Maternal dietary deficiencies in folic acid and choline change metabolites levels in offspring after ischemic stroke

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Keywords

One-carbon metabolism; ischemic stroke; maternal nutrition; offspring; microbiome; metabolomics

Abstract

Ischemic stroke is a debilitating disease, with nutrition being a modifiable risk factor. Changes in levels of metabolites can be used to measure the alterations in the gut, a significant marker for the etiology of diseases. This study utilized untargeted metabolomics to investigate changes in fecal samples of offspring in response to maternal dietary deficiencies and ischemic stroke. Female mice were placed on control (CD), folic acid- (FADD), or choline-deficient (ChDD) diets prior to, during pregnancy, and lactation. Offspring were weaned on to CD and at 2 months of age an ischemic stroke was induced. Fecal samples were collected prior to ischemic stroke, and at 1- and 4-weeks post-stroke for analysis. Sex and maternal dietary differences in metabolites were observed at both the 1- and 4-week post-stroke timepoints. At the 1-week post-stroke, female FADD offspring had more changes in metabolites than males. Comparatively, at the 4-week post-stroke timepoint, female offspring on either FADD or ChDD demonstrated metabolite changes. This study demonstrates a long-lasting impact of maternal dietary deficiencies on central nervous system and gut microbiome function after ischemic stroke.

Summary Statement

Our study investigated metabolite changes in female and male offspring fecal samples from mothers maintained on folic acid or choline deficient diet. We report that female offspring metabolite levels were impacted.

Introduction

Ischemic stroke is one of the leading causes of morbidity and mortality globally. The incidence of stroke in adults has been increasing due to factors such as high blood pressure, vascular disorders, diabetes, and obesity (Mozaffarian et al., 2015). By 2030, the number of

individuals affected by stroke is predicted to increase by 3.4 million (Ovbiagele et al., 2013). While

there has been a higher prevalence of ischemic stroke in older age individuals (> 65 years) (Feigin

et al., 2014; Mozaffarian et al., 2015), recent studies have shown that the incidence of stroke among

people under 50 years of age is alarmingly increasing (Feigin et al., 2014; Smajlović, 2015; Tong

et al., 2016). More importantly it is becoming more evident that nutrition is a well-established and

a modifiable risk factor for vascular dysfunction leading to ischemic stroke (Benjamin et al., 2018;

Hankey, 2012; Spence et al., 2017).

Although previous studies have established nutrition as a modifiable risk factor for vascular

dysfunction and ischemic stroke (Benjamin et al., 2018; Hankey, 2012; Spence et al., 2017),

logistical challenges in conducting longitudinal studies have limited research on the impact of

early-life nutrition on late-life neurological outcomes. Pregnancy and early life are critical periods

for neurodevelopment and lay the foundation for future brain function and health (Carolan-Olah

et al., 2015; Kolb et al., 2016; Pannia et al., 2016). In the US, health disparities lead many women

to receive inadequate vitamins and nutrients during pregnancy. For example, nearly one in three

African-American women do not get enough folic acid daily (Bailey et al., 2010). The same is true

for Spanish-speaking Mexican-American women; they often do not get enough folic acid (Hamner

et al., 2011). Furthermore, approximately one-fourth of women in the US do not consume enough

choline from their diet (Jensen et al., 2007; Zeisel, 2013), and women in low-income countries

often face nutritional deficiencies during pregnancy, making this a serious global health issue

(Gernand et al., 2016). Despite recent attention to the potential effects of maternal dietary

deficiency on early life and childhood development, the long-term impact of maternal dietary

deficiencies during pregnancy on the child's future vascular health is not yet well understood.

Evidence suggests that maternal nutrition plays an important role in disease onset and outcome

later in life (Di Meco & Praticò, 2019; Gaillard, 2015; Palinski, 2014; Yessoufou & Moutairou,

2011). For example, maternal obesity during pregnancy is implicated in the onset of metabolic

diseases, such as diabetes in offspring(Gaillard, 2015; Yessoufou and Moutairou, 2011), but more

life course studies are required (Gaillard, 2015). Furthermore, it has been shown that the maternal

environment plays an important role in cardiovascular risk in offspring (Palinski, 2014). Using

animal models, many groups have shown that maternal diet (e.g., high-fat diet, and caloric

restriction, etc.) can modulate cerebrovascular structure and function, leading to endothelial

dysfunction, reduced smooth muscle contractility, and decreased myogenic tone, all of which

significantly influence peripheral and cerebral vascular health in mouse and rat adult offspring

(Campbell et al., 2005; Durrant et al., 2014; Lin et al., 2018). Our group has demonstrated that

maternal dietary deficiencies in folic acid or choline impact offspring ischemic stroke outcome

(Clementson et al., 2023; Hurley et al., 2023; Pull et al., 2023). However, the mechanisms are not

yet clear, our hypothesis is that maternal diet deficient in either folic acid or choline combined

with ischemic stroke will result in changes to metabolites within the gut. The aim of the present

study was to investigate changes in metabolite levels of fecal matter in male and female offspring

exposed to FADD and ChDD during early neurodevelopment and an ischemic stroke during

adulthood. Untargeted metabolite analysis has been shown to provide some insight to changes after

stroke (Zhao et al., 2022), predict stroke outcome (Chi et al., 2021), as well as generate data for

biomarkers (Li et al., 2018; M.-H. Wu et al., 2023).

Results

Maternal diet deficiencies in FADD or ChDD during pregnancy and lactation impacted

metabolite levels at the 1- and 4-week post-stroke timepoints. The number of changes in

metabolites because of experimental manipulations (maternal diet or offspring sex) are

summarized in Figure 1. The number of metabolites measured in offspring fecal samples was

extensive. We have listed all the metabolites that were significantly difference in supplementary

Table 1 with the corresponding p-values for interactions between maternal diet and offspring sex,

as well as main effects of maternal diet and sex.

Figure 1. Summary of two-way ANOVA analysis demonstrating the metabolite changes based on

sex, maternal diet, or interaction. (A) Demonstrate difference in one metabolite pre-stroke due to

change in maternal diet. (B) Demonstrate metabolite changes based on sex, maternal diet, and

combined effect of both maternal diet & sex in 1-week post-stroke with no interaction. (C)

Significant and enhanced changes in metabolites seen at 4-weeks post stroke based on sex,

maternal diet, or combined with 3 metabolites changes being affected differently by sex and

maternal diet.

