant. **(D)** Experimental design for the

determination of cervical length on 16.5 dpc, prior to intra-amniotic injection of *E. coli* or PBS,

and 24 h later (17.5 dpc) (n = 6-9 per group). **(E)** Cervical length of dams intra-amniotically

injected with *E. coli* or PBS at 16.5 and 17.5 dpc. Cervical length was compared between time

points using a 2-sided Mann-Whitney U-tests. $P < 0.05$ was considered significant. **(F)** Diagram

illustrating the preparation of single-cell suspensions from the uterus, decidua, and cervix

collected 24 h after *E. coli*-induced preterm labor (17.5 dpc) for single-cell RNA-sequencing

(scRNA-seq) (n = 3 per group). **(G)** Color-coded uniform manifold approximation and projec-

tion (UMAP) plot showing tissue-specific predominance of distinct cell types in the uterus

(blue), decidua (pink), and cervix (orange). **(H)** UMAP plot showing all cell types present in the

uterus, decidua, and cervix. UMAP plots showing the cell types present in the uterus, decidua,

and cervix of **(I)** control mice and **(J)** mice with preterm labor. **(K-M)** UMAP plots showing the

distribution of cells according to fetal (purple) or maternal (grey) origin in the uterus, decidua,

and cervix. Abbreviations used: SMC, smooth muscle cell; NK cell, natural killer cell.

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Figure 2. **Preterm labor involves leukocyte infiltration in the reproductive tissues**. **(A)** Color-coded uniform manifold approximation and projection (UMAP) plot showing the effects of preterm labor on the abundance of specific cell types (shown in red) compared to control (shown in blue). Blue dotted lines distinguish major cell types: myeloid, endothelial, stromal, epithelial, and lymphoid. **(B-D)** Bar plots showing the numbers of each cell type in the uterus, decidua, and cervix. The comparison of cell numbers between the two study groups for each cell type was performed using a 2-sided t-test. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$, **** $p < 0.0001$. **(E-G)** Representative images showing 3, 3'diaminobenzidine (DAB) immunohistochemistry to detect the pan-leukocyte marker CD45 in the uterus, decidua, and cervix of control mice (top row) and mice with preterm labor (bottom row) (n = 3 per group). Whole-slide brightfield images taken at **(E)** control: 3.5X, preterm labor: 3.3X; **(F)** control: 2.9X, preterm labor 3.9X; **(G)** control: 3.4X, preterm labor: 3.2X (scale bars = 300μm). Zoomed images were taken at 20X magnification (scale bars = 50μm). Representative images showing immunofluorescence detection of neutrophils (Ly6G+ cells, pink), monocytes (Ly6C+ cells, cyan), and macrophages (F4/80+ cells, red) in the uterus, decidua, and cervix of mice with preterm labor only (n = 3). Nuclear staining is shown in blue (4',6-diamidino-2-phenylindole; DAPI). Merged images show the co-localization of immune cell populations in each tissue. Images were scanned at 20X. Scale bar = 100μm. Abbreviations used: SMC, smooth muscle cell; NK cell, natural killer cell.

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Figure 3. Preterm labor drives cell type-specific enrichment of immune-related processes in

the reproductive tissues. (A-C) Bar plots showing the numbers of differentially expressed

genes (DEGs) induced by preterm labor in each cell type in the uterus, decidua, and cervix. Red

and pink bars indicate upregulated and downregulated DEGs, respectively (derived from

DESeq2, q < 0.1). The comparisons of the fraction of downregulated and upregulated DEGs in

each cell type between the study groups were calculated using two-sided binomial tests. * q <

0.05, ** q < 0.01, *** q < 0.001, **** q < 0.0001. **(D)** ClusterProfiler dot plot showing preterm

labor-associated Kyoto Encyclopedia of Genes and Genomes (KEGG) pathways enriched in

specific cell types in the uterus, decidua, and cervix. The size and color of each dot represents

enrichment score and significance level, respectively. Significant KEGG pathways (q < 0.05)

were identified based on over-representation analysis using one-sided Fisher's exact tests.

Abbreviations used: SMC, smooth muscle cell; NK cell, natural killer cell.

