**Title:** Gestational Early-Time Restricted Feeding Results in Sex-Specific Glucose Intolerance in Adult Male Mice

**Authors:** Molly C. Mulcahy1, Noura El Habbal1, Detrick Snyder1, JeAnna R. Redd1, Haijing Sun2, Brigid E. Gregg1,2, Dave Bridges1

**Affiliation:**

1University of Michigan School of Public Health, Department of Nutritional Sciences, Ann Arbor MI, USA

2Michigan Medicine, Department of Pediatrics, Division of Diabetes, Endocrinology, and Metabolism, Ann Arbor MI, USA

**Keywords:** nutrition, impaired glucose tolerance, fetal programming, pregnancy, fasting

**Running title:** eTRF and offspring glucose intolerance

**Corresponding Author Information**:   
Dave Bridges, PhD   
Email address: [davebrid@umich.edu](mailto:davebrid@umich.edu)  
Postal address: 1863 SPH I 1415 Washington Heights, Ann Arbor, Michigan 48109-2029   
Telephone: +1 (734) 764-1266

**Word Count:** 5296

**Funding:** This work was supported by R01 DK107535 (DB) and R56 DK121787 (BEG). MCM was supported through the University of Michigan Rackham Merit Fellowship.

**Disclosure:** Drs. Bridges and Gregg reports grants from National Institutes of Health, during the conduct of the study. A preprint describing this work was previously published 1.

**Answers to study importance questions:**

What is already known about this subject?

* TRE is a dietary strategy that can impact metabolic health in adults and is currently thought to improve metabolism, even in some cases without weight loss.
* Recent work demonstrates that up to 23.7% of a pregnant sample would consider attempting TRE during gestation, yet there is no study that evaluates the long-term implications of this diet on the resultant children.

- What are the new findings in your manuscript?

* We find that the effects of this gestational exposure to TRE in a mouse model are minimal and not deleterious while offspring consume a healthful diet until young adulthood.
* After offspring are switched to a high fat, high sucrose diet, we see glucose intolerance in adult males whose mothers were assigned to TRE without body weight changes or food intake changes. Females are do not experience this glucose intolerance.

- How might your results change the direction of research or the focus of clinical practice?

* These findings highlight the critical missing populations where TRE might affect long-term health, mothers and their children. It demonstrates the need to evaluate this dietary practice for further safety and efficacy information, especially since trials in humans cannot be completed until we have a deeper understanding of the safety implications in animal models.

# Abstract

The timing of food intake is a novel dietary component that impacts health. Time-restricted feeding (TRF), a form of intermittent fasting, manipulates food timing. The timing of eating may be an important factor to consider during critical periods, like pregnancy. Nutrition during pregnancy, too, can have lasting impact on offspring health. The timing of food intake has not been thoroughly investigated in models of pregnancy, despite evidence that interest in the practice exists. Therefore, using a mouse model, we tested body composition and glycemic health of gestational early TRF (eTRF) in male and female offspring from weaning to adulthood on a chow diet and after a high fat, high sucrose (HFHS) diet challenge. Body composition was similar between groups in both sexes from weaning to adulthood, with minor increases in food intake in eTRF females and slightly improved glucose tolerance in males while on a chow diet. However, after 10 weeks of HFHS, male eTRF offspring developed glucose intolerance. Further studies should assess the susceptibility of males, and apparent resilience of females, to gestational eTRF and assess mechanisms underlying these changes in adult males.

# Introduction

Behaviors that impact circadian rhythms, such as sleep, light exposure, and shift work have long been associated with human health. The circadian rhythm follows a 24-hour cycle which is governed at the cellular level by a transcription factor system 2–4.This highly coordinated system can be entrained according to external cues. The system imparts a rhythm to many physiological systems, including metabolism 5. Recently, food intake has been found to impact the oscillations of circadian rhythm 6.

Recent evidence demonstrates the timing of food intake in reference to circadian rhythms can impact propensity for health or disease 7. Time-restricted feeding/Eating (TRF/E), a method of intermittent fasting, is thought to align caloric intake with naturally occurring circadian rhythms of metabolism 8. Timing of food intake is capable of influencing metabolic systems for either poor health from chronodisruption, or good health with either diurnal or nocturnal feeding, depending on the species 9.

To our knowledge, no estimate of the prevalence of TRE in humans exists. However, according to one sample, up to ten percent of people surveyed that stated they followed a diet in the year 2020 had attempted “intermittent fasting,” making it the most prevalent dietary intervention in that sample 10. There are critical periods of development in the lifespan where changes to dietary behaviors can impact current and future health status. One such critical period is pregnancy. During pregnancy, habitual timing of food intake may be altered for many reasons: religious practice, food insecurity, disordered eating behaviors, nausea and vomiting of pregnancy/morning sickness, changes in taste/food preferences, or intentional timing of eating for weight maintenance. Very little research has evaluated the timing of eating during pregnancy and its impact on offspring health. One cross-sectional analysis found that extending the overnight fast during pregnancy was associated with lower blood glucose levels at mid gestation 11. Another recent work demonstrated that up to 23.7% of a human pregnant and recently post-partum cohort said they would be willing to try TRE during pregnancy 12. However, there is currently no information on the long-term implications of this dietary strategy for progeny. The most available literature examines fasting during the month of Ramadan while pregnant. Review of these studies found that children born to those who fasted during pregnancy have similar birth weights and rates of pre-term birth as those who did not fast 13. In a recent review, Ramadan exposure *in utero* was associated with smaller body size and stature in later periods of life 14. However, these studies are limited, and Ramadan fasting is an imperfect model for TRF, as food intake is not only limited in duration but also not permitted during the normal active phase for humans.

There is much interest in the TRE diet and interruptions in food intake are known to occur during pregnancy; however, research about the effects of intentional fasting during pregnancy is limited to the observance of Ramadan, a cross-sectional study about attitudes toward the practice 12, and one case report of fasting to improve gestational diabetes 15. Detailed modeling of TRF in pregnancy is warranted, as TRE is currently thought to exist in human populations 12,15 yet, long-term effects are unknown.

Other groups have demonstrated that circadian rhythm and entrainment with external cues, like phase shifts in lighting, during gestation can affect perinatal health outcomes in rodent models. In fact, chronic use of photoperiod shifts during gestation and early postnatal life in rats can result in altered oscillations of hormones and behaviors in dams, to impact gestational age and birth weight, and to cause endocrine abnormalities, elevations in mean glucose, and glucose intolerance in adult male offspring 16. Others have found worsened glycemic health in both male and female adult offspring with chronodisruption despite no differences in body weight or litter size 17. This is important, because it demonstrates that external cues, impact health outcomes during pregnancy. Light cues are the most powerful zeitgebers, but other external cues like the timing of food intake have not been investigated in pregnant populations.