Pre-Stroke

At the pre-stroke time point, a significant difference in HEPES levels was observed

between maternal diet groups (p = 0.00052), with female ChDD offspring having elevated levels

of this metabolite (Table 1). There was also a difference between male and female offspring (p =

0.0087) and interaction between maternal diet and sex of animals (p < 0.0001).

One-Week Post-Stroke

Interactions between maternal diet and sex

There were interactions between maternal diet and offspring sex in PALDA (Table 2; p =

0.213), 3-Oxopalmitic Acid (p = 0.001), 7-Dehydrocholesterol (p = 0.001),

Tetrahydrodeoxycorticosterone (p = 0.001), and Avenasterol (p = 0.011).

Sex differences

Sex differences were observed in in PALDA (Table 2, p = 0.0307) and N6-(2-1Himidazol-

4-yl) ethyl) lysine (p = 0.0221). Significant sex differences were followed up with pairwise

comparisons, details are listed in Table 2.

Impact of Maternal Diet

After one-week post-stroke we observed maternal dietary differences in fecal

measurements for the following metabolites, PALDA (Table 2; p = 0.0006), N6-(2-1Himidazol-

4-yl) ethyl)lysine (p = 0.001), 3-Oxopalmitic Acid (p = 0.017), 7-Dehydrocholesterol (p = 0.0001),

Yakkasterone (p = 0.0001), Tetrahydrodeoxycorticosterone (p = 0.013), Cromide BEM

(p=0.0063), certonardosterol (p = 0.0001), 4betamethylzymosterol-4-carbaldehyde (p = 0.001),

4a,10-Dihydroxy-2,2,6a,6b,9,9,12a-heptamethyl-2,3,4,4a,6,6a,6b (p = 0.04), 3-dehydro-6-

deoxoteasterone (p = 0.001), 2-Aminoethyl(2R)-3-[(1Z)-1-h(14Z)-14-Tricosen-10-one (p =

0.0001), 2-Aminoethyl(2R)-3-[(1Z)-1-h(14Z)-14-Tricosen-10-one (p = 0.0001), 1-(3,5-

Dihydroxyphenyl)-2-heptadecanone (p = 0.0001), (R)-palmiticmonoisopropanolamide (p =

0.0002), (R)-palmiticmonoisopropanolamide (p = 0.006), and (3S,5E,7E,24R)-(6,19,19-

~2~H_3_)-9,10-Secocholesta-5,7,10-trie (p = 0.0001). Significant maternal diet differences in

metabolites were followed up with pairwise comparisons, details are listed in table 2.

Four-Week Post-Stroke

Interactions between maternal diet and sex

There was an interaction between maternal diet and offspring sex for the following

metabolites, HEPES (Table 3, p = 0.032), 1-(4-Aminobutyl)urea (p = 0.0015), PRIMA-1 (p =

0.0005), N-lauroylglycine (p = 0.0036), N~6~,N~6~-Dimethyllysine (p = 0.0088), Misoprostol (p

= 0.032), Gly-Leu (p = 0.003), Chamazulene (p = 0.02), Esmolol (p = 0.013),

Dodecylethanolamide (p = 0.038), Creatine (p = 0.01), C2 Dihydroceramide (p = 0.003), BAR501

(p = 0.006), APM (p = 0.024), Adenine (p = 0.012), Acetylcadaverine (p = 0.0038),

Acetohydroxamic acid (p = 0.0084), 1-PP (p = 0.011), (4R)-5-Hydroxy-L-leucine (p = 0.003), and

(+)-castanospermine (p = 0.028).

Sex Differences

There were sex differences in the following metabolites, Fenamole (Table 3, p = 0.03), n-

Hexanamide (p = 0.0019), N-Acetyl-Lglutamic Acid (p = 0.051), Sphinganine (p = 0.02),

Pyrrolidine (p = 0.04), Propoxur (p = 0.006), Phytosphingosine (p = 0.012), HMMNI (p = 0.0014),

Chamazulene (p = 0.05), Esmolol (p = 0.025), and 5-Hydroxytryptophol (p = 0.006). There were

interactions between maternal diet and sex in the following metabolites, n-Hexanamide (p =

0.0073), N-Acetyl-Lglutamic Acid (p = 0.0029), Homocitrulline (p = 0.0001), Sphinganine (p =

0.018), R-(+)-Etiracetam (p = 0.0005), and Pyrrolidine (p = 0.01). Significant sex differences

between females and males were followed up with pair wise comparisons, details are listed in table

4.

Impact of Maternal Diet

At four weeks post-stroke there were differences in offspring metabolites, as a result of

maternal diet in the following: HEPES (Table 3, p = 0.0072), Fenamole (p = 0.03), 2,3-

Dihydroxypropylstearate (p = 0.0004), JWH 133 (p < 0.0001), Sphinganine (p = 0.053), 1-(4-

Aminobutyl)urea (p = 0.025), Propoxur (p = 0.003), phytosphingosine (p = 0.02), N-lauroylglycine

(p = 0.021), nicaraven (p = 0.003), N~6~,N~6~-Dimethyllysine (p = 0.049), Misoprostol (p =

0.036), lovastatin (p = 0.0081), Gly-Leu (p=0.026), Chamazulene (p = 0.02), Esmolol (p = 0.0364),

Dodecylethanolamide (p = 0.009), BAR501(p = 0.042), APM (p = 0.038), 5-Hydroxytryptophol

(p = 0.003), and (+)-castanospermine (p = 0.026). Significant differences in metabolite levels as

a result of maternal diet was followed up with pairwise comparisons, details are listed in table 5.

Discussion

Ischemic stroke is a major health concern, with nutrition being a modifiable risk factor. We

have previously demonstrated offspring from female mice deficient in either folic acid or choline

have worse outcome after stroke (Clementson et al., 2022; Hurley et al., 2023; Pull et al., 2023) .

