

1 **Energy homeostasis in rabbit does during pregnancy and pseudopregnancy**

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22 **ABSTRACT**

23 This study was conducted to evaluate the changing concentrations of metabolic hormones and
24 metabolites in pregnant (P) and pseudopregnant (PP) rabbit does. Twenty-five New Zealand
25 White rabbit does were submitted to artificial insemination (AI) and then classified as P ($n = 15$)
26 or PP ($n = 10$). Blood samples were collected weekly until day 32 post AI. During pregnancy,
27 leptin concentrations were greater on Days 14 and 21 ($P < 0.05$), while insulin was greater on
28 days 21 and 32 post AI ($P < 0.05$) compared to PP does. The triiodothyronine/thyroxine (T3/T4)
29 ratio was greater in the first and last week ($P < 0.001$); whereas, cortisol concentrations were
30 greater in the last week of pregnancy and after parturition ($P < 0.01$) compared with that of PP
31 does. Non-esterified fatty acids (NEFA) concentrations increased from day 7 until day 32 post
32 AI ($P < 0.05$). Glucose concentrations were unchanged throughout pregnancy although
33 concentrations were positively associated with litter size. These results indicate concentrations of
34 hormones and metabolites change during pregnancy to ensure energy requirements are met for
35 both the foetuses and the maternal tissues. Physiological hyperleptinemia, hyperinsulinemia, and
36 changes in cortisol as well as thyroid hormones indicate there is an adaptation of metabolic
37 functions induced by pregnancy. These adaptations could be mediated by gonadal steroids
38 because changes mainly occur in the second half of pregnancy when the profile of the sex
39 hormones differs between P and PP does.

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41 **Keywords:** Rabbit; Pregnancy; Energy homeostasis; Animal models; Leptin; Insulin

42 **1. Introduction**

43 In the last decades, cyclic production systems and artificial insemination have become
44 routine practices in rabbit breeding. In this context, the doe's capacity to sustain a dynamic
45 pattern of energetic metabolism is important for not only sustainable rabbit farming but also
46 animal welfare (Fortun-Lamothe, 2006; Menchetti et al., 2015b; EFSA Panel on Animal Health
47 and Welfare, 2020).

48 Ovulation in rabbits is induced either by the injection of GnRH analogues such as Buserelin
49 acetate (Rebollar et al., 2012; Dal Bosco et al., 2014) or by the stimuli associated with coitus
50 which causes the release of GnRH and subsequently of LH (luteinizing hormone) as well as FSH
51 (follicle stimulating hormone). The corpora lutea (CL), which are formed after ovulation, persist
52 for the entire gestation (about 29-32 days) and are responsible for the progesterone
53 concentrations essential to maintain pregnancy until parturition. Progesterone increases from day
54 3 after mating, reaching maximal concentrations on day 16 of gestation; then, rapidly decreases
55 before parturition (Boiti et al., 1999; Brecchia et al., 2006). If fertilization does not occur after
56 mating and ovulation, the rabbit doe can manifest PP. The CL during pseudopregnancy (PP) does
57 develop similar to what occurs during pregnancy, although after day 13 subsequent to mating the
58 CL start to regress until these structures can no longer be detected and progesterone
59 concentrations return to basal values at day 18 to 20 if there was no pregnancy resulting from the
60 mating with the male (Boiti et al., 2003, 2004; Zerani et al., 2010; Carter et al., 2016).

61 The concentration and interactions of reproductive hormones are quite well understood both
62 during pregnancy (P) and PP in rabbit does; however during pregnancy, mammalian species have
63 marked changes in energy homeostasis that require adaptations such as increasing food intake
64 and mobilizing body lipid reserves.