Previous studies of maternal diet during pregnancy have focused on dietary restriction or macronutrient excess in pregnancy, with little-to-no attention directed toward temporality of food intake. At the time of this manuscript, two studies of TRF during pregnancy in rodents exist. The first emphasized fetal health and was completed in the context of preventing complications from a high fat, high sucrose diet (HFHS) during gestation in a rat model. Upadhyay and colleagues found that 9-hour TRF improved fetal lung development 18 and placental oxidative stress markers 19 at embryonic day (E)18.5 compared to *ad libitum* fed dams. This approach did not evaluate the long-term, postnatal effects of TRF and the independent effects of TRF are complicated by the use of a high fat, high sucrose diet. The second, also in rats, evaluated 12 hour access in light and dark cycles to a chow diet during pregnancy and followed male and female resultant offspring until 150 days of age 20. Adult female offspring of dams fed in the dark cycle with TRF were found to be glucose intolerant *in vivo*, and reduced glucose stimulated insulin secretion *in vitro* in both male and female offspring islets. altered glucose metabolism in adult offspring of TRF fed dams 20. However, this study only assessed offspring body composition at birth and once during adulthood. It also did not evaluate glycemic health until late adulthood, leaving the developmental trajectory of gestational-eTRF exposed offspring unexamined.

The effects of TRF in non-pregnant human populations are inconsistent. Similarly, insulin sensitization results in some 21–25, but not all trials of TRF 26,27. The duration and timing of feeding windows for TRF employed in human can vary. Lengths of feeding windows can vary between 4 21 and 12 hours28, the feeding window can be early22–24,29 vs late 22,27,30 in the day, control of caloric intake isocaloric 24 vs unrestrained caloric intake 26,27,31, and inpatient observation 24 or outpatient adherence monitoring 26,27. As such, the biological effects of this eating strategy are not clear, even in non-pregnant humans.

Results from rodent models of TRF are more consistent than human trials. These have found TRF of a HFHS reduces body weight compared to ad libitum feeding 32–37, can improve Homeostatic Model Assessment for Insulin Resistance (HOMA-IR) 34,37,38, and may limit complications like insulin resistance 35,36 from HFHS feeding.

Taking together the likelihood that food intake can be time-disrupted in pregnancy and the evidence of TRF being a potent method to improve body composition and glycemic health in adult mice, we sought to evaluate the impact of TRF of normal laboratory chow (6-hour, early dark-cycle) before and during pregnancy on resulting offspring body composition and glycemic health through adulthood. Methods

## Animal care and use

Male and Female C57BL/6J mice were obtained from Jackson Laboratory (RRID IMSR\_JAX:000664). All animals were maintained on a, 12-hour light/dark (12 dark (ZT12, 6pm):12 light (ZT0, 6am); ZT = zeitgeber time) cycle in a temperature (70° C) and humidity (40-60%)-controlled room. After one week of acclimatization, females were single-housed for the remainder of the experiment and males were socially housed until mating. Dams and sires were randomized to either early time-restricted feeding (eTRF) or *ad libitum* (AL) feeding(dams n 8= eTRF, 9=AL). This study was completed in two independent cohorts of animals. The phenotypes noted in offspring were highly consistent Between cohorts and we found no statistical effect modification by cohort (data not shown). Therefore, data shown is the combined total from cohorts one and two and statistical tests do not include effects of cohort in the model. Dams and sires fed AL had 24-hour access to a chow diet (NCD, Picolab Laboratory Rodent diet, 5L0D; 5% of Calories from fat, 24% from protein, 71% from carbohydrates). Dams and sires fed eTRF had 6 hours of NCD food access during the early dark cycle (ZT 14-ZT 20). Water was provided *ad libitum* throughout the study to both experimental groups. After one week of either AL or eTRF feeding (beginning age 120 days), age-matched sires were introduced into cages for breeding. Males were kept in the cage until a copulatory plug was detected. Daily, dams were transferred to a clean cage at ZT20, allowing for a cage free of food for eTRF animals and similar levels of handling between experimental groups. After birth, all dams switched to AL and were maintained on this diet until weaning at postnatal day (PND) 21.5. Therefore, any phenotype in the offspring is attributable to modifications to the pre-gestational/gestational diet. All experimental protocols were reviewed and approved by The University of Michigan Institutional Animal Care and Use Committee.

## Offspring growth and food intake monitoring

Pups born were weighed and counted within 24 hours of birth. Litters were reduced to 4 pups (2 male, 2 female, when possible) at PND 3.5 to standardize milk supply between litters. At PND 21.5, offspring were weighed and body composition was assessed using EchoMRI 2100 (EchoMRI) before being weaned by sex and maternal feeding regimen and housed 4-5 per cage (eTRF males = 11, eTRF females = 19, AL males = 16, AL females =17). Offspring were given AL access to NCD until PND 70. Food intake and body composition were assessed weekly. Food intake is represented as an average per animal per day. To correct to food spillage, during weekly food measurements, cages were examined for excessive levels of pellet shredding or food loss from the hopper. Cages meeting these criteria for spillage were excluded from statistical from analysis for that week. After PND 70, all animals began AL 45% High Fat, High Sucrose Diet (HFHS; Research Diets D12451; 45% Fat/ 20% Protein/ 35% Carbohydrate). Weekly body composition and food intake measurement continued during HFHS feeding. Feeding efficiency was calculated for the two periods of diet (NCD and HFD). Fat and lean mass measurements collected via EchoMRI at the beginning of the period were subtracted from the final fat and lean mass measurements for that feeding period. This represented the total gain in fat and lean mass during this diet period. These values were then multiplied by 9 and 4 respectively (Atwater factors for fat and carbohydrate/proteins). The product was then divided by total kcals consumed during the feeding period. The result is expressed as a percentage, where larger numbers represent greater efficiency in turning consumed kcals into bodily tissues (eTRF males = 9, eTRF females = 16, AL males = 14, AL females =14).

## Insulin Tolerance and Glucose Tolerance Testing

Baseline intraperitoneal insulin (ITT; eTRF males = 9, eTRF females = 17, AL males = 18, AL females =19) and glucose tolerance tests (GTT; eTRF males = 4, eTRF females = 4, AL males = 7, AL females =6) were assessed at young adulthood towards the end of the NCD diet period (PND 60-70, in that order). Animals were transferred into a cage with no food during the early light cycle (ZT 2), with water freely available. After 6 hours, fasting blood glucose was assessed using a tail clip and a handheld glucometer (OneTouch Ultra). Shortly thereafter, an intraperitoneal injection of insulin was administered (Humulin, u-100; 0.75U/kg lean mass). Blood glucose was assessed by glucometer every 15 minutes for 2 hours. One week later, glucose tolerance was assessed in a similar way (D-Glucose,1.5g/kg lean mass). Insulin and glucose tolerance were then re-assessed after HFHS feeding (PND 140-160; eTRF males = 9, eTRF females = 18, AL males = 18, AL females =18) (insulin dose 2.5U/kg lean mass, glucose dose 1.0g/kg lean mass). Area under curve was calculated for each animal by taking the sum of glucose at each time point, and then was averaged by sex and maternal feeding regimen. Rates of drop for ITT were calculated by limiting the dataset to the initial period after insulin administration (<60 minutes), taking the log of the glucose values and generating a slope for each animal. After each animal’s rate of drop was calculated, values were averaged by sex and treatment.