Metabolites are important marker to measure the changes in the gut microbiota, which can be

significant markers for different pathophysiological diseases in the body. We collected fecal

samples from female and male offspring whose mothers were maintained on either FADD, ChDD,

and CD. The fecal samples were collected at three timepoints including prior to, 1, and 4 weeks

post-ischemic stroke to measure metabolites using untargeted analyses. This untargeted

metabolomics analysis revealed a wide spectrum of detrimental effects caused by stroke and

maternal diet deficiencies in 3-month-old offspring. Our analysis revealed that maternal folic acid

dietary deficiency has significant impact on microbiota of offspring after ischemic stroke. The

results demonstrate that sex and maternal diet impact metabolites levels after ischemic stroke and

may impact outcomes.

At pre-stroke stage we observed changes in levels of HEPES because of maternal diet. The

role and involvement of these metabolites remain unclear. The differences in maternal diet and sex

impact on the stroke outcome become more prominent in 1-and 4-week post-stroke time points.

A total of 17 metabolites differences observed in different diet groups at 1 week post stroke.

FADD mice had lower level of metabolites compared to ChDD and CD, while ChDD mice had

similar metabolites level to CD mice. Male mice had lower levels of metabolites at 1 week post

stroke. Most of the observed metabolites observed in lower levels are involved in various survival

and developmental cellular mechanisms including cholesterol biogenesis, cell division,

macrophage polarization, and neuroprotection. Tertahydrodeoxycorticsterone, a neurosteroid,

have been observed to play a role in neuroprotection and neural analgesic affects (Kang et al.,

2021; Márk & Paragh, 2007; Mediratta et al., 2001; Patchev et al., 1997; Piette, 2020; Rupprecht,

1997; Wetzel et al., 1999; Womack et al., 2006). Another metabolite, 7-dehydrocholesterol

reductase (DHCR7) is an enzyme that catalyzes 7-dehydrocholesterol (7-DHC) to cholesterol, a

final step in the biogenesis of cholesterol (Huang et al., 2017; Waterham & Wanders, 2000; Xiao

et al., 2020). DHCR7 mutations in humans cause a clinical autosomal recessive genetic disease,

namely Smith-Lemli-Opitz syndrome (SLOS), which is characterized with multiple abnormalities

including growth deficiency, intellectual disability, and frequent infections(Honda et al., 1998).

JWH 133 activates cannabinoid 2 receptors in reduced ovarian ischemia-reperfusion injury due to

its antioxidant and anti-inflammatory effects (Aydogan Kirmizi et al., 2021; López-Dyck et al.,

2017; Onat et al., 2021; Wojcieszak et al., 2016). JWH-133 showed anti-obesity effects that

ameliorated pro-inflammatory M1 macrophage polarization through the Nrf2/HO-1 pathway (Q.

Wu et al., 2020). The lower levels of the involved metabolites seem to have effects on

neuroprotective mechanism during neurodevelopment in early age as well as have effects on the

immune systems and fatty acid mechanism. Dysfunction in such metabolites can also signal

towards growth deficiency and more prone to infections. However, the mechanism of the effects

remains unclear and require additional investigation.

At 4-week post stroke, metabolites significantly lower compared to one-week timepoint

are observed to have come back to normal levels while new metabolites were found to be in

abnormal levels. Female mice were affected more adversely with lower levels of all the metabolites

found in 4-week post stroke compared to pre-stroke levels. Mice on either ChDD or FADD were

both at lower levels as compared mice of CD. Homocitrulline levels were lower in both genders

on FADD diet which plays role in cell viability and mitochondrial function in menadione-treated

astrocytes (Zanatta et al., 2016). N-Acetyl-glutamic acid, Noradrenaline, and Creatine which play

roles in liver ureagenesis, cognitive process, and cellular metabolism essential for cognitive

abilities respectively were found in lover levels (Caldovic et al., 2010; Harper et al., 2009;

Prokopová, 2010; Sumien et al., 2018). Other metabolites, Dehydrocostus which have antibacterial

activity by inhibiting LPS-induced production of proinflammatory mediators were in lower levels

(Nie et al., 2019). Metabolite which are indicators of central nervous system health and play

protective roles were detected at lower levels in female with both FADD and CHDD diet. Some

of the metabolites are (+)-Castanospermine involved in reduces inflammation in brain, 5-

Hydroxytryptophol responsible for elicits cerebro arterial contractions (Saul et al., 1983; Tharappel

et al., 2020), Acetylcadaverine lower levels is markedly found Alzheimer's Disease (Paik et al.,

2006), BAR501 responsible for reversing intestinal inflammation and shifts activation of intestinal

macrophages reducing expression of inflammatory genes (Biagioli et al., 2017). C2

Dihydroceramide associated with increased apoptosis in human leukemia HL-60 cells (Shikata et

al., 2003), and Gly-Leu, Glycine acts as a neurotransmitter in central nervous system; antioxidant,

anti-inflammatory, cryoprotective, and immunomodulatory in peripheral and nervous tissues and

leucine essential amino acid used in ATP generation, protein synthesis, tissue regeneration, and

metabolism (Pedroso et al., 2015; Razak et al., 2017).

Overall, after 4-week post stroke, it is strongly evident that female offspring that come

from mothers maintained on FADD or ChDD have more changes in their metabolites compared

to males. The changes are magnified at the four-week timepoint despite being on CD compared to

1 week post stroke. The abnormal metabolites levels suggest that there is significant inflammation

found both in brain and gut. It is indicated that the body's anti-inflammatory and defense system

is also highly affected. Interestingly, markers for Alzheimer's disease, cancers, gut, and brain

inflammation were found to be changed suggesting that these subjects might experience an early

physical deterioration and hindered development. In a previous study, there was evidence of

phenotypical behavioral issues in mice despite any changes in the ischemic size of the brain infarct.

This is suggestive of activation of multiple pathophysiological mechanisms that have long lasting

effects on a developing body. This is the first study to report changes in fecal sample metabolites

after changes in maternal diet and ischemic stroke. More work is required, as the mechanism and

molecular pathway are not clear. Possible next steps may include sequencing samples to determine

changes in DNA. The present study provides insights that maternal dietary deficiencies in folic

acid when combined with ischemic stroke impact offspring metabolites in a sex dependent manner.

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Materials and methods

Animals and experimental design

All experiments were conducted in accordance with the guidelines of the Midwestern

University Institutional Animal Care Users Committee (IACUC 2983). C57/BL6J mice (both

female and male) were obtained from Jackson Laboratories. The breeding pairs produced male (n

= 17) and female (n = 15) offspring.