65 The main hormones and metabolites involved in maintaining energy homeostasis are leptin,
66 insulin, triiodothyronine (T3), thyroxine (T4), cortisol, glucose, and non-esterified fatty acids
67 (NEFA) (Brecchia et al., 2006; Fortun-Lamothe, 2006; Menchetti et al., 2015a). Leptin functions
68 as an indicator of body energy stores status, functioning at the central nervous system to
69 modulate food intake (anorexigenic signal) and energy expenditure. During pregnancy, leptin
70 appears to have different functions, from the regulation of placental development to an
71 immunomodulatory function. In some species, however, the typical functions of leptin as a
72 satiety signal seems to fail because increases in leptin concentrations in blood are accompanied
73 by hyperphagia (Ladyman et al., 2010; Pérez-Pérez et al., 2018; Gustafson et al., 2019). In
74 addition, during pregnancy, maternal insulin sensitivity decreases, and the pancreatic endocrine
75 cells undergo structural and functional changes leading to hyperinsulinemia as a compensatory
76 response (Ciampelli et al., 1998; Ladyman et al., 2010; Menchetti et al., 2015a, 2018). Thus,
77 leptin and insulin resistance may be indicative of the maternal physiological adaptations not only
78 to ensure glucose supply for the foetus but also to maintain glucose homeostasis; however, both
79 of these conditions can lead to pathological outcomes (Ladyman et al., 2010; Menchetti et al.,
80 2015a, 2018).

81 Total T3 and T4 concentrations increase during the first weeks of human pregnancy
82 contributing both to the maintenance of maternal energy homeostasis and to the neuronal
83 development of the foetus (Soldin, 2006; Lazarus, 2011; Micke et al., 2015). Conversely, cortisol
84 serum concentrations increase only in late pregnancy which induces the onset of parturition
85 (Soma-Pillay et al., 2016). Furthermore, glucose and NEFA are important metabolic energy
86 sources which change as a result of a changing energy status of animals (Brecchia et al., 2006;
87 Fortun-Lamothe, 2006; Menchetti et al., 2015a).

88 The study of the different neuroendocrine functions and the reciprocal relationships in rabbit
89 pregnancy could be useful to help its reproductive management as well as to understand the
90 mechanisms involved in human pregnancy complications such as hypertension, preeclampsia, and
91 gestational diabetes (Ladyman et al., 2010; Pérez-Pérez et al., 2018). These factors have not been
92 previously investigated to a great extent, and to the best of our knowledge, the energy homeostasis
93 of P and PP rabbit does has not been previously compared.

94 The aims of the study were as follows: i) to evaluate the hormonal and metabolic changes in
95 P and PP rabbit does, and ii) to compare the metabolic physiological adaptations observed in
96 pregnant rabbits with previous research on other animal species.

97

98 **2. Materials and methods**

99 *2.1. Animals and experimental design*

100 The experiment was conducted at the farm of the Agricultural University of Tirana, Faculty
101 of Veterinary Medicine, Albania. The experimental protocol was in accordance with the local
102 regulations for Animal Experimentation of the Agricultural University of Albania. All efforts
103 were made to minimize animal distress and to use only the number of animals necessary to
104 produce reliable results.

105 Multiparous non-lactating New Zealand White rabbits ($n = 25$) were individually housed in
106 controlled environmental conditions where the temperature ranged from +15 to +28 °C, with the
107 relative humidity being from 60% to 75%, and the lighting schedule 16 L:8 D. Rabbits were
108 provided 130 g/d of commercial food and water *ad libitum*. The composition of the diet supplied
109 to the does is described in Table 1. All does completely consumed their daily rations.

110 The does were submitted to artificial insemination (AI) performed with a heterospermic pool
111 of fresh semen (0.6 ml) diluted 1:5 in a commercial extender. Before AI, ovulation was induced
112 by injection of 10 µg of synthetic gonadotropin-releasing hormone (GnRH; Receptal, Hoechst-
113 Roussel Vet, Milan, Italy) (Brecchia et al., 2014). The day of AI was designated as Day 0.
114 Pregnancy diagnoses were performed using the abdominal palpation approach 12 day after AI
115 classifying the rabbits as pregnant (P group; $n = 15$) or pseudopregnant (PP group; $n = 10$). At AI
116 and subsequently on Days 7, 14, 21, 28, and 32 all does were subjected to blood sampling. The
117 samples were collected from the marginal ear vein into tubes containing EDTA, and immediately
118 centrifuged at 3000 x g for 15 min; furthermore, plasma was stored frozen until assayed for
119 hormones and metabolites. On the same days, the body weight (BW) of each rabbit doe was
120 determined using an electronic scale (Isolad - Vignoli - Forli, Italy). The mean BW of does (\pm
121 standard deviation, SD) at the time of AI was 3.97 ± 0.36 kg.