*Glucose Stimulated-Insulin Secretion testing in vivo*

As an exploratory analysis, one week after GTT and ITT, animals underwent intraperitoneal glucose stimulated insulin-secretion (GSIS) testing (PND 160-170; eTRF males = 4, eTRF females = 4, AL males = 5, AL females =8). At ZT2, animals were placed in a clean cage without food and with unrestricted access to water. After a 6-hour fast, animals were lightly anesthetized with isoflurane via drop jar and a baseline blood sample was collected via retro-orbital bleed with a heparinized capillary. Following baseline blood collection, an intraperitoneal injection of D-glucose (1.0g/kg lean mass) was given. After 15 minutes, animals were lightly anesthetized in the same manner and another blood sample was collected. Blood samples were allowed to clot on wet ice (~20 minutes), then were spun down in a cold centrifuge (4° C, Eppendorf microcentrifuge, model 5415R) for 20 minutes at 2000 g. Serum was pipetted off and stored at -80 °C until analysis. Serum insulin was assessed via a commercially available ELISA kit (ALPCO 80-INSMSU-E10). Serum insulin was assessed in 5uL samples and read via colorimetric assay.

## Statistical analysis

All measures with p-values <0.05 were considered statistically significant. Data are presented as mean ± standard error throughout. All statistical analyses were performed using R version 4.0.2 39. To minimize potential bias, the analysis plan was chosen prior to the start of experiments, and unchanged upon data analysis. Repeated measures, such as body composition, cumulative food intake, and responses to GTT or ITT were assessed via mixed linear effects modeling with random effects of mouse ID and dam and fixed effects of maternal dietary treatment, age, and sex using lme4 version 1.1-26 40. Body composition and food intake were measured repeatedly in two separate conditions: during NCD feeding, and after being switched to HFHS. Analyses were tested for significant interactions between sex and maternal dietary treatment. Models were assessed using a two-way ANOVA for sex and maternal dietary treatment, with an interaction between the two. If a significant interaction was observed, data were sex-stratified and pairwise comparison was repeated, reporting the effect size and p-value for the interaction. Otherwise, sex was used as a covariate in a non-interacting model. Observations were tested for normality by Shapiro-Wilk test and equivalence of variance by Levene’s test. Pairwise measures that were normal and of equal variance utilized Student’s *t*-tests. Measures that were not normally distributed used non-parametric Mann-Whitney tests.

# Results

## Gestational eTRF increases food intake, but not body weight in early life

To model gestational early time restricted feeding (eTRF), we used a normal chow diet (NCD) and assigned female mice to either unrestricted (*ad libitum,* AL) or 6 hours of restricted food availability between ZT14-20 (eTRF) (**Figure 1A**). This period represents the active phase of both pregnant and non-pregnant mice 41. This approach limits potential sleep disruptions and is more translationally relevant to human dietary restriction. This treatment started a week before mating in both dams and sires and continued through delivery (**Figure 1B**). We find no evidence of maternal eTRF causing significantly lower daily food intake during pregnancy nor are there changes in body weight (Supplementary Figure 1A&B). Litters were normalized to equal sizes on postnatal day 3 to reduce variability and effects of lactation.

The pups resulting from this experiment were weighed and their body composition was assessed weekly, then analyzed using linear mixed effect modeling. We found significant and expected effects of age and sex (older mice weigh more than younger mice and male pups weigh more than females), but no effect modification of maternal eTRF on body weight (**Figure 2A,** pdiet=0.47), lean mass (**Figure 2C,** pdiet=0.45), or fat mass (**Figure 2B**, pdiet=0.47). There was no interaction between sex and maternal feeding regimen in cumulative food intake (pdiet\*sex=0.38). However, cumulative food intake in the NCD period is 22% higher in eTRF females than AL females and 10% higher in eTRF males than AL males (**Figure 2D**, pdiet = 0.016). Assessing the efficiency by which food is converted into stored mass resulted in a 12% reduced feeding efficiency in eTRF female offspring (psex<0.00001) which is not present in males (**Supplementary** **Figure 2A**).

## Gestational eTRF modestly improves glucose tolerance in young adult males

To assess glucose homeostasis in the offspring, we conducted ITTs and GTTs between PND 60 and 70. Male offspring averaged 15mg/dL higher blood glucose during insulin tolerance testing compared to females (psex=0.0018), but no effect of maternal dietary restriction was evident through linear mixed effect modeling (**Figure 2E**, pdiet=0.73). Summarizing the ITT by calculating the area under the curve (AUC) demonstrated there was no diet:sex interaction (pdiet:sex=0.069), but an effect of maternal restriction where eTRF offspring had lower AUC compared to AL offspring, 8.5% and 2.2% lower in females and males respectively (pdiet=0.013), and a significant effect of sex (psex<0.0001). As expected, males had a higher AUC than females (**Figure 2F**). The initial response to insulin (the rate of glucose decline over the first 60 minutes, not pictured) was not significant for sex (psex=0.10) or treatment (pdiet=0.83). These data suggest that gestational eTRF slightly improves the response to insulin challenge in adult mice, and that this is not driven by reduced fat mass.

Glucose tolerance was similar in young adulthood between groups in both males and females (**Figure 2G**). We found no significant effect of diet (pdiet=0.53) on the rise in blood glucose during GTT, but there was an effect of sex (psex=0.0093) on glucose tolerance, again with expected higher glucose levels in male mice. The summarized AUC for the GTT (**Figure 2H**) shows a significant interaction between sex and maternal dietary treatment (psex:diet=0.00082). eTRF males had an 8.2% lower AUC than their AL counterparts (pdiet<0.0001) while this was absent in females (pdiet=0.99). Fasting blood glucose, assessed before ITT and GTT, was 10.4% higher in males than in females (psex=0.0054; **Figure 2I**), but did not differ significantly by maternal dietary treatment (pdiet=0.18). Taken together these data suggest that gestational eTRF has very a mild effect on adult offspring, despite the narrow feeding window. Offspring whose mothers were fed eTRF had slightly improved responses to insulin and glucose challenge but no differences in body weight or in fat mass.

## HFHS feeding in adult offspring exposed to eTRF during gestation generates sex-specific glucose intolerance

Given that adult offspring were minimally affected by gestational eTRF exposure, we administered a high fat, high sucrose (HFHS) overnutrition challenge; *ad libitum* access to 45% of energy from fat and 17% of energy from sucrose after PND 70. Food intake and body composition measurements continued weekly. The average weekly food intake increased by 67.6% in AL offspring and by 31.8% in eTRF offspring after switching to HFHS, both of which exceed energy needs for adult mice 42. Similar to the findings on chow, with HFHS, there were no major differences between eTRF and AL offspring in body weight (**Figure 3A**, pdiet=0.99), fat mass (**Figure 3B,** pdiet=0.65), or lean mass (**Figure 3C,** pdiet=0.47). Therefore, offspring of eTRF and AL experienced similar changes in body composition in response to overnutrition. Cumulative HFHS consumption was comparable between females and males (psex=0.72), and maternal restriction groups (**Figure 3D**, pdiet=0.72). Feeding efficiency, a ratio comparing food intake to stored fat and lean mass, was greater in males than in females, which is consistent with the NCD period (**Supplemental Figure 2B,** psex = 0.00023). However, unlike the NCD period, efficiency was indistinguishable between eTRF and AL offspring (pdiet=0.93).

