

# Epigenetics and the placenta

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**BACKGROUND:** The placenta is of utmost importance for intrauterine fetal development and growth. Deregulation of placentation can lead to adverse outcomes for both mother and fetus, e.g. gestational trophoblastic disease (GTD), pre-eclampsia and fetal growth retardation. A significant factor in placental development and function is epigenetic regulation.

**METHODS:** This review summarizes the current knowledge in the field of epigenetics in relation to placental development and function. Relevant studies were identified by searching PubMed, Medline and reference sections of all relevant studies and reviews.

**RESULTS:** Epigenetic regulation of the placenta evolves during preimplantation development and further gestation. Epigenetic marks, like DNA methylation, histone modifications and non-coding RNAs, affect gene expression patterns. These expression patterns, including the important parent-of-origin-dependent gene expression resulting from genomic imprinting, play a pivotal role in proper fetal and placental development. Disturbed placental epigenetics has been demonstrated in cases of intrauterine growth retardation and small for gestational age, and also appears to be involved in the pathogenesis of pre-eclampsia and GTD. Several environmental effects have been investigated so far, e.g. ethanol, oxygen tension as well as the effect of several aspects of assisted reproduction technologies on placental epigenetics.

**CONCLUSIONS:** Studies in both animals and humans have made it increasingly clear that proper epigenetic regulation of both imprinted and non-imprinted genes is important in placental development. Its disturbance, which can be caused by various environmental factors, can lead to abnormal placental development and function with possible consequences for maternal morbidity, fetal development and disease susceptibility in later life.

**Key words:** epigenetics / placenta / genomic imprinting / environmental effects

## Introduction

From its earliest stages till the end of pregnancy, the placenta is of paramount importance for the intrauterine development and growth of the fetus. It is responsible for the establishment of a tight contact between mother and conceptus, enabling the exchange of gas, nutrients and waste products. The placenta protects the fetus from maternal immune system attacks and secretes pregnancy-associated hormones and growth factors (Rossant and Cross, 2001).

Deregulation of placentation can be detrimental to both mother and child; derailed growth can lead to invasive, sometimes malignant trophoblast disease in the mother (Hui et al., 2005), whereas hypoplastic development is associated with maternal hypertension (pre-eclampsia; Cross, 2003; Fisher, 2004) and fetal growth retardation (Chaddha et al., 2004; Gluckman et al., 2004; Monk et al., 2004). Intrauterine growth retardation and low birthweight (LBW) are major negative health predictors for newborns and children, and are associated with chronic diseases expressed later in life, e.g. cardiovascular disease, hypertension and type 2 diabetes (Barker et al., 1993; Curhan et al., 1996a, b; Boyko, 2000; Eriksson et al., 2003; Ross and Beall, 2008). A significant factor in placental development and function is epigenetic regulation. Imprinted genes for instance, which are epigenetically regulated, are abundantly expressed in the placenta and usually lacking in non-placental organisms (Reik and Walter, 2001).

In the present review, we discuss the role of epigenetics in placental development and outline the progress in both animal and human research in recent years. Our intention is to offer the clinician insight into the consequences of disturbed placental epigenetics and to focus on environmental effects which may cause these disturbances.

## Methods

To generate this review, a thorough literature search was repeatedly made in PubMed and Medline, with a limitation for articles written in the English language. Search terms used were placenta, epigenetic, DNA methylation, histone modification, non-coding RNA, imprinting, environment. In addition, reference sections of all relevant studies or reviews were manually searched for more information.

## Epigenetics

Although the cells in a human body contain the same DNA sequence, the function and phenotype differ (Reik, 2007). This implies that, apart from genetic programming, the phenotype is regulated by another phenomenon. This is called epi-(Greek for upon, above)-genetics. Epigenetics is defined as the study of changes in phenotype or gene expression caused by mechanisms other than changes in the underlying DNA sequence. The usage of the word in scientific discourse is more narrow, referring to changes in gene function which are heritable (over rounds of cell division and sometimes transgenerationally; Russo et al., 1996). During development, differentiated cells accumulate epigenetic modifications (or marks) that differ from those of pluripotent cells, and differentiated cells of different lineages also accumulate different marks (Reik, 2007). Certain epigenetic marks can be removed before a cell divides or within very few cell divisions (short-term flexibility), while other marks can be maintained for many

divisions (long-term stability and heritability). Under the definition which strictly requires heritability, alterations that last less than one cell cycle do not qualify as epigenetic. Bird recently discussed the restrictiveness of this heritable view and redefined epigenetics as 'the structural adaption of chromosomal regions to register, signal or perpetuate altered activity states' (Bird, 2007). This definition focuses not only on genes but also on chromosomes without the constraint of heritability.