122 The following productivity indices were calculated: fertility (number of parturitions/number
123 of inseminations x 100), prolificacy (total number of born and stillborn kits per doe), perinatal
124 mortality, and pre-weaning mortality. The perinatal period comprised the first 48 h after
125 parturition. The pre-weaning mortality rate was calculated as the percentage of weaned kits/litter
126 subsequent to the perinatal period (Menchetti et al., 2019).

127

128 2.2. *Hormone and metabolite assays*

129 Plasma leptin, insulin, triiodothyronine (T3), and cortisol concentrations were determined
130 using RIA procedures that have been previously described (Brecchia et al., 2006). Leptin
131 concentrations were quantified using a double antibody RIA utilizing the multi-species leptin kit
132 (Linco Research Inc., St. Charles, MO, USA). The limit of sensitivity was 1.0 ng/ml and intra-

133 and inter-assay coefficients of variations were 3.4% and 8.7%, respectively. Plasma insulin was
134 quantified using the double antibody/PEG technique using a porcine insulin RIA kit (Linco
135 Research Inc.). The antiserum was guinea pig anti-porcine insulin, while both labelled antigen
136 and standards that were used were purified recombinant human insulin. The limit of sensitivity
137 was 2 μ U/ml and intra- and inter-assay coefficients of variations were 6.8% and 9.2%,
138 respectively. Total T3 and T4 were assayed by RIA using the procedure provided by the
139 manufacturer (Immunotech, Prague, Czech Republic). The sensitivity of the assay was 0.26
140 nmol/l and 10.63 nmol/l for T3 and T4 kit, respectively. The intra- and inter-assay coefficients of
141 variations were 6.3% and 7.7%, respectively for T3; whereas, they were 3.29% and 7.53%,
142 respectively for T4.

143 Cortisol concentrations were evaluated by RIA, using the CORT kit (Immunotech, Prague,
144 Czech Republic). The limit of sensitivity was 2.5 nM and intra- and inter-assay coefficients of
145 variations were 5.8% and 9.2%, respectively.

146 The NEFA and glucose concentrations were analysed according to García-García et al.
147 (2011) and Rommers et al. (2006), respectively. The NEFA concentrations were quantified using
148 a two-reaction enzymatic-based colorimetric assay from Wako (NEFA-C, Wako Chemicals
149 GmbH, Neuss, Germany), based on the capacity of NEFA to acylate coenzyme A in the presence
150 of CoA synthetase. Glucose concentrations were quantified using the glucose oxidase method
151 utilising the Glucose Infinity kit from Sigma (Sigma Diagnostic Inc., St. Louis, MO, USA).

152

153 *2.3. Evaluation of insulin sensitivity*

154 Insulin sensitivity was determined using the Glucose-to-Insulin Ratio and homeostasis
155 model assessment for insulin resistance (HOMA-IR) utilising the following equation: [insulin

156 concentration \times (glucose concentration/18)]/22.5 (Menchetti et al., 2015a, 2018). The relatively
157 lesser HOMA-IR values indicate a relatively greater insulin sensitivity, whereas the relatively
158 greater HOMA-IR values indicate a relatively lesser insulin sensitivity.

159

160 *2.4. Statistical analysis*

161 The Linear Mixed model was used to analyze BW, hormone and metabolite concentrations.
162 In these models, animals and days after AI were included as subjects and repeated factors,
163 respectively. The models evaluated the main effects of time (six levels: 0, 7, 14, 21, 28, and 32
164 days after AI), physiological state (two levels: P and PP groups), and the interaction. Sidak
165 adjustment was used for conducting multiple comparisons. Furthermore, for P group, Linear
166 Mixed models were developed including time as factor and numbers of total born as covariate to
167 assess whether there was an association between values for hormone concentrations and
168 metabolites during pregnancy and with litter size.

169 Diagnostic graphics were used to evaluate assumptions and outliers, and the Log (insulin
170 and T4 concentrations) or Log(x+1) (T3/T4 ratio and HOMA index) transformations were used
171 (Barbato et al., 2017). Results are expressed as estimated marginal means \pm standard error (SE)
172 or back-transformed estimated marginal means \pm SE, while raw data were depicted in figures.
173 The effect of the total number of kits born on hormone and metabolite concentrations was
174 reported as an estimated *b*-parameter and the associated standard error.

175 Statistical analyses were performed using the SPSS Statistics version 23 (IBM, SPSS Inc.,
176 Chicago, IL, USA). There were considered to be differences in mean values for variables with
177 there was a $P \leq 0.05$.