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Figure 4. **Cell type-specific contributions to preterm labor in the reproductive tissues. (A)**

Venn diagrams showing the numbers of differential expressed genes (DEGs, q < 0.1) that are

unique to or shared among the uterus, decidua, and cervix. **(B)** Box plots showing the

Spearman's correlation of the preterm labor-associated log(Fold change, FC) among cell types

within each tissue. **(C)** Box plots showing the Spearman's correlations between tissue pairs for

the preterm labor-associated logFC in cell types present in the two tissues. **(D)** Box plots

showing the correlation of specific cell types affected by preterm labor and conserved across the

uterus, decidua, and cervix using the Spearman's method. **(E-G)** Cluster profiler dot plots

showing the preterm labor-associated Gene Ontology (GO) biological processes that are unique

or shared among Neutrophil, Monocyte and Macrophage, and Epithelial cell types from the

uterus, decidua, and cervix. The size and color of each dot represent gene ratio and significance

level, respectively. 1-sided Fisher's exact tests were used.

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Figure 5. Cellular interactions in the uterus during preterm labor. (A-B) Alluvial plots

showing the roles of specific cell types as senders or receivers of preterm labor-associated

signaling in the uterus based on selected enriched signaling pathways comparing the overall

information flow within networks between preterm labor and control derived from CellChat (full

list of pathways in figure supplement 3B). Connecting lines are color-coded and represent the

participation of each cell type as senders or receivers of the indicated signaling pathway. Line

thickness is proportional to the strength of interaction. **(C)** Arrow plot showing changes in

outgoing and incoming interactions strength between preterm labor (point of the arrow) and

control condition (base of the arrow) for specific cell types in the uterus. **(D)** Circle plots

showing the top 25% of aggregated interactions among cell types in the uterus for control and

preterm labor groups. Each node represents a cell type and the interaction is shown by lines

color-coded based on the sender cell. **(E)** Circle plot showing the top 25% increased (red) or

decreased (blue) signaling interactions in the uterus in preterm labor compared to controls. **(F)**

Circle plots representing the top 25% uterine cell-cell communications inferred for the IL-1, IL-

6, CCL, CXCL, IFN-I, Complement, Galectin, Collagen, and Annexin pathways for the control

and preterm labor groups. Abbreviations used: SMC, smooth muscle cell; NK cell, natural killer

cell.

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Figure 6. Cellular interactions in the decidua during preterm labor. **(A-B)** Alluvial plots

showing the roles of specific cell types as senders or receivers of preterm labor-associated

signaling in the decidua based on 11 enriched signaling pathways comparing the overall

information flow within networks between preterm labor and control derived from CellChat (see

figure supplement 4B for all pathways). Connecting lines are color-coded and represent the

participation of each cell type as senders or receivers of the indicating signaling pathway. Line

thickness is proportional to the strength of interaction. **(C)** Arrow plot showing changes in the

outgoing and incoming interaction strength between preterm labor (point of the arrow) and

control condition (base of the arrow) for specific cell types in the decidua. **(D)** Circle plots

showing the top 25% of aggregated interactions among cell types in the decidua for control and

preterm labor groups. Each node represents a cell type and the interaction is shown by color-

coded lines. **(E)** Circle plot showing the top 25% increased (red) or decreased (blue) signaling

interactions in the decidua in preterm labor compared to controls. **(F)** Circle plots representing

the top 25% decidual cell-cell communications inferred for the IL-1, IL-6, IL-17, CCL, CXCL,

Complement, Galectin, Collagen, and Annexin pathways for the control and preterm labor

groups. Abbreviations used: SMC, smooth muscle cell; NK cell, natural killer cell.

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1398   **Figure 7. Cellular interactions in the cervix during preterm labor**. **(A-B)** Alluvial plots

showing the roles of specific cell types as senders or receivers of preterm labor-associated signaling in the cervix based on selected enriched signaling pathways (see figure supplement 5B for all pathways). Connecting lines are color-coded and represent the participation of each cell type as senders or receivers of the indicating signaling pathway. Line thickness is proportional to the strength of interaction. **(C)** Arrow plot showing changes in the strength of outgoing and incoming interactions between preterm labor (point of the arrow) and control (base of the arrow) for specific cell types in the cervix. **(D)** Circle plots showing the top 25% of aggregated interactions among cell types in the cervix for control and preterm labor groups. Each node represents a cell type and the interaction is shown by color-coded lines. **(E)** Circle plot showing the top 25% increased (red) or decreased (blue) signaling interactions in the cervix in preterm labor compared to controls. **(F)** Circle plots representing the top 25% cervical cell-cell communications inferred for the Collagen, FN1, Galectin, Tenascin, IL-1, and CXCL pathways for the control and preterm labor groups. Abbreviations used: SMC, smooth muscle cell; NK cell, natural killer cell.