Experimental manipulations are summarized in Figure 2. Two-month-old female mice

were habituated for seven days before they were placed on either control (CD), folic acid (FADD,

folic acid: 0.3 mg/kg), or choline deficient diets (ChDD, choline bitrate: 300 mg/kg) (Clementson

et al., 2023; Dam et al., 2017; Hurley et al., 2023; Jadavji, Deng, et al., 2015; Jadavji, Farr, et al.,

2015) (Envigo, Indianapolis, IN). The control diet contains the minimum amount of folic acid (2

mg/kg) and choline bitrate (1150 mg/kg). The dams were maintained on the diets 4 weeks prior to

pregnancy, during pregnancy, and lactation. Once female and male offspring were weaned from

their mothers, they were maintained on a CD. At 2 months of age, the offspring were subjected to

ischemic stroke, using the photothrombosis model to the sensorimotor cortex. Stool samples were

collected from the same offspring at three timepoints: prior to ischemic stroke, 1 week after, and

4 weeks after the stroke.

Figure 2. Displays the timeline of the experiment. Pregnant mothers were fed either the CD,
FADD, or ChDD diet throughout the months of pregnancy and lactation until the offspring
281 were weaned. Once the offspring were weaned, they were maintained on the CD. At 2 months
of age, the offspring were subjected to ischemic stroke via the PT model. Tissue and fecal
matter was collected at 1-Week Post Stroke and 4-Week Post Stroke.

Photothrombosis Model for Ischemic Stroke

At 2 months of age all female and male offspring mice were subjected to photothrombosis

to induce a unilateral ischemic stroke in the sensorimotor cortex. Mice were anesthetized with

isoflurane (1.5%) in a 70:30 nitrous oxide: oxygen mixture. Core body temperature was monitored

with a rectal thermometer (Harvard Apparatus, Holliston, MA) and maintained at 37 ± 0.2ºC using

a heating blanket. 10mg/kg of the photosensitive Rose Bengal (Sigma, St. Louis, MA) dye was

injected intraperitoneally 5 minutes prior to irradiation. A 532 nm green laser was placed 3 cm

above the animal and directed to the sensorimotor cortex (mediolateral + 0.24mm)(Abato et al.,

2020; Clementson et al., 2023; Hurley et al., 2023; Jadavji et al., 2017, 2019, 2019; Lee et al.,

2004; Mbs et al., 2023; Poole et al., 2022) for 15 min.

Fecal preparation

Fecal samples were collected in a microfuge tube at three timepoints, prior to, 1 and 4

weeks after ischemic stroke. The samples were stored at -80°C until analysis.

Each fecal sample (~20 mg) was homogenized in 200 µL MeOH:PBS (4:1, v:v, containing

1,810.5 µM $^{13}C_3$-lactate and 142 µM $^{13}C_5$-glutamic Acid) in an Eppendorf tube using a Bullet

Blender homogenizer (Next Advance, Averill Park, NY). Then 800 µL MeOH:PBS (4:1, v:v,

containing 1,810.5 µM $^{13}C_3$-lactate and 142 µM $^{13}C_5$-glutamic Acid) was added, and after

vortexing for 10 s, the samples were stored at -20ºC for 30 min. The samples were then sonicated

in an ice bath for 30 min. The samples were centrifuged at 14,000 RPM for 10 min (4ºC), and 800

µL supernatant was transferred to a new Eppendorf tube. The samples were then dried under

vacuum using a CentriVap Concentrator (Labconco, Fort Scott, KS). Prior to MS analysis, the

obtained residue was reconstituted in 150 µL 40% PBS/60% ACN. A quality control (QC) sample

was pooled from all the study samples.

Solutions for Experiments

Solutions used to complete analysis included, acetonitrile (ACN), methanol (MeOH),

ammonium acetate, and acetic acid, all LC-MS grade, were purchased from Fisher Scientific

(Pittsburgh, PA). Ammonium hydroxide was bought from Sigma-Aldrich (Saint Louis, MO). DI

water was provided in-house by a Water Purification System from EMD Millipore (Billerica, MA).

PBS was bought from GE Healthcare Life Sciences (Logan, UT). The standard compounds

corresponding to the measured metabolites were purchased from Sigma-Aldrich (Saint Louis, MO)

and Fisher Scientific (Pittsburgh, PA).

Untargeted LC-MS Metabolomics

The untargeted LC-MS metabolomics method used has developed and used in a growing

number of studies (Garcia et al., 2024; Gu et al., 2015; D. Scieszka et al., 2023; D. P. Scieszka et

al., 2023; Wei et al., 2021). Briefly, all LC-MS experiments were performed using the Thermo

Vanquish UPLC-Exploris 240 Orbitrap MS instrument (Waltham, MA). Fecal samples were

injected twice, 10 μL for analysis using negative ionization mode and 4μL for analysis using

positive ionization mode. Both chromatographic separations were performed in hydrophilic

interaction chromatography (HILIC) mode on a Waters XBridge BEH Amide column (150 x 2.1

mm, 2.5 μm particle size, Waters Corporation, Milford, MA). The flow rate was 0.3 mL/min, auto-

sampler temperature was kept at 4℃, and the column compartment was set at 40℃. The mobile

phase was composed of Solvents A (10 mM ammonium acetate, 10 mM ammonium hydroxide in

95% H_2O/5% ACN) and B (10 mM ammonium acetate, 10 mM ammonium hydroxide in 95%

ACN/5% H_2O). After the initial 1 min isocratic elution of 90% B, the percentage of Solvent B

decreased to 40% at t = 11 min. The composition of Solvent B maintained at 40% for 4 min (t=15

min), and then the percentage of B gradually went back to 90%, to prepare for the next injection.

Using mass spectrometer equipped with an electrospray ionization (ESI) source, we will collect

untargeted data from 70 to 1050 m/z.