Epigenetic marks, deposited early in development, are able to adapt themselves throughout life in response to intrinsic and environmental stimuli. Accordingly, epigenetic disturbance may lead to different phenotypes and diseases like cancer. Epigenetic regulation controls transcription at three levels, which are also displayed in the placenta: DNA (DNA methylation), protein (histone modifications) and RNA (non-coding RNAs).

## DNA methylation

DNA methylation is the best-characterized epigenetic modification. Enzymes called DNA methyltransferases (DNMTs) catalyse the addition of a methyl group to the cytosine ring to form methyl cytosine, using S-adenosylmethionine as a methyl donor (Herman and Baylin, 2003). After DNA replication, DNMT1 is the predominant mammalian DNA methylating enzyme responsible for the restoration of hemi-methylated sites to full methylation, called maintenance methylation. DNMT3A and DNMT3B are mainly involved in the methylation of new sites, called *de novo* methylation (Laird, 2003). DNMT3L is postulated to play a regulatory role in DNA methylation without DNA methyltransferase activity in itself (Okano et al., 1998). In humans and other mammals, the post-replicative DNA modification occurs predominantly on cytosines that precede a guanosine in the DNA sequence (the CpG dinucleotide; Herman and Baylin, 2003). These dinucleotides can be clustered in small stretches of DNA termed CpG islands, which are often associated with promoter regions. Most CpG sites outside of CpG islands are methylated suggesting a role in the global maintenance of the genome, while most CpG islands in gene promoters are unmethylated which allows active gene transcription (Herman and Baylin, 2003; Weber and Schubeler, 2007). The importance of DNA methylation for gene expression, and especially for transcriptional silencing, is apparent in the exceptions to the rule that CpG islands associated with gene promoter regions are unmethylated (Bird, 2002). These exceptions are for instance the fully methylated CpG islands associated with the silenced alleles of some imprinted genes (see below) or on the inactive X chromosome.

## DNA methylation in the placenta

In mammalian preimplantation development, DNA methylation of non-imprinted genes is subject to a global reprogramming process after fertilization, with phases of active and passive demethylation followed by *de novo* methylation (Mayer et al., 2000; Horsthemke and Ludwig, 2005). This *de novo* methylation occurs by the blastocyst stage, but is restricted to the inner cell mass (ICM), whereas the trophectoderm (TE) is virtually lacking methylation (Santos et al., 2002). An inequality is thus established between both cell lineages at the time of differentiation into embryonic and extraembryonic lineages (Santos et al., 2002). This epigenetic inequality with higher overall DNA methylation

levels in the embryo compared with the placenta is maintained throughout gestation (Santos *et al.*, 2002). Earlier investigations have also shown that hypomethylation is maintained in all derivatives of the extraembryonic lineage (Chapman *et al.*, 1984; Rossant *et al.*, 1986). At term, two regulating domains in the IGF2-H19 region are for instance hypomethylated in placenta, while in neonatal blood these regions are methylated on one of the two alleles (Guo *et al.*, 2008). Despite the global hypomethylation of the trophoblast lineage, DNA methylation is indispensable for normal development of extraembryonic tissues, especially for the invasive behaviour of trophoblast cells. Administration of a single dose of 5'-aza-2'-deoxycytidine (a DNA methylation inhibitor) to pregnant rats at different stages of development, disrupts trophoblast proliferation (Vlahovic *et al.*, 1999; Serman *et al.*, 2007) and in human choriocarcinoma-derived cell lines 5'-aza-2'-deoxycytidine disrupts trophoblast migration (Rahnama *et al.*, 2006). Furthermore, knockout mice studies of DNA methyltransferases *Dnmt1* and *Dnmt3L* have shown that the placentas of these homozygous mice exhibit multiple morphological defects, like chorioallantoic fusion defects and lack of labyrinth formation (Li *et al.*, 1992; Bourc'his *et al.*, 2001; Arima *et al.*, 2006). These effects may be mediated by a loss of imprinting (LOI) (see below) since mutant *Dnmt1* resulted in biallelic expression of certain genes in the regulating domains *Igf2*, *Snrpn* and *Peg3*, while genes in the *Kcnq1* domain were less sensitive to absence of *Dnmt1* (Weaver *et al.*, 2010).