178

179 **3. Results**

180 *3.1. Production variables*

181 Fertility rate was 60%, prolificacy was 7.4 ± 2.6 (mean \pm SD), and the number of weaned kits
182 was 5.9 ± 2.6 (mean \pm SD). Perinatal and preweaning mortality was 11% and 13%, respectively.

183

184 *3.2. Effect of time and physiological state on body weight*

185 The BW of P does gradually increased from day 7 to 28 post AI and was greater than PP
186 does from day 14 post AI until the last day of observation ($P < 0.05$; Fig. 1SM).

187

188 *3.3. Effect of time and physiological state on concentrations of hormones and metabolites*

189 There was an effect of physiological state on leptin concentrations ($P < 0.05$). In P does,
190 leptin concentrations were greater than in PP does at days 14 and 21 post AI (mean difference: -
191 0.6 ± 0.3 ng/mL; $P < 0.05$; Fig. 1).

192 There were differences in the log-insulin concentrations due to the physiological state ($P <$
193 0.01): the P does had greater insulin concentrations than PP does at Days 7 ($P = 0.05$), 21 ($P <$
194 0.01), and 32 ($P < 0.05$) post AI (Fig. 2).

195 The T3 concentration was not affected by any factor although results from pairwise
196 comparisons indicated there was a greater T3 concentration in P than PP does at day 7 post AI (P
197 $= 0.05$; Fig. 3). Estimates of marginal mean of log T4 concentrations were greater in PP ($38.11 \pm$
198 1.75 nmol/l) than P (28.31 ± 1.30 nmol/l; $P < 0.05$) does; however, when the two groups were
199 compared on each day of the study, the means were not different (Fig. 4). In pregnant does,
200 however, T4 values increased during the postpartum period compared to day 28 of pregnancy (P
201 < 0.05). The large amount of variability of T4 concentrations could explain these inconsistent

202 results. Furthermore, the estimated marginal mean of T3/T4 ratio of P does (0.06 ± 0.01) was
203 greater than that of PP does (0.04 ± 0.01 ; $P < 0.05$), and in particular, there were differences at
204 days 7 and 28 post AI ($P < 0.05$) although there was a large amount of variation in values for P
205 does on day 28 (Fig. 5).

206 Cortisol concentrations were affected by time ($P < 0.001$), group ($P < 0.001$), and the
207 respective interaction ($P < 0.001$). Estimated marginal means were greater in P does (3.87 ± 0.09
208 nmol/l) than PP does (3.32 ± 0.12 nmol/l; $P < 0.001$); however, values for pairwise comparisons
209 were different between P and PP does only on days 28 ($P < 0.001$) and 32 ($P < 0.01$) post AI
210 (Fig. 6).

211 Glucose concentrations were affected by time ($P < 0.05$), there being greater concentrations
212 at day 7 post AI compared with the day of AI (estimated marginal means: 6.7 ± 0.2 and 7.8 ± 0.3
213 mmol/l at day 0 and 7 post AI, respectively; $P < 0.05$). There, however, was no effect of group
214 (estimated marginal means: 7.3 ± 0.2 mmol/l and 7.2 ± 0.1 mmol/l for PP and P does,
215 respectively; $P > 0.1$; Fig. 7).

216 The NEFA concentrations were affected by time ($P < 0.001$), group ($P < 0.001$), and the
217 respective interaction ($P < 0.01$). There were no significant changes in NEFA concentration in
218 the PP does during the study ($P > 0.1$), while in P does the NEFA concentrations increased
219 progressively until day 21 post AI ($P < 0.001$). The NEFA concentrations were greater in P than
220 PP does after day 7 post AI ($P < 0.05$) until the last observation ($P < 0.001$; Fig 8).

221

222 3.4. Insulin sensitivity

223 The estimated mean of the HOMA was greater in P (0.11 ± 0.01) than PP does (0.08 ± 0.01 ;
224 $P < 0.01$). The mean of the HOMA of P does was greater on day 7 compared with the day of AI

225 ($P = 0.05$), and results from pairwise comparisons indicated there were differences between
226 groups at days 7 and 21 post AI ($P < 0.1$; Table 2).