To identify peaks from the MS spectra, we made extensive use of the in-house chemical

standards (~600 aqueous metabolites), and in addition, we searched the resulting MS spectra

against the HMDB library, Lipidmap database, METLIN database, as well as commercial

databases including mzCloud, Metabolika, and ChemSpider. The absolute intensity threshold for

the MS data extraction was 1,000, and the mass accuracy limit was set to 5 ppm. Identifications

and annotations used available data for retention time (RT), exact mass (MS), MS/MS

fragmentation pattern, and isotopic pattern. Thermo Compound Discoverer 3.3 software was used

for aqueous metabolomics data processing. The untargeted data were processed by the software

for peak picking, alignment, and normalization. To improve rigor, only the signals/peaks with CV

< 20% across quality control (QC) pools, and the signals showing up in >80% of all the samples

were included for further analysis.

Data Preprocessing

Raw data files generated from the mass spectrometer were converted to a matrix of peak

intensities, with each row representing a sample and each column representing a metabolite

feature. Quality control samples were also included in the matrix for inter-batch normalization.

Raw data were normalized to the median of quality control samples.

Multivariate Analysis

Principal component analysis (PCA) and orthogonal partial least squares-discriminant
analysis (OPLS-DA) were performed to explore the separation of different groups and identify
important metabolites contributing to the separation.

To investigate metabolite differences between sex and maternal dietary groups, as well as
their interactions, two-way ANOVA was conducted using GraphPad Prism 10. Significant main
effects of two-way ANOVAs were followed by Tukey's post-hoc test to adjust for multiple
comparisons.

Statistical analysis was performed using R (version 4.1.1). For each metabolite, normality
was assessed using the Shapiro-Wilk test, which is suitable for small to medium sample sizes and
provides a good balance between sensitivity and specificity.

If the data for a metabolite followed a normal distribution ($p > 0.05$ in the Shapiro-Wilk
test), independent t-tests were used to compare the means between groups. If the data did not
follow a normal distribution ($p \leq 0.05$ in the Shapiro-Wilk test), non-parametric Wilcoxon rank-
sum tests were employed to compare the medians between groups. This test was chosen because
it does not assume normality and is robust against outliers. To adjust for multiple testing and
control the rate of type I errors, a false discovery rate (FDR) correction was performed using the
Benjamini-Hochberg procedure.

Linear regression analysis was conducted to assess the correlation between metabolites and
stroke outcomes. The regression models included sex, maternal diet, and their interaction terms to
determine the influence of these factors on metabolite levels.

Pathway and Enrichment Analysis

Pathway analysis was performed using MetaboAnalyst (version 5.0). The pathway analysis

involved the use of the hypergeometric test and pathway topological analysis. The p-values were

not Bonferroni corrected because the related hypotheses are not completely independent, but

instead share underlying biological mechanisms or functional relationships. Enrichment analysis

was performed to identify the over-representation of metabolites in specific pathways using

Fisher's   exact   test.

Visualization

Heatmaps were generated to visualize the clustering of metabolites and samples. Pathway

and enrichment analysis results were visualized using bubble plots and bar plots, respectively. The

level of significance was set at $p < 0.05$ for all analyses.

Acknowledgements

None

Competing Interests

No competing interest declared

Funding

This research was funded by American Heart Association, grant number 20AIREA35050015

awarded to NMJ

Data statement

All relevant data can be found within the article and supplementary material

Author contrition statement

Conceptualization: N.M.J.; Methodology: H.G., J.C.; Formal analysis: P.J., F.A., N.M.J; Writing-

review & editing: F.A., M.T.M, P.J., H.G., N.M.J; Visualization: P.J., F.A., N.M.J; Project

administration: N.M.J.; Funding acquisition: N.M.J.

Diversity and inclusion statement

412   All authors were given opportunities to be involved in the study and writing up of the study.

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693 **Table 1**. The impact of maternal dietary deficiencies in folic acid or choline on offspring fecal
694 metabolite levels prior to ischemic stroke and summary of two-way ANOVA results.
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Metabolite	Sex of mice	CD	FADD	ChDD	p-values Interaction Sex Maternal diet
HEPES	Females	5.56 ± 0.04	5.29 ± 0.02	6.41 ± 0.22	0.01
	Males	5.68 ± 0.20	5.39 ± 0.04	5.41 ± 0.03	0.994
					0.00052

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698 Values are expressed as the mean ± SEM of 5 to 7 mice per group. Abbreviations: CD: Control
699 diet; ChDD: choline-deficient diet; FADD: folic acid-deficient diet.
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Table 2. The impact of maternal dietary deficiencies in folic acid or choline on offspring fecal metabolite levels 1 week post ischemic stroke and summary of two-way ANOVA results.

Metabolite	Sex of mice	CD	FADD	ChDD	*p*-values Interaction Sex Maternal diet
PALDA	Female	5.80 + 0.193	4.32 + 0.07	5.41 + 0.25	0.0213
	Male	5.04 + 0.27	4.65 + 0.19	4.69 + 0.14	0.0307
					0.0006
N6-(2-1Himidazol-4-yl)ethyl)lysine	Females	5.05 + 0.03	4.84 + 0.03	5.04 + 0.03	n.s.
	Males	4.97 + 0.02	4.83 + 0.02	4.97 + 0.03	0.0221
					0.0001
3-Oxopalmitic Acid	Female	4.87 + 0.01	4.79 + 0.08	4.86 + 0.04	0.001
	Male	5.56 + 0.13	5.15 + 0.11	5.01 + 0.14	n.s.
					0.017
7-Dehydrocholesterol	Female	6.27 + 0.04	4.464 + 0.01	6.087 + 0.10	0.0001
	Male	5.35 + 0.19	5.352 + 0.19	5.459 + 0.13	n.n.
					0.0001
Yakkasterone	Female	6.05 + 0.16	4.89 + 0.26	6.097 + 0.10	n.s.
	Male	6.21 + 0.35	5.01 + 0.13	6.23 + 0.10	n.s.
					0.0001
Tetrahydrodeoxycorticosterone	Female	6.49 + 0.38	6.58 + 0.33	4.68 + 0.16	0.001
	Male	6.26 + 0.08	5.53 + 0.08	6.45 + 0.06	n.s.
					0.013
Avenasterol	Female	6.36 + 0.11	4.64 + 0.04	6.08 + 0.10	0.011
	Male	5.86 + 0.28	5.50 + 0.30	6.17 + 0.09	n.s.
					n.s.
4betamethylzymosterol-4-carbaldehyde	Female	6.52 + 0.06	5.01 + 0.04	6.44 + 0.12	n.s.
	Male	6.16 + 0.36	5.69 + 0.26	6.59 + 0.12	n.s.
					0.001
4a,10-Dihydroxy-2,2,6a,6b,9,9,12a-heptamethyl-2,3,4,4a,6,6a,6b	Female	6.71 + 0.09	5.12 + 0.20	6.713 + 0.13	n.s.
	Male	6.38 + 0.43	5.88 + 0.40	6.907 + 0.07	n.s.
					0.004
3-dehydro-6-deoxoteasterone	Female	6.14 + 0.16	4.87 + 0.09	5.83 + 0.15	n.s.
	Male	5.96 + 0.21	5.48 + 0.26	6.01 + 0.03	n.s.
					0.0001
2-Aminoethyl(2R)-3-[(1Z)-1-h(14Z)-14-Tricosen-10-one	Female	6.18 + 0.19	4.89 + 0.11	5.74 + 0.30	n.s.
	Male	5.71 + 0.21	5.16 + 0.13	5.96 + 0.081	n.s.
					0.0001
1-Piperidinocyclohexanecarbonitrile	Female	6.41 + 0.18	5.75 + 0.12	6.69 + 0.14	n.s.
	Male	6.28 + 0.15	5.70 + 0.06	6.52 + 0.11	n.s.
					0.0001
1-(3,5-Dihydroxyphenyl)-2-heptadecanone	Female	6.13 + 0.07	4.66 + 0.07	6.00 + 0.13	n.s.
	Male	6.23 + 0.40	4.82 + 0.07	6.30 + 0.14	n.s.