Placentation displays many similarities with tumourigenesis. Trophoblasts proliferate, migrate and invade the uterine wall and its vasculature and escape from immune detection, like cancer cells. Normal human cytotrophoblasts express functional tumour-associated genes, several of which are also essential for the development of certain malignancies (Ferretti *et al.*, 2007; Koslowski *et al.*, 2007). Recent observations showed epigenetic regulation by DNA methylation and histone modification of some tumour suppressor genes like *Maspin*, *RASSF1A* and *APC* in human placentas (Dokras *et al.*, 2006; Chiu *et al.*, 2007; Wong *et al.*, 2008). In addition, Novakovic *et al.* (2008) investigated the extent of tumour-associated methylation in first-trimester cytotrophoblasts and term placenta, and demonstrated a methylation-induced reduction in expression in a small subset of genes as part of normal human placentation.

Besides a role of DNA methylation in placental morphology, it also affects placental physiology. For instance, the tightly controlled regulation of plasma concentrations of biologically active vitamin D is epigenetically uncoupled in pregnancy (Novakovic *et al.*, 2009). Biologically active vitamin D regulates calcium homeostasis, immunomodulation, cellular differentiation and apoptosis (DeLuca, 2004; Dusso *et al.*, 2005; Anderson *et al.*, 2006). In addition, vitamin D deficiency has been linked to placental insufficiency, e.g. pre-eclampsia (Bodnar *et al.*, 2007; Seely, 2007). Promoter methylation down-regulates the promoter activity of vitamin D hydroxylase (*CYP24A1*) and abolishes vitamin D-mediated feedback activation (Novakovic *et al.*, 2009). This leads to significantly elevated levels of active vitamin D at the fetomaternal interface, suggesting a role in pregnancy progression (Novakovic *et al.*, 2009).

## Histone modification

The nucleosome is, together with the genomic DNA, an important constituent of chromatin. The nucleosome is a protein complex,

consisting of two copies of each of the four core histones (H2A, H2B, H3 and H4), around which the DNA is wrapped. The N-terminal histone tail protrudes from the chromatin. Epigenetic modifications at the N-terminal tail of nucleosomal histones involve methylation, acetylation, phosphorylation and ubiquitinylation of selected amino acids, that can impose either transcriptionally repressive or transcriptionally permissive chromatin structures (Turner, 2002; Kimura *et al.*, 2004). These modifications are accomplished by a range of enzymes including histone methyltransferases (HMTs), acetyltransferases (HATs), kinases and ubiquitylases, while histone demethylases, deacetylases (HDACs), phosphatases and deubiquitylases are able to remove the mark from the histone tail. Proteins can recognize and bind to these specific modifications and exert an effect on gene activity. Polycomb Group (PcG) proteins for instance, which mutually form complexes, are known for their transcriptional repression (Niessen *et al.*, 2009). Furthermore, histone acetylation usually marks active genes as does di- or trimethylation of lysine residue four of histone H3 (H3K4me2, K4me3), whereas H3K9me2/3 and H3K27me3 constitute repressive marks (Peterson and Lanier, 2004; Sims and Reinberg, 2006). Repressive histone modifications seem to confer short-term, flexible silencing which is important for developmental plasticity, whereas DNA methylation is believed to be a more stable, long-term silencing mechanism (Boyer *et al.*, 2006; Lee *et al.*, 2006; Reik, 2007).