Figure 8. Comparative analysis of the effects of preterm labor induced by local or systemic inflammation. (A) Representative illustration showing the comparative analysis of preterm labor-associated differential gene expression in the uterine tissues when preterm labor is induced by local [single-cell RNA-sequencing (scRNA-seq) (n = 4 in preterm labor; n = 4 control) analyzed as pseudobulk] or systemic inflammation [bulk microarray analysis (n = 9 in preterm labor, n = 10 control), as previously reported (Motomura et al. 2020)]. **(B)** Scatter plot showing the log$_2$(Fold change; FC) associated with preterm labor derived from pseudo-bulk scRNA-seq (y-axis) or bulk microarray analysis (x-axis) by cell type. Differentially expressed genes (DEGs) (q < 0.1) were obtained using only scRNA-seq (light blue) or bulk analysis (lavender), were shared between scRNA-seq and bulk analysis (dark blue), or were not differentially expressed in either dataset (gray). Correlations between datasets were determined using a two-sided

Spearman's correlation test for the subset of DEGs obtained from the pseudo-bulk single cell

analysis. **(C)** Bar plot showing correlations between $\log_2(FC)$ of preterm labor-associated DEGs

between cell type-specific scRNA-seq and bulk transcriptomic analysis using 2-sided

Spearman's correlation tests (for the subset of DEGs in each scRNA-seq-derived cell type). P-

values are considered significant when $p < 0.05$. * $p \leq 0.05$, ** $p \leq 0.01$, *** $p \leq 0.001$, **** $p \leq$

0.0001. Abbreviations used: NS, not significant; SMC, smooth muscle cell; NK cell, natural

killer cell.

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Figure 9. Comparison of preterm labor-associated changes in the murine uterus and term

labor-associated changes in the human myometrium. (A) Heatmap showing the differential

interaction strength among cell types in the murine uterus with preterm labor. Red and blue

shading indicate increased or decreased signaling, respectively, in preterm labor compared to

control. **(B)** Heatmap showing the differential interaction strength among cell types in the human

myometrium with term labor. Red and blue shading indicate increased or decreased signaling,

respectively, in term labor compared to term without labor. **(C)** Circle plots representing the top

25% murine uterine cell-cell communications inferred for the Collagen, IL-1, CCL,

Complement, and CXCL pathways for the control and preterm labor groups. **(D)** Circle plots

representing the top 25% human myometrial cell-cell communications inferred for the Collagen,

IL-1, CCL, Complement, and CXCL pathways for the control and preterm labor groups.

Abbreviations used: SMC, smooth muscle cell; NK cell, natural killer cell; EVT, extravillous

trophoblast; ILC, innate lymphoid cell; LED, lymphoid endothelial decidual cell.

Supplementary Figure Legends

Figure 1&2-figure supplement 1. Leukocyte infiltration in the uterus, decidua, and cervix

of control mice. (A-C) Representative Movat pentachrome staining images of the uterus,

decidua, and cervix from control (top row) and preterm labor (bottom row) mice. Red staining

indicates muscle/fibrin, dark purple staining indicates elastic fibers, blue staining indicates

mucin, and yellow indicates collagen/reticular fibers. Nuclei appear as dark blue/black. Whole-

slide images taken at (top row, left to right) 3.7X, 2.9X, and 3.2X; (bottom row, left to right) 4X,

4.9X, and 3.1X (scale bars = 300μm). Zoomed images were all taken at 20X magnification (scale

bars = 50μm). **(D-F)** Representative merged images showing the co-localized

immunofluorescence detection of neutrophils (Ly6G+ cells, pink), monocytes (Ly6C+ cells,

cyan), and macrophages (F4/80+ cells, red) in the uterus, decidua, and cervix of control mice

only (n = 3). Nuclear staining is shown in blue (4',6-diamidino-2-phenylindole; DAPI). Images

were taken at 20X magnification. Scale bar = 100μm.

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Figure 4-figure supplement 2. The uterus and decidua share enrichment of biological

processes in preterm labor. Cluster profiler dot plots showing the Gene Ontology (GO)

biological processes enriched with preterm labor in **(A)** Stromal-1 and Stromal-2, **(B)** Stromal-3

and Fibroblast-1, **(C)** Fibroblast-2 and Fibroblast-3, and **(D)** Endothelial cells in the uterus and

decidua. The size and color of each dot represent gene ratio and significance level, respectively.

A 1-sided Fisher's exact test was used.

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1471 **Figure 5-figure supplement 3. Preterm labor-associated enrichment of signaling pathways**

1472 **in uterine cell types. (A)** Heatmap showing correlations among uterine cell types where red and

white blocks signify increased and decreased correlation, respectively. Pearson correlation method was used. **(B)** Bar plots showing the comparison between the overall information flow (sum of the communication probability among cell types in the inferred cell-cell network) in each signaling pathway in the uterus of control mice (blue bars/pathway names) or mice with preterm labor (red bars/pathway names). The signaling pathways colored red are enriched in preterm labor, and those colored blue enriched in the control. Abbreviations used: SMC, smooth muscle cell; NK cell, natural killer cell.