We repeated an ITT and GTT after 10 weeks of HFHS feeding. During the ITT, there was a significant interaction between sex and diet using mixed linear effect modeling (**Figure 3E**, psex:diet=0.03). Female eTRF had a similar response to insulin, with less than a 1 mg/dL difference from their AL counterparts (pdiet=0.85), but male eTRF offspring tended to be more insulin sensitive with 25mg/dL lower glucose compared to AL males (pdiet=0.17). It could also be true that females were more resilient to changes from HFHS. These findings were confirmed by calculating the AUC where eTRF females showed no difference in AUC compared to AL females (**Figure 3F**, pdiet=0.20) while eTRF males had 20.4% lower AUC than AL males (pdiet<0.0001). The initial rate of glucose decline (not pictured) was greater in females compared to males (psex=0.029) but there were no differences between eTRF and AL offspring (pdiet=0.23). The trend toward insulin sensitivity from the ITT was not explained by fasting blood glucose, as females had 23% lower fasting blood glucose than males (psex<0.0001) but were similar between eTRF and AL offspring within the same sex (**Figure 3I,** pdiet=0.83). Glucose tolerance tests in **Figure 3G**, also showed significant effect of interaction (psex:diet=0.011), although now in the opposite direction. During GTT, eTRF males trended toward glucose intolerance with an average of 53mg/dL higher glucose than AL males during the course of the experiment (pdiet=0.14). This was not observed in female eTRF offspring, which had similar blood glucose during the GTT compared to AL females (pdiet=0.61). The GTT AUC showed interaction between effects of sex and treatment (**Figure 3H,** (psex:diet<0.0001)). AUC was 5% lower in eTRF females (pdiet=0.07) but was 13.5% higher in eTRF male offspring compared to AL (pdiet<0.0001). Taken together, these tests suggest eTRF results in males who experience glucose intolerance and insulin sensitivity whereas females are more resilient to glycemic changes after gestational eTRF. Given that we cannot explain glucose intolerance in males via reduced insulin sensitivity, we next evaluated insulin secretion.

After noticing eTRF males developed glucose intolerance after HFHS diet exposure in both cohorts, we sought to explore cohort 2 more closely for insulin secretion defects, via an *in vivo* glucose stimulated insulin secretion (GSIS) assay (**Figure 3J**).Females had lower levels of insulin than males (psex<0.0001). There was a non-significant trend toward lower insulin levels in eTRF compared to AL offspring of both sexes (pdiet=0.071). Females had similar increases in insulin in response to glucose injection, 139% in AL versus 137% eTRF. Male AL offspring had a 48% increase in insulin whereas this was just an 18% increase for eTRF males. There was no interaction between sex and maternal restriction (psex:diet=0.064). Females have 94% greater fold-change insulin secretion in response to glucose challenge than male offspring (psex=0.0027) but there was no impact of maternal restriction on fold change secretion (p=0.85, **Figure 3K**). Male and female offspring of eTRF dams had lower baseline insulin values compared to AL dams, which we believe resulted in the similarity of fold change insulin secretion between maternal restriction groups. This study was not conclusive as it had a lower sample size and failed to reach statistical significance but could indicate that insulin secretion is modestly impaired in male eTRF offspring after HFHS challenge in males*.*

# Discussion

This study is the second to describe the long-term effects of gestational eTRF on offspring health and the first to describe their response to a high fat, high sucrose diet challenge. We find minimal effect of eTRF during gestation while male and female offspring are consuming a chow diet through early adulthood. However, after prolonged HFHS diet feeding and advanced age, glucose intolerance develops in adult male progeny. Taken together, results from insulin and glucose tolerance testing, and exploratory GSIS after HFHS feeding suggest modest reduction in insulin secretion between eTRF and AL males. Although, the latter was exploratory and did not reach statistical significance. The other study of gestational (12-hour) TRF of chow diet in rats also found evidence of glucose intolerance and insulin sensitivity in the offspring of TRF dams 20. However, two studies were not completely consistent. Most notably, they found impaired GSIS in both male and female without exposure to HFHS. The modest reduction of insulin at baseline during GSIS in eTRF offspring may contribute to the modest insulin sensitivity seen after HFHS feeding in the current study, and this is consistent with others noting modest improvements in insulin sensitivity in females 20. There were reductions in insulin secretion in response to high glucose in male and female dark-cycle fed islets after gestational TRF, suggesting this may be a contributing mechanism for metabolic disruption in our model of gestational TRF.

Other studies that focus on lighting manipulations during gestation highlight similar effects among adult offspring. Perinatal exposure to chronodisruption in rats and mice also resulted in mild phenotypes of glycemic dysmetabolism 16,17,43,44. This is similar to the current study, as this effect is present without reductions in birth weight or litter size 17,43. Taken together, these data imply that the chronological timing of multiple zeitgebers can impact perinatal health outcomes.

Comparing the current study with other studies utilizing HFHS diets and TRF demonstrates some consistencies in glycemic outcomes. Fasting insulin can be lowered 34–37,45, similar to our findings, and resulting HOMA-IR can be improved with TRF 36,45,46. Our finding that fasting blood glucose is unchanged in eTRF mice is consistent with other groups examining TRF with HFHS 34,45,46. Some differences in the current studies are not reflected in the literature, such as elevated food intake while on NCD in female offspring exposed to eTRF *in utero* and was not seen in the other longitudinal analysis of offspring health following gestational TRF 20. Studies of adult mice pairing TRF and HFHS report reduced food intake in TRF groups 38,47 or equivalent caloric intake when matched by diet 35–37,48. This could indicate a compensatory response in the female offspring resulting from eTRF *in utero*. Interestingly, this did not result in differing body weight or composition, suggesting that this increased food intake is matched by decreased caloric extraction or increased energy expenditure in these mice.

The phenotype in male offspring from time-restricted feeding bears resemblance to animal models of adverse intrauterine development, where glucose intolerance in resultant offspring can be a common phenotype. First described by Barker and colleagues, offspring who were deprived of nutrition *in utero* were more likely to develop chronic, nutrition-related disease in adulthood 49. Undernutrition 50–52, overnutrition 53,54, placental insufficiency 55,56, and chronodisruption 16,17,43,57 during pregnancy have all been reported to induce offspring glucose intolerance . The extent to which male-predominate phenotypes and female resilience to changes are difficult to deduce as many groups either study male offspring exclusively 52,58 or analyze males and females together 51,59.

Although we did not evaluate insulin conclusively in the current study, glucose intolerance in adverse intrauterine development models has been found to co-occur with insulin-related abnormalities in the offspring, including lower insulin content in the pancreas 51, lower basal circulating insulin levels 59, impaired insulin secretion 52,60, reduced beta cell mass 61. However, in the present study we find modest improvement in male insulin sensitivity in adulthood in male offspring exposed to gestational eTRF. This finding is similar to the previous study where females exposed to gestational TRF had greater rates of glucose disappearance during insulin tolerance testing 20. We believe that the insulin sensitivity during high fat, high sucrose diet feeding in eTRF males could be attributed to having lower basal levels of insulin compared to AL males in our model. This could result in peripheral tissues being more sensitive to insulin action despite an apparent insulin secretion impairment at the level of the pancreas. However, without formal experimental evaluation of islet form and function or insulin peripheral insulin signaling, we cannot conclude this is the mechanism for these phenotypic differences in eTRF offspring.