227 The glucose-to-insulin ratio was affected by time ($P < 0.01$), group ($P < 0.001$), and group
228 \times time interaction ($P < 0.01$). In particular, this ratio was greater in P than PP does at days 21
229 and 32 post AI ($P < 0.01$; Table 2).

230

231 *3.5. Effect of litter size on hormones and metabolites of pregnant does*

232 The results from models used to evaluate the effect of the total number of kits born on
233 hormones and metabolites indicated there was a trend toward a positive association only with the
234 glucose concentrations ($b = 0.13 \pm 0.08$; $P = 0.092$).

235

236 **4. Discussion**

237 Pregnancy induces adaptive changes in hormonal and metabolite secretions to result in both
238 the energy requirements for the growth of the fetuses and the storage of body energy reserves
239 for lactation (Fortun-Lamothe, 2006; Ladyman et al., 2010; Menchetti et al., 2015b).

240 Leptin and insulin are the hormones that have marked functions in maintaining energy
241 homeostasis and for which there are important changes after artificial insemination; these
242 hormones also have important functions in pathological disorders. Plasma leptin concentrations
243 are greater in P compared with PP does, particularly in the second and third week of pregnancy
244 (about +20%). There is also this leptin pattern in women, rodents, cows, and bitches (Kawai et
245 al., 1997; Block et al., 2001; Reitman et al., 2001; Cardinali et al., 2017; Troisi et al., 2020);
246 however, both the biological and physiological functions of leptin appear to be species-specific
247 during pregnancy. The increase observed in the P does appears to be lesser than in other species.

248 Maternal leptin concentrations increase two to three fold during pregnancy in women and rats
249 (Kawai et al., 1997; Reitman et al., 2001), while there is an increase of six or more times in mice
250 (Gavrilova et al., 1997; Gustafson et al., 2019). In women, compared to the adipose tissue leptin
251 production (Reitman et al., 2001; Pérez-Pérez et al., 2018), placental leptin production
252 contributes to pregnancy hyperleptinemia; on the contrary in rats and mice, the placenta is not a
253 major source of leptin (Kawai et al., 1997; Gustafson et al., 2019). Troisi et al. (2020) have
254 recently reported that leptin concentrations increase proportionally with the number of puppies
255 that are *in utero* in bitches, suggesting a contribution of the feto-placental units to the maternal
256 leptin. The contribution of the placenta and the adipose tissue to circulating leptin concentrations
257 in rabbit does remains to be further investigated, because in the present study, there was no
258 association between the number of rabbit kits born and leptin concentration.

259 In P does in the present study, the increase in leptin concentrations was not regulated as a
260 result of a negative feedback loop that should, when activated, reduce food intake and body
261 weight. This finding of this dysregulation of leptin functions is typical of the leptin resistance
262 condition. In non-pregnant animals including humans, leptin resistance is generally considered a
263 pathological condition associated with obesity (Ladyman et al., 2010). During pregnancy,
264 however, leptin resistance represents an important adaptation for generating a positive energy
265 balance to meet the increased maternal requirements and to prepare for the subsequent demands
266 of lactation (Ladyman et al., 2010; Menchetti et al., 2015a; Cardinali et al., 2017). Gustafson et
267 al. (2019) have reported that the suppression of leptin transport into the brain contributes to
268 leptin insensitivity in the central nervous system although the specific cause of leptin resistance
269 is still unknown. It is likely the hormonal milieu which characterises pregnancy, such as

270 increasing progesterone, placental lactogen, prolactin, and decreasing oestrogens, contribute to
271 leptin resistance and hyperphagia (Ladyman et al., 2010; Gustafson et al., 2019).

272 In the present study, differences in leptin concentrations between the two physiological
273 states occurred during the second half of pregnancy when progesterone concentrations in PP
274 does decrease, whereas these concentrations remain relatively greater in P does. For this reason,
275 a contribution or an interaction between leptin and progesterone can be hypothesised. The
276 experimental protocol used in the present study does not allow for further investigation of leptin
277 resistance because the does were fed a daily ration of consistent content, and progesterone
278 concentrations were not monitored. Because there was a consistent ration fed throughout
279 pregnancy in the present study, this allows for evaluation of the effect of the physiological
280 condition on the endocrine-metabolic changes without the confounding effect of the food intake.