Metabolite	Sex of mice	CD	FADD	ChDD	p-values Interaction Sex Maternal diet
					0.0001
(R)-palmiticmonoisopropanolamide	Female	6.46 ± 0.09	3.81 ± 0.03	6.10 ± 0.31	0.05
	Male	5.78 ± 0.48	5.15 ± 0.61	6.49 ± 0.12	n.s.
					0.0002
(22S)-22-hydroxycampest-4-en-3-one	Female	6.81 ± 0.16	4.73 ± 0.02	6.53 ± 0.18	0.0099
	Male	6.23 ± 0.37	6.00 ± 0.41	6.40 ± 0.21	n.s.
					0.006
(14Z)-14-Tricosen-10-one	Female	6.81 ± 0.16	4.84 ± 0.04	6.44 ± 0.39	0.0004
	Male	6.24 ± 0.36	6.58 ± 0.12	6.02 ± 0.21	n.s.
					0.0208
(3S,5E,7E,24R)-(6,19,19-~2~H_3_)-9,10-Secocholesta-5,7,10-trie	Female	5.92 ± 0.09	4.35 ± 0.02	5.98 ± 0.09	n.s.
	Male	5.78 ± 0.32	5.01 ± 0.26	5.93 ± 1.00	n.s.
					0.0001
Metabolite	**Sex of mice**	**CD**	**FADD**	**ChDD**	**p-values Interaction Sex Maternal diet**
PALDA	Female	5.80 ± 0.193	4.32 ± 0.07	5.41 ± 0.25	0.0213

Values are expressed as the mean ± SEM of 5 to 7 mice per group. Abbreviations: CD: Control diet; ChDD: choline-deficient diet; FADD: folic acid-deficient diet.

Table 3. The impact of maternal dietary deficiencies in folic acid or choline on offspring fecal metabolite levels 4 weeks post ischemic stroke and summary of two-way ANOVA results.

Metabolite	Sex of mice	CD	FADD	ChDD	p-values Interaction Sex Maternal diet
HEPES	Females	5.27 ± 0.03	5.41 ± 0.02	5.50 ± 0.06	0.032
	Males	5.39 ± 0.03	5.44 ± 0.04	5.42 ± 0.03	n.s.
					0.0072
Fenamole	Female	5.89 + 0.14	6.52 + 0.067	6.12 + 0.085	n.s.
	Male	6.46 ± 0.12	5.92 ± 0.058	6.37 ± 0.042	0.03
					0.02
2,3-Dihydroxypropylstearate	Female	6.43 ± 0.21	6.41 ± 0.12	6.32 ± 0.21	n.s.
	Male	6.24 ± 0.15	6.13 ± 0.07	6.27 ± 0.11	n.s.
					0.0004
n-Hexanamide	Female	5.89 ± 0.29	6.69 ± 0.04	6.67 ± 0.02	0.0073
	Male	7.25 ± 0.13	7.25 ± 0.35	6.57 ± 0.30	0.0019
					n.s.
N-Acetyl-Lglutamic Acid	Female	7.01 ± 0.15	7.27 ± 0.12	7.24 ± 0.10	0.0029
	Male	7.75 ± 0.11	7.18 ± 0.11	7.20 ± 0.13	0.051
					n.s.
JWH 133	Female	6.48 ± 0.29	6.68 ± 0.08	6.75 ± 0.07	n.s.
	Male	6.63 ± 0.06	6.68 ± 0.07	6.74 ± 0.05	n.s.
					<0.0001
Homocitrulline	Female	5.68 ± 0.03	6.27 ± 0.09	5.91 ± 0.07	0.0001
	Male	6.32 ± 0.08	5.72 ± 0.12	5.94 ± 0.16	n.s.
					n.s.
Sphinganine	Female	6.73 ± 0.17	7.14 ± 0.03	7.07 ± 0.03	0.018
	Male	7.16 ± 0.03	7.11 ± 0.03	7.07 ± 0.01	0.02

