Supplementary material to

Maternal psychological distress associates with alterations in restingstate low-frequency fluctuations and distal functional connectivity of the neonate medial prefrontal cortex

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Corresponding author Olli Rajasilta | operaj@utu.fi FinnBrain Birth Cohort Study, Turku Brain and Mind Center Lemminkäisenkatu 2, 20520, Turku, Finland The purpose of this supplementary material is to provide the reader with:

- 1. Mean fALFF and ReHo maps of the neonate brain at 26.14 ± 6.28 days after birth
- 2. Effects of additional independent variables (IV) on primary models (sensitivity analyses):
 - a. Neonate birth weight
 - b. Maternal age
- 3. Exclusion/subgroup analysis without subjects with exposure to illicit substances/alcohol (N=18)
 - a. Composite score model
- 4. Non-parametric composite score model results
- 5. Correlation matrix of measures used in this study
- 6. Cluster coordinates and effect sizes of parametric, non-parametric composite score and sensitivity analysis results
- 7. One sample T-test of mPFC seed connectivity
- 8. Group-level multiple regression results of PSE on neonate mPFC FC at a more stringent threshold
- 9. Estimated motion parameters table
- 10. Parametric fALFF results of SCL and EPDS score models



1. Mean fALFF and ReHo maps (N=21) of the neonate brain at 26.14 ± 6.28 days after birth.

Supplementary materials, Figure 1. Mean fALFF and ReHo maps of the neonate brain displayed on axial slices. Color bar denotes mean fALFF values. High mean fALFF values are located on the sensorimotor, parietal, temporal, visual, anterior prefrontal and basal ganglia regions. Mild asymmetry can be observed in temporal cortex and basal ganglia. Similarly high fALFF values in sensorimotor, visual and medial prefrontal regions have been previously reported in a larger sample (1).

2. Effects of additional independent variables on primary models (sensitivity analyses):a. Composite score and neonate birth weight

In this multiple regression model, neonate birth weight was set as a 4th independent variable (IV) of no interest. Otherwise, we used prior default IVs: Neonate age at scanning (days), neonate sex and maternal pre-pregnancy BMI. The complete model thus consisted of the beforementioned IVs and composite score as the main explanatory variable (EV).

In this model, the effect observed in our main analysis of maternal composite score on neonate fALFF maps was reduced to statistical insignificance at p < 0.001 and p < 0.005 levels. No clusters that passed the multiple comparison statistical thresholding were detected.

Bivariate correlation analysis performed in SPSS revealed a significant correlation between neonate birth weight and composite score ($r_s = -0.606$). Variance of inflation (VIF) analysis revealed no indications of multicollinearity (VIF = 1.479). Even though there is an established link between neonate birth weight and exposure to prenatal stress (1), there is little reason to believe that infant birth weight itself would be the driving factor for effects seen in neonate fALFF maps. Nevertheless, to test this possibility we generated an additional model with infant birth weight as the EV and with neonate age at scanning, sex, and maternal pre-pregnancy BMI as the IVs. No statistically significant effects at p < 0.001 or p < 0.005 FWE-corrected level were obtained in this model.

We conclude that the mitigation of results in our main model, when corrected for neonate birth weight, was caused by the high negative correlation between neonate birth weight and composite score.

b. Composite score and maternal age in years

Here, the multiple regression design consisted of four IVs of no interest: Neonate age at scanning (days), neonate sex, maternal pre-pregnancy BMI and maternal age in years. Composite score was set as the main EV.

The effects were reduced to statistical insignificance at p < 0.001 and p < 0.005 levels. The performed bivariate correlation analysis revealed that maternal age in years had a significant correlation with maternal pre-pregnancy BMI ($r_s = 0.570$), but no significant correlation was observed between composite score and maternal age. VIF analysis showed no indications of multicollinearity (VIF = 1.549) in this model.

Maternal age has been established to associate with levels of mental distress during pregnancy (2). To test whether maternal age had an independent effect on neonate fALFF maps, we performed another analysis with neonate age at scanning, neonate sex and maternal pre-pregnancy BMI as IVs. In this model, maternal age was set as the main EV. Here, we found a statistically significant (at p < 0.001 level) effect localizing to the left superior frontal gyrus (p < 0.001 FWE-corrected, cluster size of 903 voxels). The results are displayed in Supplementary materials figure 2.



Supplementary materials, figure 2. Regions where fALFF significantly correlated with maternal age in years (p < 0.001 FWE-corrected) in the naturally sleeping neonate (N = 21). Highlighted region entails the left superior frontal gyrus. Color bar represents T-scores. Images are displayed in radiological convention on the UNC neonate template in axial, coronal and sagittal slices. Abbreviations: A = Anterior, P = Posterior, L = Left, R = Right.