In contrast to the previous study and some models of adverse intrauterine environment in pregnancy, we did not observe major metabolic differences between restricted and unrestricted offspring until a HFHS diet challenge occurred in adulthood. Our findings bears similarity to the phenotype of adult offspring born to dams that experienced chronodisruption during pregnancy metabolic consequences only manifested after 12 months of age 17,43. This could suggest that gestational eTRF may be relatively safe to practice in the context of a healthful diet or absent a second challenge. However, it also suggests that in the context of unhealthy diet patterns, adult offspring may be ill-equipped to adapt to high-calorie food environments, leading to metabolic dysfunction. These studies differ both in the age of onset and duration of food restriction that are required to initiate glucose intolerance in offspring of TRF dams which also may explain these differences. Modeling of this dietary strategy remains incomplete, so translation to human clinical populations is not possible at this time. The similarity of the present study to those using diverse gestational stressors suggests that restriction of the total time pregnant dams is a novel dietary component that can have lasting impact on the spent eating in metabolic health of offspring and recommends further research on this novel component in the diet as a modulator of maternal and child metabolic health outcomes.

Although we have not investigated offspring pancreatic tissues, we hypothesize that alterations in the development of the pancreas may underlie the susceptibility of males for glucose intolerance and modest insulin sensitivity in eTRF offspring after HFHS feeding. This is confirmed by one study of early post-natal exposure to TRF, which found that adolescent males who were fed TRF the first 4 weeks after weaning developed smaller islets of Langerhans and higher blood glucose compared to those fed AL 48. Therefore, future studies of gestational or developmental eTRF should examine islet size, pancreatic beta cell mass, and insulin secretion to investigate the mechanism of offspring glucose intolerance more conclusively.

This study and the conclusions to be made from it have some limitations. First, the model of gestational eTRF may have resulted in differences in maternal behaviors that were not noted by the study team, and therefore could play a part in the effects seen in the offspring. Second, we assessed the effect of a dietary insult in young adulthood by switching all animals to HFHS. As such, disentangling the effect of HFHS diet from that of aging and gestational eTRF is not possible in this model. It is also worth noting that several metabolic diseases are highly linked to age, and while our study ended at approximately six months of age, mice can live much longer under laboratory conditions typically 26-30 months. As metabolic, physical, cognitive, and other phenotypes that do not appear until towards the end of the mouse’s lifespan were not detectable, and we look forward to future studies on geriatric mice treated *in utero* with eTRF. Finally, although we see a robust effect on glucose intolerance, we were not powered to conclusively establish lower insulin secretion in male eTRF offspring in adulthood and have not yet evaluated islet size or beta cell mass to determine the mechanisms driving the worsening of glucose tolerance in adulthood in male mice or the resilience of female mice. Furthermore, while dams were manipulated simultaneously, we cannot rule out that our eTRF treatment induced other confounding differences that we have not accounted for, including potential maternal stress or chronodisruption. Our model used healthy, non-obese dams; therefore, we cannot extend the effects of the current study to the context of metabolic syndrome, diabetes, or obesity during pregnancy. Future work should prioritize assessing the pancreas and islets in larger samples and with higher resolution so that more in-depth conclusions can be drawn.

There are many strengths to this study. Among them are the use of a preclinical model which facilitates consistency when compared to existing literature and allows for careful control of diet, genetics, and environment throughout gestation, which would be impossible at this point in a human trial. Further strengths include the long follow up period for a gestational exposure, controlling for the effect of litter size, repeated measurement of body composition, and food intake measurements over the life course in the resultant offspring. Finally, the inclusion of both male and female offspring in the study, as many metabolic assessments of TRF either focus exclusively on the effects of the regimen in males 36,37 or female mice 34,35 is a strength.

# Conclusion

Offspring who are exposed to eTRF of NCD *in utero* have similar body composition, glucose tolerance, and insulin tolerance in early adulthood in both males and females. Gestational eTRF resulted in male impairments in glucose tolerance in adulthood only after chronic HFHS feeding, whereas females appeared resilient to and did not develop differences. This occurs without increase in body weight, fat mass, or food intake compared to age matched AL males. More research is warranted to understand the mechanisms that underlie this novel phenotype.

# Acknowledgements

A preprint of this work has previously been published 1.

# Supplementary Description

Body weight gain and food intake during gestation for dams of the described offspring did not differ between assigned dietary groups (Supplemental Figure 1). The efficiency of male and female offspring in converting consumed food into body tissues while on normal chow diet was lower in eTRF animals (NCD, Supplemental Figure 1A) but was no different between groups while on a high fat, high sucrose diet (HFHS, Supplemental Figure 1B).

# References

1. Mulcahy, M. C., Habbal, N. E., Snyder, D., Redd, J. R., Sun, H., Gregg, B. E. & Bridges, D. Gestational Early-Time Restricted Feeding Results in Sex-Specific Glucose Intolerance in Adult Male Mice. 2022.04.27.489576 Preprint at https://doi.org/10.1101/2022.04.27.489576 (2022)

2. Panda, S. Circadian physiology of metabolism. *Science* **354,** 1008–1015 (2016).

3. Takahashi, J. S. Transcriptional architecture of the mammalian circadian clock. *Nat Rev Genet* **18,** 164–179 (2017).

4. Lee, C., Etchegaray, J.-P., Cagampang, F. R. A., Loudon, A. S. I. & Reppert, S. M. Posttranslational Mechanisms Regulate the Mammalian Circadian Clock. *Cell* **107,** 855–867 (2001).

5. Reinke, H. & Asher, G. Crosstalk between metabolism and circadian clocks. *Nat Rev Mol Cell Biol* **20,** 227–241 (2019).

6. Pickel, L. & Sung, H.-K. Feeding Rhythms and the Circadian Regulation of Metabolism. *Frontiers in Nutrition* **7,** (2020).

7. Manoogian, E. N. C. & Panda, S. Circadian rhythms, time-restricted feeding, and healthy aging. *Ageing Research Reviews* **39,** 59–67 (2017).

8. Chaix, A., Manoogian, E. N. C., Melkani, G. C. & Panda, S. Time-Restricted Eating to Prevent and Manage Chronic Metabolic Diseases. *Annu Rev Nutr* **39,** 291–315 (2019).

9. Schuppelius, B., Peters, B., Ottawa, A. & Pivovarova-Ramich, O. Time Restricted Eating: A Dietary Strategy to Prevent and Treat Metabolic Disturbances. *Front Endocrinol (Lausanne)* **12,** 683140 (2021).