					0.053
R-(+)-Etiracetam	Female	5.21 ± 0.22	5.99 + 0.04	5.71 ± 0.05	0.0005
	Male	5.81 ± 0.06	5.60 ± 0.10	5.57 ± 0.09	n.s.
					n.s.
Pyrrolidine	Female	5.59 ± 0.10	6.08 ± 0.12	5.75 ± 0.12	0.01
	Male	6.14 ± 0.09	5.91 ± 0.12	5.93 ± 0.10	0.04
					n.s.
1-(4-Aminobutyl)urea	Female	4.61 ± 0.19	5.94 ± 0.08	5.44 ± 0.17	0.0015
	Male	5.40 ± 0.09	5.15 ± 0.34	5.30 ± 0.24	n.s.
					0.025
Propoxur	Female	5.31 ± 0.19	6.017 ± 0.07	5.93 ± 0.07	n.s.
	Male	5.94 ± 0.14	6.072 ± 0.09	6.18 ± 0.14	0.006
					0.003
PRIMA-1	Female	5.20 ± 0.22	6.00 ± 0.04	5.71 ± 0.05	0.0005
	Male	5.81 ± 0.06	5.60 ± 0.10	5.57 ± 0.09	n.s.
					n.s.
Phytosphingosine	Female	7.56 ± 0.21	8.14 ± 0.19	8.02 ± 0.07	0.022
	Male	8.13 ± 0.07	8.13 ± 0.018	8.15 ± 0.02	0.012
					0.02
N-lauroylglycine	Female	5.96 ± 0.13	6.46 ± 0.04	6.50 ± 0.09	0.0036
	Male	6.34 ± 0.09	6.22 ± 0.11	6.32 ± 0.04	n.s.
					0.021
Nicaraven	Female	5.24 ± 0.09	4.88 ± 0.07	4.84 ± 0.05	n.s.
	Male	5.06 ± 0.07	5.02 ± 0.10	4.94 ± 0.03	n.s.
					0.003

N~6~,N~6~-Dimethyllysine	Female	5.05 ± 0.14	5.78 ± 0.07	5.47 ± 0.13	0.0088
	Male	5.45 ± 0.12	5.31 ± 0.16	5.63 ± 0.18	n.s.
					0.049
Misoprostol	Female	6.18 ± 0.14	5.85 ± 0.08	5.69 ± 0.05	0.032
	Male	5.88 ± 0.05	5.82 ± 0.11	5.91 ± 0.10	n.s.
					0.036
Lovastatin	Female	6.86 ± 0.13	6.43 ± 0.10	6.52 ± 0.05	n.s.
	Male	6.61 ± 0.04	6.50 ± 0.05	6.53 ± 0.08	n.s.
					0.0081
HMMNI	Female	4.87 ± 0.19	5.48 ± 0.23	5.50 ± 0.05	n.s.
	Male	6.08 ± 0.19	6.03 ± 0.19	5.78 ± 0.44	0.0014
					n.s.
Gly-Leu	Female	5.38 ± 0.10	6.46 ± 0.13	5.96 ± 0.11	0.003
	Male	6.21 ± 0.15	6.07 ± 0.30	5.88 ± 0.20	n.s.
					0.026
Chamazulene	Female	5.78 ± 0.35	5.01 ± 0.01	4.929 ± 0.02	0.02
	Male	4.99 ± 0.03	4.97 ± 0.03	4.99 ± 0.02	0.05
					0.02
Esmolol	Female	6.00 ± 0.22	6.39 ± 0.07	6.43 ± 0.04	0.013
	Male	6.59 ± 0.03	6.51 ± 0.08	6.35 ± 0.06	0.025
					0.0364
Dodecylethanolamide	Female	6.38 ± 0.09	6.15 ± 0.03	6.16 ± 0.01	0.038
	Male	6.24 ± 0.02	6.23 ± 0.03	6.20 ± 0.02	n.s.
					0.009
Creatine	Female	7.21 ± 0.17	6.86 ± 0.20	7.06 ± 0.14	0.01
	Male	6.21 ± 0.22	6.98 ± 0.10	7.15 ± 0.33	n.s.

					n.s.
C2 Dihydroceramide	Female	5.55 ± 0.09	5.87 ± 0.06	5.88 ± 0.03	0.003
	Male	5.93 ± 0.04	5.73 ± 0.13	5.84 ± 0.05	n.s.
					n.s.
BAR501	Female	4.61 ± 0.06	5.15 ± 0.04	4.96 ± 0.09	0.006
	Male	5.06 ± 0.08	4.99 ± 0.11	4.97 ± 0.15	n.s.
					0.042
APM	Female	5.59 ± 0.26	6.42 ± 0.07	6.21 ± 0.10	0.024
	Male	6.16 ± 0.12	6.13 ± 0.14	6.14 ± 0.13	n.s.
					0.038
Adenine	Female	6.51 ± 0.14	7.04 ± 0.20	6.91 ± 0.21	0.012
	Male	7.39 ± 0.16	6.76 ± 0.19	7.00 ± 0.15	n.s.
					n.s.
Acetylcadaverine	Female	5.31 ± 0.01	5.80 ± 0.16	5.42 ± 0.05	0.0038
	Male	5.58 ± 0.07	5.44 ± 0.06	5.38 ± 0.03	n.s.
					0.041
Acetohydroxamic acid	Female	7.31 ± 0.08	7.75 ± 0.07	7.48 ± 0.09	0.0084
	Male	7.83 ± 0.12	7.53 ± 0.11	7.73 ± 0.17	n.s.
					n.s.
5-Hydroxytryptophol	Female	5.32 ± 0.14	6.02 ± 0.07	5.93 ± 0.07	n.s.
	Male	5.94 ± 0.19	6.07 ± 0.09	6.18 ± 0.14	0.006
					0.003
1-PP	Female	5.61 ± 0.08	6.07 ± 0.08	5.79 ± 0.10	0.011
	Male	6.14 ± 0.13	5.85 ± 0.12	6.01 ± 0.16	n.s.
					n.s.
(4R)-5-Hydroxy-L-leucine	Female	5.91 ± 0.16	6.66 ± 0.10	6.20 ± 0.13	0.003

	Male	6.64 ± 0.13	6.25 ± 0.25	6.37 ± 0.08	n.s.
					n.s.
(+)-castanospermine	Female	5.05 ± 0.29	5.94 ± 0.08	5.59 ± 0.10	0.028
	Male	5.60 ± 0.08	5.59 ± 0.10	5.69 ± 0.14	n.s.
					0.026

Values are expressed as the mean ± SEM of 5 to 7 mice per group. Abbreviations: CD: Control diet; ChDD: choline-deficient diet; FADD: folic acid-deficient diet.

Table 4. One-week post-stroke Tukey's pairwise comparison summary determining the impact of maternal dietary deficiencies in folic acid or choline on offspring fecal metabolite levels.