Figure 6-figure supplement 4. Preterm labor-induced changes in interaction between decidual cell types. (A) Heatmap showing correlations among decidual cell types where red and white blocks signify increased and decreased correlation, respectively. Pearson correlation method was used. **(B)** Bar plots showing the comparison between the overall information flow (sum of the communication probability among cell types in the inferred cell-cell network) in each signaling pathway in the decidua of control mice (blue bars/pathway names) or mice with preterm labor (red bars/pathway names). The signaling pathways colored red are enriched in preterm labor, and those colored blue enriched in the control. Abbreviations used: SMC, smooth muscle cell; NK cell, natural killer cell.

Figure 7-figure supplement 5. Preterm labor-induced changes in interaction between cervical cell types. (A) Heatmap showing correlations among cervical cell types where red and white blocks signify increased and decreased correlation, respectively. Pearson correlation method was used. **(B)** Bar plots showing the comparison between the overall information flow (sum of the communication probability among cell types in the inferred cell-cell network) in

each signaling pathway in the cervix of control mice (blue bars/pathway names) or mice with

preterm labor (red bars/pathway names). The signaling pathways colored red are enriched in

preterm labor, and those colored blue enriched in the control.

Figure 9-figure supplement 6. Labor-associated signaling in the human myometrium partially overlaps with preterm labor-associated changes in the murine uterus. (A) Circle plots showing the top the aggregated interactions among cell types in the myometrium from humans without (left) or with labor at term (right). Each node represents a cell type and the interaction is shown by lines color-coded based on the sender cell. Representation of aggregated interactions with $p < 0.05$ using cell chat. **(B)** Circle plot showing the increased (red) or decreased (blue) signaling interactions in the human myometrium in labor compared to controls without labor. Representation of top 25% differential interaction strength. **(C)** Venn diagram showing the overlap in signaling pathways with the most number of differentially expressed genes $(q < 0.1)$ between the murine uterus in preterm labor (left circle, pink) and the human myometrium in term labor (right circle, orange). Shared labor- and inflammation-associated pathways are highlighted in red. Abbreviations used: SMC, smooth muscle cell; NK cell, natural killer cell; EVT, extravillous trophoblast; ILC, innate lymphoid cell; LED, lymphoid endothelial decidual cell.

Supplementary File Legends

Supplementary file 1. Summary of the number of uterine, decidual, and cervical cells encapsulated within the 10x Genomics Gel-bead-in-emulsion (GEM). Each row summarizes the total number of each cell type and split by condition (Control and Preterm labor group)

Supplementary file 2. Preterm labor-associated differentially expressed genes in uterine cell types. The columns represent 1) cell type name or cluster and 2) number of differentially expressed genes.

Supplementary file 3. Preterm labor-associated differentially expressed genes in decidual cell types. The columns represent 1) cell type name or cluster and 2) number of differentially expressed genes.

Supplementary file 4. Preterm labor-associated differentially expressed genes in cervical cell types. The columns represent 1) cell type name or cluster and 2) number of differentially expressed genes.

Supplementary file 5. CellChat analysis in uterine cell types. List of signaling pathways, genes involved in pathways, labor-associated differentially expressed genes (DEGs), cell types with DEGs, the overall contribution (information flow) in a condition, and the p-value comparing the overall information flow within the inferred networks between study groups in the uterus.

Supplementary file 6. CellChat analysis in decidual cell types. List of signaling pathways from CellChat, genes involved in pathways, labor-associated differentially expressed genes (DEGs), cell types with DEGs, the overall contribution (information flow) in a condition, and the p-value comparing the overall information flow within the inferred networks between study groups in the decidua.

Supplementary file 7. CellChat analysis in cervix cell types. List of signaling pathways from CellChat, genes involved in pathways, labor-associated differentially expressed genes (DEGs), cell types with DEGs, the overall contribution (information flow) in a condition, and the p-value comparing the overall information flow within the inferred networks between study groups in the cervix.

Supplementary file 8. List of marker genes for the identification of cell types in the murine

uterus, decidua and cervix. The columns represent 1) cell type name or cluster, 2) gene symbol,

3) nominal p-value, 4) $\log_2$(Fold change) of the average expression between this cluster and the

rest, 5) pct.1: percentage of cells in this cluster where the feature is detected, 6) pct.2: percentage

of cells in other clusters where the feature is detected, and 7) q-value.