10. International Food Information Council. *2020 Food & Health Survey*. (2020). at <https://foodinsight.org/2020-food-and-health-survey/>

11. Loy, S. L., Chan, J. K. Y., Wee, P. H., Colega, M. T., Cheung, Y. B., Godfrey, K. M., Kwek, K., Saw, S. M., Chong, Y.-S., Natarajan, P., Müller-Riemenschneider, F., Lek, N., Chong, M. F.-F. & Yap, F. Maternal Circadian Eating Time and Frequency Are Associated with Blood Glucose Concentrations during Pregnancy. *J Nutr* **147,** 70–77 (2017).

12. Flanagan, E. W., Kebbe, M., Sparks, J. R. & Redman, L. M. Assessment of Eating Behaviors and Perceptions of Time-Restricted Eating During Pregnancy. *The Journal of Nutrition* **152,** 475–483 (2022).

13. Glazier, J. D., Hayes, D. J. L., Hussain, S., D’Souza, S. W., Whitcombe, J., Heazell, A. E. P. & Ashton, N. The effect of Ramadan fasting during pregnancy on perinatal outcomes: a systematic review and meta-analysis. *BMC Pregnancy Childbirth* **18,** 421 (2018).

14. Oosterwijk, V. N. L., Molenaar, J. M., van Bilsen, L. A. & Kiefte-de Jong, J. C. Ramadan Fasting during Pregnancy and Health Outcomes in Offspring: A Systematic Review. *Nutrients* **13,** 3450 (2021).

15. Ali, A. M. & Kunugi, H. Intermittent Fasting, Dietary Modifications, and Exercise for the Control of Gestational Diabetes and Maternal Mood Dysregulation: A Review and a Case Report. *Int J Environ Res Public Health* **17,** 9379 (2020).

16. Mendez, N., Halabi, D., Spichiger, C., Salazar, E. R., Vergara, K., Alonso-Vasquez, P., Carmona, P., Sarmiento, J. M., Richter, H. G., Seron-Ferre, M. & Torres-Farfan, C. Gestational Chronodisruption Impairs Circadian Physiology in Rat Male Offspring, Increasing the Risk of Chronic Disease. *Endocrinology* **157,** 4654–4668 (2016).

17. Varcoe, T. J., Wight, N., Voultsios, A., Salkeld, M. D. & Kennaway, D. J. Chronic Phase Shifts of the Photoperiod throughout Pregnancy Programs Glucose Intolerance and Insulin Resistance in the Rat. *PLoS One* **6,** e18504 (2011).

18. Upadhyay, A., Sinha, R. A., Kumar, A. & Godbole, M. M. Time-restricted feeding ameliorates maternal high-fat diet-induced fetal lung injury. *Experimental and Molecular Pathology* **114,** 104413 (2020).

19. Upadhyay, A., Anjum, B., Godbole, N. M., Rajak, S., Shukla, P., Tiwari, S., Sinha, R. A. & Godbole, M. M. Time-restricted feeding reduces high-fat diet associated placental inflammation and limits adverse effects on fetal organ development. *Biochemical and Biophysical Research Communications* **514,** 415–421 (2019).

20. Prates, K. V., Pavanello, A., Gongora, A. B., Moreira, V. M., de Moraes, A. M. P., Rigo, K. P., Vieira, E. & Mathias, P. C. de F. Time-restricted feeding during embryonic development leads to metabolic dysfunction in adult rat offspring. *Nutrition* 111776 (2022). doi:10.1016/j.nut.2022.111776

21. Cienfuegos, S., Gabel, K., Kalam, F., Ezpeleta, M., Wiseman, E., Pavlou, V., Lin, S., Oliveira, M. L. & Varady, K. A. Effects of 4- and 6-h Time-Restricted Feeding on Weight and Cardiometabolic Health: A Randomized Controlled Trial in Adults with Obesity. *Cell Metabolism* **32,** 366-378.e3 (2020).

22. Hutchison, A. T., Regmi, P., Manoogian, E. N. C., Fleischer, J. G., Wittert, G. A., Panda, S. & Heilbronn, L. K. Time-Restricted Feeding Improves Glucose Tolerance in Men at Risk for Type 2 Diabetes: A Randomized Crossover Trial. *Obesity* **27,** 724–732 (2019).

23. Jamshed, H., Beyl, R. A., Della Manna, D. L., Yang, E. S., Ravussin, E. & Peterson, C. M. Early Time-Restricted Feeding Improves 24-Hour Glucose Levels and Affects Markers of the Circadian Clock, Aging, and Autophagy in Humans. *Nutrients* **11,** 1234 (2019).

24. Sutton, E. F., Beyl, R., Early, K. S., Cefalu, W. T., Ravussin, E. & Peterson, C. M. Early Time-Restricted Feeding Improves Insulin Sensitivity, Blood Pressure, and Oxidative Stress Even without Weight Loss in Men with Prediabetes. *Cell Metab.* **27,** 1212-1221.e3 (2018).

25. Wilkinson, M. J., Manoogian, E. N. C., Zadourian, A., Lo, H., Fakhouri, S., Shoghi, A., Wang, X., Fleischer, J. G., Navlakha, S., Panda, S. & Taub, P. R. Ten-Hour Time-Restricted Eating Reduces Weight, Blood Pressure, and Atherogenic Lipids in Patients with Metabolic Syndrome. *Cell Metab* **31,** 92-104.e5 (2020).

26. Gabel, K., Hoddy, K. K., Haggerty, N., Song, J., Kroeger, C. M., Trepanowski, J. F., Panda, S. & Varady, K. A. Effects of 8-hour time restricted feeding on body weight and metabolic disease risk factors in obese adults: A pilot study. *Nutr Healthy Aging* **4,** 345–353 (2018).

27. Lowe, D. A., Wu, N., Rohdin-Bibby, L., Moore, A. H., Kelly, N., Liu, Y. E., Philip, E., Vittinghoff, E., Heymsfield, S. B., Olgin, J. E., Shepherd, J. A. & Weiss, E. J. Effects of Time-Restricted Eating on Weight Loss and Other Metabolic Parameters in Women and Men With Overweight and Obesity: The TREAT Randomized Clinical Trial. *JAMA Intern Med* (2020). doi:10.1001/jamainternmed.2020.4153

28. Gill, S. & Panda, S. A smartphone app reveals erratic diurnal eating patterns in humans that can be modulated for health benefits. *Cell Metab* **22,** 789–798 (2015).

29. Ravussin, E., Beyl, R. A., Poggiogalle, E., Hsia, D. S. & Peterson, C. M. Early Time-Restricted Feeding Reduces Appetite and Increases Fat Oxidation But Does Not Affect Energy Expenditure in Humans. *Obesity* **27,** 1244–1254 (2019).

30. Moro, T., Tinsley, G., Bianco, A., Marcolin, G., Pacelli, Q. F., Battaglia, G., Palma, A., Gentil, P., Neri, M. & Paoli, A. Effects of eight weeks of time-restricted feeding (16/8) on basal metabolism, maximal strength, body composition, inflammation, and cardiovascular risk factors in resistance-trained males. *J Transl Med* **14,** 290 (2016).

31. Gabel, K., Hoddy, K. K., Burgess, H. J. & Varady, K. A. Effect of 8-h time-restricted feeding on sleep quality and duration in adults with obesity. *Appl Physiol Nutr Metab* **44,** 903–906 (2019).