Metabolite	Female				Male		
	CD vs. FADD	CD vs. ChDD	ChDD vs. FADD		CD vs. FADD	CD vs. ChDD	ChDD vs. FADD
PALDA	0.002	n.s.	0.0045		n.s.	n.s.	n.s.
N6-(2-1Himidazol-4-yl)ethyl)lysine	0.0002	n.s.	0.0003		0.0044	n.s.	0.0002
3-Oxopalmitic Acid	n.s.	n.s.	n.s.		< 0.001	< 0.001	n.s.
7-Dehydrocholesterol	< 0.001	< 0.001	n.s.		n.s.	n.s.	n.s.
Yakkasterone	0.0013	n.s.	0.001		0.003	n.s.	0.0001
Tetrahydrodeoxycorticosterone	n.s.	0.0002	0.0001		n.s.	n.s.	0.0276
Avenasterol	0.001	n.s.	0.0003		n.s.	n.s.	n.s.
4betamethylzymosterol-4-carbaldehyde	0.0004	n.s.	0.0007		n.s.	n.s.	0.0004
4a,10-Dihydroxy-2,2,6a,6b,9,9,12a-heptamethyl-2,3,4,4a,6,6a,6b	0.0034	n.s.	0.003		n.s.	n.s.	0.0354
3-dehydro-6-deoxoteasterone	0.0003	n.s.	0.0043		n.s.	n.s.	n.s.
2-Aminoethyl(2R)-3-[(1Z)-1-h(14Z)-14-Tricosen-10-one	0.0008	n.s.	0.0016		n.s.	n.s.	0.0306
1-Piperidinocyclohexanecarbonitrile	0.0085	n.s.	0.0002		0.0003	n.s.	0
1-(3,5-Dihydroxyphenyl)-2-heptadecanone	0.003	n.s.	0.0001		0.0009	n.s.	n.s.
(R)-palmiticmonoisopropanolamide	0.004	n.s.	0.0004		n.s.	n.s.	0.0017
(22S)-22-hydroxycampest-4-en-3-one	0.0002	n.s.	0.0006		n.s.	n.s.	n.s.
(14Z)-14-Tricosen-10-one)	0.0002	n.s.	0.0018		n.s.	n.s.	n.s.
(3S,5E,7E,24R)-(6,19,19-~2~H_3_)-9,10-Secocholesta-5,7,10-trie	0.0255	n.s.	0.007		0.0001	n.s.	< 0.001

Abbreviations: CD: Control diet; ChDD: choline-deficient diet; FADD: folic acid-deficient diet.

778 **Table 5.** Four-week post-stroke Tukey's pairwise comparison summary determining the impact of

779 maternal dietary deficiencies in folic acid or choline on offspring fecal metabolite levels.

Metabolite	Female				Male		
	CD vs. FADD	CD vs. ChDD	ChDD vs. FADD		CD vs. FADD	CD vs. ChDD	ChDD vs. FADD
2,3-Dihydroxypropylstearate	n.s.	n.s.	0.0062		0.0163	n.s.	0.0115
n-Hexanamide	0.0277	0.0307	n.s.		n.s.	n.s.	n.s.
N-Acetyl-Lglutamic Acid	n.s.	n.s.	n.s.		0.0096	0.0127	n.s.
JWH 133	n.s.	n.s.	n.s.		n.s.	n.s.	n.s.
Homocitrulline	0.0004	n.s.	0.0265		0.0008	0.0349	
Sphinganine	0.0024	0.0111	n.s.		n.s.	n.s.	n.s.
R-(+)-Etiracetam	0.0001	0.0089	n.s.		n.s.	n.s.	n.s.
Pyrrolidine	0.0094	n.s.	n.s.		n.s.	n.s.	n.s.
1-(4-Aminobutyl)urea	0.0001	0.0114	n.s.		n.s.	n.s.	n.s.
Propoxur	0.0012	0.0042	n.s.		n.s.	n.s.	n.s.
PRIMA-1	0.0001	0.0088	n.s.		n.s.	n.s.	n.s.
Phytosphingosine	0.0012	0.0083	n.s.		n.s.	n.s.	n.s.

N-lauroylglycine	0.0014	0.0007	n.s.		n.s.	n.s.	n.s.
Nicaraven	0.0029	0.0011	n.s.		n.s.	n.s.	n.s.
N~6~,N~6~-Dimethyllysine	0.0014	n.s.	n.s.		n.s.	n.s.	n.s.
Misoprostol	0.0424	0.0019	n.s.		n.s.	n.s.	n.s.
Lovastatin	0.003	0.0203	n.s.		n.s.	n.s.	n.s.
HMMNI	n.s.	n.s.	n.s.		n.s.	n.s.	n.s.
Gly-Leu	0.0003	0.0448	n.s.		n.s.	n.s.	n.s.
Chamazulene	0.0037	0.0015	n.s.		n.s.	n.s.	n.s.
Esmolol	0.0355	0.0204	n.s.		n.s.	n.s.	n.s.
Dodecylethanolamide	0.0018	0.0009	n.s.		n.s.	n.s.	n.s.
Creatine	n.s.	n.s.	n.s.		0.0355	0.0091	n.s.
C2 Dihydroceramide	0.009	0.0062	n.s.		n.s.	n.s.	n.s.
BAR501	0.0005	0.0225	n.s.		n.s.	n.s.	n.s.
APM	0.0017	0.018	n.s.		n.s.	n.s.	n.s.
Adenine	n.s.	n.s.	n.s.		n.s.	n.s.	n.s.
Acetylcadaverine	0.0008	n.s.	0.007		n.s.	n.s.	n.s.
Acetohydroxamic acid	0.0176	n.s.	n.s.		n.s.	n.s.	n.s.
5-Hydroxytryptophol	0.0034	n.s.	n.s.		n.s.	n.s.	n.s.
1-PP	0.0181	n.s.	n.s.		n.s.	n.s.	n.s.
(4R)-5-Hydroxy-L-leucine	0.0034	n.s.	n.s.		n.s.	n.s.	n.s.
(+)-castanospermine	0.0011	0.0443	n.s.		n.s.	n.s.	n.s.
Fenamole	0.0003	n.s.	0.0174		0.0032	n.s.	0.0207

782   Abbreviations: CD: Control diet; ChDD: choline-deficient diet; FADD: folic acid-deficient diet.