281 Leptin could also have functions in the metabolic allocation of nutrients during the transition
282 from pregnancy to lactation, when the energetic priority shifts from the building of energetic
283 stores within the body to the release of energy from these stores (Block et al., 2001). Results of
284 the present study indicated leptin concentrations return to concentrations similar to those of PP
285 does during late pregnancy and after birth which also occurs in women, bitches, and cows but not
286 in ewes (Block et al., 2001; McFadin et al., 2002; Pérez-Pérez et al., 2018; Troisi et al., 2020).
287 The lesser leptin concentration in the prepartum period could be mediated by changes of the
288 other hormones and metabolites and/or could be due to the energy deficit that is prevalent during
289 the last days of pregnancy of rabbit does (Block et al., 2001; Menchetti et al., 2015a; Cardinali et
290 al., 2017).

291 Similar to leptin, the relatively greater concentrations of insulin and HOMA indicate the
292 insulin resistance in P does. These results are consistent with those of previous studies in rabbits

293 (Menchetti et al., 2015a, 2018) and bitches (Cardinali et al., 2017) as well as women (Ciampelli
294 et al., 1998). During pregnancy, insulin resistance is believed to be caused by relatively greater
295 concentrations of leptin, oestrogens, progesterone, placental hormones, cortisol, prolactin, and
296 tumor necrosis factor α (Ladyman et al., 2010; Sonagra, 2014). These hormones and factors
297 decrease insulin sensitivity in the hypothalamus as well as in peripheral tissues such as adipose
298 tissue and skeletal muscle by interfering with insulin receptor signalling (Ladyman et al., 2010;
299 Newbern and Freemark, 2011). In the present study, similar to leptin, insulin concentrations were
300 greater in the second half of pregnancy, when the profile of the sex hormones between P and PP
301 does differs. During late gestation, both insulin resistance and insulin concentrations decreased
302 which is probably due to an increased glucose transfer from the maternal tissues to the foetuses;
303 thus, even in this case, an interaction between insulin and progesterone can be hypothesised.

304 During normal pregnancy, the thyroid is hyper-stimulated, resulting in changes in plasma
305 thyroid hormone concentrations. In the present study, there was an increase in the T3/T4 ratio
306 during the first part of the gestation period, although there was considerable variation in the
307 concentrations. The increase of thyroid hormones concentrations which also occurs throughout
308 gestation in women is due both to an increase of the synthesis of these hormones and to a
309 reduction of hepatic clearance of T4-binding globulin (Soldin, 2006). These changes are
310 mediated by maternal oestrogen and facilitate the transfer of iodine to the foetus (Fisher, 1996).
311 Thus, in addition to the maintenance of energy homeostasis, the increase of the T3/T4 ratio in P
312 does could be related to the neural development of the foetus (Lazarus, 2011; Micke et al., 2015).

313 In the present study, there was an increase of cortisol concentrations during the last period of
314 pregnancy compared to the PP does, and similar results were also reported in several other
315 species including women (Brunton et al., 2008). Cortisol, as well as other glucocorticoids, is

316 essential for the development of foetal organs and the onset of parturition (Soma-Pillay et al.,
317 2016). Interestingly during pregnancy, the activation of the hypothalamic-pituitary-adrenal axis
318 (HPA) seems to be reduced to protect the foetus from excess glucocorticoids that may induce
319 deleterious effects on infant neurodevelopment and the adult cardiovascular and metabolic
320 systems (Brunton et al., 2008).

321 Results of the present study indicate the circulating concentrations of NEFA increased in P
322 as compared with PP does. This increase of plasma concentration of NEFA in P does indicates
323 the mobilization of energy reserves during mid- and late-pregnancy (Fortun-Lamothe, 2006),
324 which is consistent with the leptin reduction and insulin resistance. During both pregnancy and
325 lactation, NEFA concentrations increase because the energy intake is not sufficient to meet the
326 energy requirements, and as a consequence, the animal begins to mobilize body lipid reserves
327 (Brecchia et al., 2006; Fortun-Lamothe, 2006; Menchetti et al., 2015a). Glucose needs of the
328 foetuses increases leading to an imbalance between the maternal capacity to absorb/synthesize
329 glucose and the foetal utilization of energy during the latter days of gestation in rabbit does
330 (Rebollar et al., 2011; Menchetti et al., 2015a). This response is a result of the large increase in
331 rate of foetal growth which doubles in the latter part of the gestation period; however, results of
332 the present study indicate the energy deficit of does begins in the first half of the gestation
333 period. Furthermore, in the present study, NEFA plasma concentrations remained relatively
334 greater than in PP does for several days after parturition. The present study, however, was
335 conducted with multiparous rabbit does, therefore, it is hypothesised that multiple pregnancies
336 made these does sensitive to energetic stress not only earlier but also for a longer period of time.
337 The multiparous status of rabbit does could have been a limitation of the present study because it
338 could have affected the metabolic and hormonal status (Meikle et al., 2004; López-García et al.,