Out of the five papers (3–7) investigating PSE effects on neonate rs-fMRI metrics, only one controlled for maternal age at beginning of pregnancy (4), with similar maternal age distribution as in our sample. They found no association between maternal age and neonate FC maps. Considering extant literature and the results of these sensitivity analyses, we cannot rule out that the effects of maternal psychological distress on offspring brain development might depend on maternal age.

3. Exclusion analysis (N=18)

To make sure the results of our main model were not influenced by exposure to illicit substances and/or alcohol, we performed an additional analysis, in which the exposed subjects were excluded.

a. Composite score model

In this model, we excluded the three subjects that were exposed to illicit substances (cannabis) and/or alcohol *in utero*, yielding a sample size of 18 subjects. Otherwise, identical design was used as in the main parametric model with neonate age at scanning, neonate sex and maternal pre-pregnancy BMI set as IVs. The composite score was set as the main EV. Statistical significance threshold was set to p < 0.001.

We obtained near-identical results with the exclusion analysis as with our main model with 21 subjects. A statistically significant effect was observed in the neonate mPFC (p < 0.001 uncorrected; p < 0.001 FWE-corrected; kE 796). Here, the cluster shape was slightly altered (supplementary materials, figure 2) and fragmented into two separate clusters.

Although minimally altered, this model yielded a highly comparable result to our main model with 21 subjects. In all cases, exposure to alcohol and/or illicit substances was mild. After consideration, we decided to include the three subjects exposed to alcohol for increased statistical power in our main model.

4. Non-parametric main model results (SnPM13)

To test the validity of the underlying assumptions in the main parametric model, we repeated the analysis using non-parametric permutation testing with the Statistical Non-Parametric Mapping software (SnPM13). As the parametric model, the non-parametric model had the following measures set as IVs: neonate age at scanning, neonate sex and maternal pre-pregnancy BMI. Composite score was set as the main EV. Statistical significance threshold was set to p < 0.001.

We found identical results as with the parametric model. The composite score – fALFF effect localized to the neonate mPFC (p < 0.001 uncorrected; p < 0.001 FWE-corrected; kE 794). No additional statistically significant clusters nor negative associations were observed.



Supplementary materials, figure 3. Regions where fALFF significantly correlated with maternal composite score (p < 0.001 FWE-corrected) in the naturally sleeping neonate (N = 21) with non-parametric complementary model. Highlighted region entails the ventromedial prefrontal cortex. Color bar represents T-scores. Images are displayed in radiological convention on the UNC neonate template in axial and sagittal slices. Abbreviations: A = Anterior, P = Posterior, L = Left, R = Right.

	Maternal age in years	Neonate birth weight	Maternal pre- pregnancy BMI	SCL-90	EPDS	Composite score
Maternal age in years	$r_s = 1.000$ $p = N/A$	$r_s = -0.038$ p = 0.871		$r_s = -0.193$ p = 0.402	$r_s = -0.112$ p = 0.629	$r_s = -0.126$ p = 0.586
Neonate birth weight	$r_s = -0.038$ p = 0.871	$\begin{array}{l} r_s = 1.000 \\ p = N/A \end{array}$		$\begin{array}{c} r_{s} = -0.447 \\ p = 0.042 \end{array}$	$\begin{array}{c} r_{s}\!=\!-0.675^{**}\\ p=0.001 \end{array}$	$r_s = -0.606^{**}$ p = 0.004
Maternal pre- pregnancy BMI	$r_s = 0.570 **$ p = 0.007	$r_s = 0.200$ p = 0.385	$\begin{array}{c} r_s = 1.000 \\ p = N/A \end{array}$	$\begin{array}{l} r_{s} = -0.500 * \\ p = 0.021 \end{array}$	$r_s = -0.342$ p = 0.129	$r_s = -0.465*$ p = 0.033
SCL-90	$r_s = -0.193$ p = 0.402	$r_s = -0.447$ p = 0.042	$r_s = -0.500*$ p = 0.021	$\begin{array}{l} r_s = 1.000 \\ p = N/A \end{array}$	$r_s = 0.599 **$ p = 0.004	$r_s = 0.845 **$ p = 0.000
EPDS	$r_s = -0.112$ p = 0.629	$r_s = -0.675 **$ p = 0.001	$r_s = -0.342$ p = 0.129	$r_s = 0.599^{**}$ p = 0.004	$\begin{array}{l} r_s = 1.000 \\ p = N/A \end{array}$	$r_s = 0.911 **$ p = 0.000
Composite score	$r_s = -0.126$ p = 0.586	$ r_s = -0.606^{**} \\ p = 0.004 $	$r_s = -0.465*$ p = 0.033		$r_s = 0.911^{**}$ p = 0.000	$\begin{array}{l} r_{s} = 1.000 \\ p = N/A \end{array}$

5. Supplementary materials, table 1. Correlation matrix for metrics involved in this study. $r_s =$ Spearman rank correlation coefficient. * and ** denote statistically significant correlation at p < 0.05 and p < 0.01 levels, respectively.