Supplementary file 9. Preterm labor-associated differentially expressed genes in murine uterus,

decidua and cervix. The columns represent: 1) gene symbol, 2) baseMean gene baseline

expression as calculated by DESeq2, 3) $\log_2$(Fold change) of the comparison between groups, 4)

standard error estimated for the $\log_2$(Fold change), 5) DESeq2 statistics, 6) nominal p-value, 7)

q-value, 8) tissue, and 9) cell type or cluster.

Figure 1&2-figure supplement 1. Leukocyte infiltration in the uterus, decidua, and cervix. (A-C) Representative Movat pentachrome staining images of the uterus, decidua, and cervix from control (top row) and preterm labor (bottom row) mice. Red staining indicates muscle/fibrin, dark purple staining indicates elastic fibers, blue staining indicates mucin, and yellow indicates collagen/reticular fibers. Nuclei appear as dark blue/black. Whole-slide images taken at (top row, left to right) 3.7X, 2.9X, and 3.2X; (bottom row, left to right) 4X, 4.9X, and 3.1X (scale bars = 300μm). Zoomed images were all taken at 20X magnification (scale bars = 50μm). **(D-F)** Representative merged images showing the co-localized immunofluorescence detection of neutrophils (Ly6G+ cells, pink), monocytes (Ly6C+ cells, cyan), and macrophages (F4/80+ cells, red) in the uterus, decidua, and cervix of control mice only (n = 3). Nuclear staining is shown in blue (4',6-diamidino-2-phenylindole; DAPI). Images were taken at 20X magnification. Scale bar = 100μm.

Gene Ontology

Figure 4-figure supplement 2. The uterus and decidua share enrichment of biological processes in preterm labor. Cluster profiler dot plots showing the Gene Ontology (GO) biological processes enriched with preterm labor in **(A)** Stromal-1 and Stromal-2, **(B)** Stromal-3 and Fibroblast-1, **(C)** Fibroblast-2 and Fibroblast-3, and **(D)** Endothelial cells in the uterus and decidua. The size and color of each dot represent gene ratio and significance level, respectively. A 1-sided Fisher's exact test was used.

A

B

Figure 5-figure supplement 3. Preterm labor-associated enrichment of signaling pathways in uterine cell types. (A) Heatmap showing correlations among uterine cell types where red and white blocks signify increased and decreased correlation, respectively. Pearson correlation tests was used. **(B)** Bar plots showing the high expression of specific signaling pathways in the uterus of control mice (blue bars/pathway names) or mice with preterm labor (red bars/pathway names). Abbreviations used: SMC, smooth muscle cell; NK cell, natural killer cell.

A

B

Figure 6-figure supplement 4. Preterm labor-induced changes in interaction between decidual cell types. (A) Heatmap showing correlations among decidual cell types where red and white blocks signify increased and decreased correlation, respectively. Pearson correlation tests was used. (B) Bar plots showing the high expression of specific signaling pathways in the decidua of control mice (blue bars/pathway names) or mice with preterm labor (red bars/pathway names). Abbreviations used: SMC, smooth muscle cell; NK cell, natural killer cell.

A

Figure 7-figure supplement 5. Preterm labor-induced changes in interaction between cervical cell types. (A) Heatmap showing correlations among cervical cell types where red and white blocks signify increased and decreased correlation, respectively. Pearson correlation tests was used. **(B)** Bar plots showing the high expression of specific signaling pathways in the cervix of control mice (blue bars/pathway names) or mice with preterm labor (red bars/pathway names).

Figure 9-figure supplement 6. Labor-associated signaling in the human myometrium partially overlaps with preterm labor-associated changes in the murine uterus. (A) Circle plots showing the top the aggregated interactions among cell types in the myometrium from humans without (left) or with labor at term (right). Each node represents a cell type and the interaction is shown by lines color-coded based on the sender cell. Representation of aggregated interactions with p < 0.05 using cell chat. **(B)** Circle plot showing the increased (red) or decreased (blue) signaling interactions in the human myometrium in labor compared to controls without labor. Representation of top 25% differential interaction strength. **(C)** Venn diagram showing the overlap in upregulated signaling pathways between the murine uterus in preterm labor (left circle, pink) and the human myometrium in term labor (right circle, orange). Shared labor- and inflammation-associated pathways are highlighted in red. Abbreviations used: SMC, smooth muscle cell; NK cell, natural killer cell; EVT, extravillous trophoblast; ILC, innate lymphoid cell; LED, lymphoid endothelial decidual cell.