339 2013); therefore, to clarify this aspect, a comparison of rabbit does with different parity statuses
340 could be important to enhance understanding of the various hormonal interactions that were
341 addressed in the present study. Furthermore, other studies on pregnant rabbits could be useful
342 because relatively greater NEFA concentrations are associated with the negative energy balance
343 that occurs during pregnancy and pregnancy disorders such as preeclampsia, gestational diabetes
344 mellitus, and the smaller than typical birth weights of foetuses (Villa et al., 2009; Martínez-
345 Paredes et al., 2012).

346 In the present study, glucose concentrations were not affected by the day of gestation and
347 there were no differences in these concentrations between P and PP does. This result indicates
348 that, in well-fed rabbits, the endocrine mechanisms regulating energy homeostasis have the
349 capacity to regulate concentrations of this important metabolite (i.e., glucose) during pregnancy
350 (Menchetti et al., 2015a). In the present study, however, there was a trend toward the increase in
351 circulating glucose concentrations being associated with the number of foetuses; therefore, this
352 confirms that there is a marked foetal demand for glucose and the energy needs of does that are
353 proportional to litter size of the doe. If nutritional requirements are not met, especially during
354 mid- and late-pregnancy when the foetuses need considerable amounts of maternal glucose, the
355 homeostatic regulation of glucose metabolism may not be sufficient for energetic needs of the
356 doe and the foetuses (Fortun-Lamothe, 2006; Menchetti et al., 2015a).

357

358 **5. Conclusions**

359 Metabolic adaptations during pregnancy involve coordinated changes of metabolic
360 hormones together with carbohydrate and lipid metabolism which preserve maternal homeostasis
361 and allow the transfer of energy to the foetus to optimally support foetal growth and

362 development. The physiological adaptations of maternal metabolism not only prepare the body
363 for the large demands of foetal growth but also support lactation after parturition. These
364 adaptations could be mediated by gonadal steroids because changes mainly occur when the
365 profile of the sex hormones differs between P and PP does. In the present study, the hormonal
366 and metabolic profiles during rabbit pregnancy indicates there are several analogies with those of
367 women and other animal species, such as hyperinsulinemia and hyperleptinemia. In future
368 studies, it would be important to determine if leptin resistance, leptin placental production and if
369 there are interactions with reproductive hormones in the rabbit during pregnancy.

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373 **Conflicts of Interest**

374 The authors declare no conflict of interest.

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379

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525

526

527 **Table 1**
 528 Formulation and chemical composition of diet
 529

	Unit	C
Ingredients		
Dehydrated alfalfa meal	g/kg	300
Soybean meal 44%	“	150
Barley meal	“	410
Wheat bran	“	52
Soybean oil	“	30
Beet molasses	“	20
Calcium carbonate	“	7
Calcium diphosphate	“	13.5
Salt	“	7
DL-methionine	“	0.5
Vitamin-mineral premix†	“	10
Analytical data		
Crude protein	g/kg	175
Ether extract	“	480
Crude Fiber	“	124
Ash	“	89
Digestible Energy§	MJ/kg f.m.	10.6

530 . †Per kg diet: vitamin A 11.000 IU; vitamin D3 2000 IU; vitamin B1 2.5 mg; vitamin B2 4 mg; vitamin
 531 B6 1.25 mg; vitamin B12 0.01 mg; alpha-tocopheryl acetate 200 mg; biotine 0.06 mg; vitamin K 2.5 mg;
 532 niacin 15 mg; folic acid 0.30 mg; D-pantothenic acid 10 mg; choline 600 mg; Mn 60 mg; Fe 50 mg; Zn
 533 15 mg; I 0.5 mg; Co 0.5 mg
 534 §Maertens et al., 1988
 535