6. **Supplementary materials, table 2.** Model results with cluster coordinates, sizes and locations. Cluster coordinates are defined in the UNC neonate template (MNI).

Model		р-	p (FWE-	Cluster size	Cluster peak coordinates (X, Y,			
(EV	V and IVs)	threshold	corrected)	in voxels (kE)	Z)			
• • •	Composite score Neonate age at scanning Neonate sex Maternal pre-pregnancy BMI	p < 0.001	p < 0.001	794	2, 44, -29			
110	Non-parametric designs of the original model (Sin 1913)							
• • •	Composite score Neonate age at scanning Neonate sex Maternal pre-pregnancy BMI	p < 0.001	p < 0.001	794	2, 44, -29			
Ad	Additional models (sensitivity analyses)							
• • •	Composite score Neonate age at scanning Neonate sex Maternal pre-pregnancy BMI Neonate birth weight	p < 0.01	p < 0.007	1601	2, 44, -29 3, 53, -19 10, 36, -30			
• • • •	Composite score Neonate age at scanning Neonate sex Maternal pre-pregnancy BMI Maternal age	p < 0.05	p < 0.023	5418	1, 44, -29 1, 53, -22 3, 29, -31			

7. One sample T-test of mPFC seed connectivity



Supplementary materials, figure 4. One-sample T-test results displaying mean connectivity from seed ROI (mPFC) in the neonate brain (N = 21). Horizontal rows correspond to connectivity patterns with distinct significance thresholds (with Z-score 2.1 corresponding to p < 0.05; Z-score 2.6 to p < 0.005; Z-score 3.1 to p < 0.001; all multiple comparison corrected at cluster-level). Seed ROI (x = 88, y = 148, z = 59 in the UNC template space) is illustrated on the right-side brain image. Color bar represents Z-scores. Images are displayed in radiological convention on the UNC neonate template. Abbreviations: mPFC = medial prefrontal cortex; ROI = region-of-interest, A = Anterior, P = Posterior, R = Right, L = Left.

8. Group-level multiple regression results of PSE on neonate mPFC FC at more stringent threshold.



Supplementary materials, figure 5. Brain regions where maternal composite score was positively correlated (Z-score threshold of 2.6, corresponding to p < 0.005 multiple comparison corrected at cluster-level) with neonate mPFC seed connectivity in multiple regression analysis (N = 21). For mPFC seed ROI definition see supplementary materials, figure 4. Images are displayed in radiological convention on the UNC neonate template. Abbreviations: mPFC = medial prefrontal cortex; ROI = region-of-interest, A = Anterior, P = Posterior, R = Right, L = Left.

9. Estimated motion parameters.

Variable	Absolute mean	Max	Min	fALFF, Z-score	SCA, Z-score
				r _s (p-value)	r _s (p-value)
Composite motion estimate (mm)	0.53	1.97	0.05	0.192 (0.378)	-0.242 (0.291)
DVARS	1,16	10,58	0,87	0.243 (0.332)	0.185 (0.463)
Translation (X) (rad)	0.13	0.46	-0.12	-0.023 (0.920)	-0.035 (0.880)
Translation (Y) (rad)	0.27	0.07	-2.80	-0.234 (0.308)	-0.292 (0.199)
Translation (Z) (rad)	0.55	0.54	-3.13	-0.039 (0.867)	0.165 (0.475)
Rotation (X) (rad)	0.02	0.07	-0.17	0.073 (0.754)	-0.075 (0.746)
Rotation (Y) (rad)	0.01	0.09	-0.06	-0.326 (0.149)	0.121 (0.602)
Rotation (Z) (rad)	0.04	6.49	-0.00	0.000 (1.000)	-0.142 (0.540)

Supplementary materials, table 3. Whole sample estimated motion parameters and with correlations to metric Z-scores (fALFF, SCA).



10. Parametric fALFF results of SCL and EPDS score models

Supplementary materials, figure 6. Regions where fALFF significantly correlated with maternal SCL-score (p < 0.001 FWE-corrected) in the naturally sleeping neonate (N = 21). Highlighted region entails the ventromedial prefrontal cortex. Color bar represents T-scores. Images are displayed in radiological convention on the UNC neonate template in axial and sagittal slices. Abbreviations: A = Anterior, P = Posterior, L = Left, R = Right.



Supplementary materials, figure 7. Regions where fALFF significantly correlated with maternal EPDS-score (p < 0.001 FDR-corrected) in the naturally sleeping neonate (N = 21). Highlighted region entails the ventromedial prefrontal cortex. Color bar represents T-scores. Images are displayed in radiological convention on the UNC neonate template in axial and sagittal slices. Abbreviations: A = Anterior, P = Posterior, L = Left, R = Right.

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