32. Boucsein, A., Rizwan, M. Z. & Tups, A. Hypothalamic leptin sensitivity and health benefits of time-restricted feeding are dependent on the time of day in male mice. *FASEB J* **33,** 12175–12187 (2019).

33. Chaix, A., Zarrinpar, A., Miu, P. & Panda, S. Time-restricted feeding is a preventative and therapeutic intervention against diverse nutritional challenges. *Cell Metab* **20,** 991–1005 (2014).

34. Chung, H., Chou, W., Sears, D. D., Patterson, R. E., Webster, N. J. G. & Ellies, L. G. Time-restricted feeding improves insulin resistance and hepatic steatosis in a mouse model of postmenopausal obesity. *Metabolism* **65,** 1743–1754 (2016).

35. Das, M., Ellies, L. G., Kumar, D., Sauceda, C., Oberg, A., Gross, E., Mandt, T., Newton, I. G., Kaur, M., Sears, D. D. & Webster, N. J. G. Time-restricted feeding normalizes hyperinsulinemia to inhibit breast cancer in obese postmenopausal mouse models. *Nat Commun* **12,** 565 (2021).

36. Hatori, M., Vollmers, C., Zarrinpar, A., DiTacchio, L., Bushong, E. A., Gill, S., Leblanc, M., Chaix, A., Joens, M., Fitzpatrick, J. A. J., Ellisman, M. H. & Panda, S. Time-Restricted Feeding without Reducing Caloric Intake Prevents Metabolic Diseases in Mice Fed a High-Fat Diet. *Cell Metabolism* **15,** 848–860 (2012).

37. Sherman, H., Genzer, Y., Cohen, R., Chapnik, N., Madar, Z. & Froy, O. Timed high-fat diet resets circadian metabolism and prevents obesity. *FASEB J.* **26,** 3493–3502 (2012).

38. She, Y., Sun, J., Hou, P., Fang, P. & Zhang, Z. Time-restricted feeding attenuates gluconeogenic activity through inhibition of PGC-1α expression and activity. *Physiology & Behavior* **231,** 113313 (2021).

39. R Core Team. R: A Language and Environment for Statistical Computing. (2021). at <https://www.R-project.org/>

40. Bates, D., Mächler, M., Bolker, B. & Walker, S. Fitting Linear Mixed-Effects Models Using lme4. *Journal of Statistical Software* **67,** 1–48 (2015).

41. Ladyman, S. R., Carter, K. M. & Grattan, D. R. Energy homeostasis and running wheel activity during pregnancy in the mouse. *Physiology & Behavior* **194,** 83–94 (2018).

42. Nutrition, N. R. C. (US) S. on L. A. *Nutrient Requirements of the Mouse*. *Nutrient Requirements of Laboratory Animals: Fourth Revised Edition, 1995* (National Academies Press (US), 1995). at <https://www.ncbi.nlm.nih.gov/books/NBK231918/>

43. Varcoe, T. J., Boden, M. J., Voultsios, A., Salkeld, M. D., Rattanatray, L. & Kennaway, D. J. Characterisation of the maternal response to chronic phase shifts during gestation in the rat: implications for fetal metabolic programming. *PLoS One* **8,** e53800 (2013).

44. Smarr, B. L., Grant, A. D., Perez, L., Zucker, I. & Kriegsfeld, L. J. Maternal and Early-Life Circadian Disruption Have Long-Lasting Negative Consequences on Offspring Development and Adult Behavior in Mice. *Sci Rep* **7,** 3326 (2017).

45. Woodie, L. N., Luo, Y., Wayne, M. J., Graff, E. C., Ahmed, B., O’Neill, A. M. & Greene, M. W. Restricted feeding for 9h in the active period partially abrogates the detrimental metabolic effects of a Western diet with liquid sugar consumption in mice. *Metabolism* **82,** 1–13 (2018).

46. Chaix, A., Lin, T., Le, H. D., Chang, M. W. & Panda, S. Time-Restricted Feeding Prevents Obesity and Metabolic Syndrome in Mice Lacking a Circadian Clock. *Cell Metabolism* **29,** 303-319.e4 (2019).

47. García-Gaytán, A. C., Miranda-Anaya, M., Turrubiate, I., López-De Portugal, L., Bocanegra-Botello, G. N., López-Islas, A., Díaz-Muñoz, M. & Méndez, I. Synchronization of the circadian clock by time-restricted feeding with progressive increasing calorie intake. Resemblances and differences regarding a sustained hypocaloric restriction. *Sci Rep* **10,** (2020).

48. Hu, D., Mao, Y., Xu, G., Liao, W., Ren, J., Yang, H., Yang, J., Sun, L., Chen, H., Wang, W., Wang, Y., Sang, X., Lu, X., Zhang, H. & Zhong, S. Time-restricted feeding causes irreversible metabolic disorders and gut microbiota shift in pediatric mice. *Pediatr Res* **85,** 518–526 (2019).

49. Barker, D. J., Gluckman, P. D., Godfrey, K. M., Harding, J. E., Owens, J. A. & Robinson, J. S. Fetal nutrition and cardiovascular disease in adult life. *Lancet* **341,** 938–941 (1993).

50. Alejandro, E. U., Jo, S., Akhaphong, B., Llacer, P. R., Gianchandani, M., Gregg, B., Parlee, S. D., MacDougald, O. A. & Bernal-Mizrachi, E. Maternal low-protein diet on the last week of pregnancy contributes to insulin resistance and β-cell dysfunction in the mouse offspring. *Am J Physiol Regul Integr Comp Physiol* **319,** R485–R496 (2020).

51. Shahkhalili, Y., Moulin, J., Zbinden, I., Aprikian, O. & Macé, K. Comparison of two models of intrauterine growth restriction for early catch-up growth and later development of glucose intolerance and obesity in rats. *American Journal of Physiology-Regulatory, Integrative and Comparative Physiology* **298,** R141–R146 (2010).

52. Yuan, Q., Chen, L., Liu, C., Xu, K., Mao, X. & Liu, C. Postnatal Pancreatic Islet β Cell Function and Insulin Sensitivity at Different Stages of Lifetime in Rats Born with Intrauterine Growth Retardation. *PLOS ONE* **6,** e25167 (2011).

53. Zhang, Q., Xiao, X., Zheng, J., Li, M., Yu, M., Ping, F., Wang, T. & Wang, X. A Maternal High-Fat Diet Induces DNA Methylation Changes That Contribute to Glucose Intolerance in Offspring. *Front Endocrinol (Lausanne)* **10,** 871 (2019).

54. Zheng, J., Zhang, L., Wang, Z. & Zhang, J. Maternal high-fat diet regulates glucose metabolism and pancreatic β cell phenotype in mouse offspring at weaning. *PeerJ* **8,** e9407 (2020).

55. Intapad, S., Dasinger, J. H., Fahling, J. M., Backstrom, M. A. & Alexander, B. T. Testosterone is protective against impaired glucose metabolism in male intrauterine growth-restricted offspring. *PLOS ONE* **12,** e0187843 (2017).