536

537 **Table 2**

538 Variables indicating insulin sensitivity in pregnant (P; $n = 15$) and pseudo-pregnant (PP; $n = 10$) rabbit does after the artificial
 539 insemination (AI) and *P*-values for the effect of Time (days after AI), Physiological state (PP compared with P), and interaction
 540 between Time and Physiological state; Values are means \pm standard errors

541

Variable	Day post AI	Group		<i>P value</i>		
		PP	P	Time	Physiological state	Time x physiological state
HOMA	0	0.11 ^a \pm 0.01	0.11 ^a \pm 0.02	0.099	0.002	0.139
	7	0.10 ^a \pm 0.01	0.24 ^b \pm 0.06			
	14	0.08 ^a \pm 0.02	0.12 ^a \pm 0.03			
	21	0.07 ^a \pm 0.01	0.14 ^b \pm 0.03			
	28	0.10 ^a \pm 0.04	0.11 ^a \pm 0.02			
	32	0.05 ^a \pm 0.00	0.12 ^a \pm 0.02			
Glucose to insulin ratio	0	1.02 ^a \pm 0.08	1.26 ^a \pm 0.27	0.005	<0.001	0.002
	7	1.49 ^a \pm 0.14	0.90 ^a \pm 0.14			
	14	1.50 ^a \pm 0.11	1.26 ^a \pm 0.16			
	21	2.15 ^a \pm 0.21	0.97 ^b \pm 0.10			
	28	1.73 ^a \pm 0.62	1.25 ^a \pm 0.21			
	32	2.59 ^a \pm 0.09	1.37 ^b \pm 0.18			

542 HOMA was obtained as [insulin concentration \times (glucose concentration/18)]/22.5

543 Data were analyzed after log(x+1) transformation but raw data are presented

544 Values followed by the same superscript letter in each row do not differ ($P \leq 0.05$; multiple comparisons using Sidak correction)

545 Figure captions

546

547 **Fig. 1.** Leptin concentrations after artificial insemination (AI) in pregnant (P; $n = 15$) and
548 pseudopregnant (PP; $n = 10$) rabbit does; Values are means \pm standard errors; Asterisks indicate
549 differences between P and PP does at each time point ($*P < 0.05$; Sidak correction)

550

551 **Fig. 2.** Insulin concentrations after artificial insemination (AI) in pregnant (P; $n = 15$) and
552 pseudopregnant (PP; $n = 10$) rabbit does; Values are means \pm standard errors (raw data); Asterisks
553 indicate differences between P and PP does at each time point ($*P < 0.05$; $**P < 0.01$; log-
554 transformed data and Sidak correction)

555

556 **Fig. 3.** T3 concentrations after artificial insemination (AI) in pregnant (P; $n = 15$) and
557 pseudopregnant (PP; $n = 10$) rabbit does; Values are means \pm standard errors; Asterisks indicate
558 differences between P and PP does at each time point ($* = 0.05$; Sidak correction)

559

560 **Fig. 4.** T4 concentrations after artificial insemination (AI) in pregnant (P; $n = 15$) and
561 pseudopregnant (PP; $n = 10$) rabbit does; Values are means \pm standard errors (raw data)

562

563 **Fig. 5.** T3/T4 ratio after artificial insemination (AI) in pregnant (P; $n = 15$) and pseudopregnant
564 (PP; $n = 10$) rabbit does; Values are means \pm standard errors (raw data); Asterisks indicate
565 differences between P and PP does at each time ($*P < 0.05$; log-transformed data and Sidak
566 correction)

567

568 **Fig. 6.** Cortisol concentrations after artificial insemination (AI) in pregnant (P; $n = 15$) and
569 pseudopregnant (PP; $n = 10$) rabbit does; Values are means \pm standard errors; Asterisks indicate
570 differences between P and PP does at each time point (** $P < 0.01$, *** $P < 0.001$; Sidak correction)

571

572 **Fig. 7.** Glucose concentrations after artificial insemination (AI) in pregnant (P; $n = 15$) and
573 pseudopregnant (PP; $n = 10$) rabbit does; Values are means \pm standard errors

574

575 **Fig. 8.** NEFA concentrations after artificial insemination (AI) in pregnant (P; $n = 15$) and
576 pseudopregnant (PP; $n = 10$) rabbit does; Values are means \pm standard errors; Asterisks indicate
577 differences between P and PP does at each time point (* $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$; Sidak

578 correction)

579