56. Intapad, S., Dasinger, J. H., Johnson, J. M., Brown, A. D., Ojeda, N. B. & Alexander, B. T. Male and female intrauterine growth-restricted offspring differ in blood pressure, renal function, and glucose homeostasis responses to a post-natal diet high in fat and sugar. *Hypertension* **73,** 620–629 (2019).

57. Salazar, E. R., Richter, H. G., Spichiger, C., Mendez, N., Halabi, D., Vergara, K., Alonso, I. P., Corvalán, F. A., Azpeleta, C., Seron-Ferre, M. & Torres-Farfan, C. Gestational chronodisruption leads to persistent changes in the rat fetal and adult adrenal clock and function. *J. Physiol. (Lond.)* **596,** 5839–5857 (2018).

58. Radford, B. N. & Han, V. K. M. Offspring from maternal nutrient restriction in mice show variations in adult glucose metabolism similar to human fetal growth restriction. *Journal of Developmental Origins of Health and Disease* **10,** 469–478 (2019).

59. Wang, J., Cao, M., Zhuo, Y., Che, L., Fang, Z., Xu, S., Lin, Y., Feng, B. & Wu, D. Catch-up growth following food restriction exacerbates adulthood glucose intolerance in pigs exposed to intrauterine undernutrition. *Nutrition* **32,** 1275–1284 (2016).

60. Jansson, T. & Lambert, G. W. Effect of intrauterine growth restriction on blood pressure, glucose tolerance and sympathetic nervous system activity in the rat at 3–4 months of age. *Journal of Hypertension* **17,** 1239–1248 (1999).

61. Simmons, R. A., Templeton, L. J. & Gertz, S. J. Intrauterine Growth Retardation Leads to the Development of Type 2 Diabetes in the Rat. *Diabetes* **50,** 2279–2286 (2001).

**Figure Legends**

**Figure 1: Experimental Protocol and Timing**

**A)** Food availability and timing for dams during pregnancy. Food access began at ZT13 for early Time-Restricted Feeding dams (eTRF, light gray, n=8) and continued until ZT129, total of 6 hours. Food was available 24 hours a day for ad libitum dams (AL, dark gray, n=9). **B)** Offspring experimental protocol. After birth, all dams had AL access to laboratory chow (NCD). Litters were reduced to 4 (2 males, 2 females when possible) on post-natal day (PND) 3. Offspring were weaned by maternal feeding regimen at PND 21 and maintained on AL NCD for 70 days. Weekly body composition and food intake measurements were taken throughout the experiment. At 70 days of age, insulin tolerance tests (ITT; eTRF males = 9, eTRF females = 17, AL males = 18, AL females = 19) and glucose tolerance tests (GTT; eTRF males = 4, eTRF females = 4, AL males = 7, AL females = 6) were conducted before switching all animals to a 45% high fat, high sucrose diet (HFHS) with sucrose. Animals were on HFHS for 10 weeks before repeating ITT and GTT ( eTRF males = 9, eTRF females = 18, AL males = 18, AL females = 18), and an in vivo glucose stimulated insulin secretion test (GSIS; eTRF males = 4, eTRF females = 4, AL males = 5, AL females = 8). Animals were euthanized after these tests. Abbreviations: zeitgeber time (ZT), ZT0 = lights on, ZT12 = lights off.

**Figure 2: Early Life Body Composition, Food Intake, and Glycemic Homeostasis**

**A)** Body weight in grams from PND21-PND70 in males and females, averaged by age, maternal feeding regimen, and sex. **B)** Fat mass in grams from PND21-PND70 in males and females, averaged by age, maternal feeding regimen, and sex. **C)** Lean mass in grams from PND21-PND70 in males and females, averaged by age, maternal feeding regimen, and sex. **D)** Food intake in kcals per mouse per day, averaged by week, maternal feeding regimen, and sex. \*p-value <0.05 for diet. **E)** Insulin tolerance test (ITT) ~PND 70, averaged by maternal feeding regimen, sex, and time in minutes. **F)** Area under the curve (AUC) for ITT, averaged by maternal feeding regimen, and sex. \* indicates p-value <0.05 for effect of diet in males. **G)** Glucose tolerance test (GTT) ~PNG 70, averaged bymaternal feeding regimen, sex, and time in minutes. **H)** AUC for GTT, averaged by maternal feeding regimen, and sex. \* indicates p-value <0.05 for effect of diet in males. **I)** Fasting blood glucose (FBG) PND 70, averaged by maternal feeding regimen and sex. Animals included in body composition measurements, FBG, ITT, and GTT, n=11 eTRF males, 16 AL males, 19 eTRF females, 17 AL females. Number of cages in food intake analysis n=4 eTRF males, 5 AL males, 4 eTRF females, 5 AL females.

**Figure 3: Body Composition, Food Intake, and Glycemic Response to High Fat, High Sucrose Diet Feeding in Adulthood**

**A)** Body weight in grams from PND 70-175 in males and females, averaged by age, maternal feeding regimen, and sex. **B)** Fat massin grams from PND 70-175 in males and females, averaged by age, maternal feeding regimen, and sex. **C)** Lean massin grams from PND 70-175 in males and females, averaged by age, maternal feeding regimen, and sex. **D)** High fat, high sucrose diet (HFHS) intake in kcals per mouse per day averaged by week, maternal feeding regimen, and sex. **E)** Insulin tolerance test (ITT) after 10 week of HFHS, averaged by age, maternal feeding regimen, sex, and time in minutes. **F)** Area under the curve (AUC) for insulin tolerance test, averaged by maternal feeding regimen, and sex. \* indicates, p-value <0.05 for diet in males. **G)** Glucose tolerance test (GTT) after 10 weeks of HFHS, averaged by maternal feeding regimen, sex and time in minutes. **H)** Area under the curve (AUC) for GTT after 10 weeks of HFHS, averaged by maternal feeding regimen and sex. \* indicates p-value <0.05 for effect of diet in males. **I)** Fasting blood glucose (FBG) after 10 weeks HFHS, averaged by maternal feeding regimen, and sex. **J)** Glucose stimulated insulin secretion (GSIS), averaged by maternal feeding regimen, sex, and time. **K)** Fold change of insulin secretion during GSIS, averaged by maternal feeding regimen and sex. \* indicates p-value <0.05 for effect of sex. Animals included in body composition, FBG, ITT, GTT, and GSIS: n=11 eTRF males, 16 AL males, 19 eTRF females, 17 AL females. Cages in food intake analysis: n=4 eTRF males, 5 AL males, 4 eTRF females, 5 AL females.

**Supplemental Figure 1: Maternal Food Intake and Body Weight during Gestation**

**A)** Maternal food intake from one week before pregnancy until delivery B) Maternal body weight from one week before pregnancy until delivery. Dams in analysis n 8= eTRF, 9=AL.

**Supplemental Figure 2**: **Feeding Efficiency Throughout Adulthood**

**A)** Feeding efficiency (%) in males and females, calculated based on food intake and body composition changes during the NCD period (before PND 70). (psex<0.001, pdiet=0.002). **B)** Feeding efficiency in males and females during the HFHS period (after PND 70). (psex = 0.00023, pdiet = 0.093).