## Histone modifications in the placenta

Like DNA methylation, histone methylation also plays a role in cell differentiation at the blastocyst stage. H3 arginine methylation predisposes blastomeres to contribute to the pluripotent cells of the ICM, which appears to require higher global levels of H3 arginine methylation than the TE/trophoblast lineage (Torres-Padilla *et al.*, 2007). This epigenetic disparity, with higher histone modification levels in the embryonic lineage compared with the trophoblast lineage, is seen more globally. Besides in many mouse studies, this has also been described in other mammalian species: bovine, sheep and rabbit (Manes and Menzel, 1981; Santos *et al.*, 2003; Beaujean *et al.*, 2004). Nevertheless, as with DNA methylation, again these lower modification levels in the trophoblast lineage are indispensable for normal extraembryonic development. H3K27 methylation for instance, is mediated by several protein aggregates, like PcG repressive complex (PRC) 2, containing PcG members and HDAC (Hemberger, 2007). Mutants of PcG members are characterized by failure of amnion and chorion formation (O'Carroll *et al.*, 2001; Pasini *et al.*, 2004) or failure of invasive trophoblast giant cell differentiation (Wang *et al.*, 2001, 2002). The above described lineage-specific DNA methylation and histone modification levels can influence cell fate determination (Reik *et al.*, 2003b; Torres-Padilla, 2008) and emphasize the difference in regulatory mechanisms between embryonic and placental tissues.

Selective activation of placental-specific genes requires specific roles for histone modifying enzymes. The expression of the human transcription factor GCMa for instance, necessary for regulating syncytin which mediates proper trophoblastic fusion, depends on regulation by HDAC and histone acetyltransferases (HAT) (Chuang *et al.*, 2006). Another example of histone modification-mediated placental-specific gene regulation concerns five genes of the human growth

hormone (*hGH*) cluster. These are highly conserved in structure, yet are expressed selectively in the placenta or pituitary. Placental growth hormone gradually replaces pituitary growth hormone and these placental secretions appear to have important implications for physiological adjustment to gestation and especially in the control of maternal IGF1 levels (Alsat et al., 1998). The transcriptional activation of the placental-specific and pituitary-specific *hGH* genes is differentially regulated with different roles for HAT and HMT co-activator complexes in each of these tissues (Kimura et al., 2004).

## Non-coding RNAs

In the past years, it has been discovered that the majority of the mammalian genome is transcribed and that these transcripts mainly consist of non-coding (nc) RNAs (Okazaki et al., 2002; Carninci et al., 2005; Katayama et al., 2005; Engstrom et al., 2006). These ncRNAs can be classified according to their function or length. When ncRNAs act in *cis*, they are able to regulate the expression of one or more genes on the same chromosome. On the other hand when ncRNAs act in *trans*, they are able to regulate the expression of one or more genes on different chromosomes or regulate mature RNAs in the cytoplasm (Koerner et al., 2009). *Cis*-acting functions have been associated with macro ncRNAs and *trans*-acting functions with short ncRNAs. Macro ncRNAs can be a few hundred to several hundred thousand nucleotides (nt) long. Examples of short ncRNAs are short interfering (si) RNAs (21 nt), micro (mi) RNAs (~22 nt), piwi-interacting RNAs (26–31 nt) and short nucleolar (sno) RNAs (60–300 nt) (Koerner et al., 2009). Well-studied mammalian macro ncRNAs are *Xist* (inactive X-specific transcript) and *Tsix* (X-specific transcript) which are involved in X chromosome inactivation in female mammals.

## ncRNAs in the placenta

In the placenta, repression of multiple genes in the *Igf2r* and *Kcnq1* clusters on the paternal chromosome depends on the macro ncRNAs *Aim* and *Kcnq1ot1* by an unknown mechanism (Sleutels et al., 2002; Mancini-Dinardo et al., 2006; Shin et al., 2008). There are transcription-based silencing models that do not require the ncRNA product itself, but only its transcription which interferes for instance with *cis*-regulatory activator elements or the activation of *cis*-regulatory silencing elements. On the other hand in ncRNA-based silencing models, ncRNAs coat the region containing silenced genes and recruit silencing factors (Pauler et al., 2007). Recently, two studies found evidence for the ncRNA-based silencing model concerning the macro ncRNAs *Aim* and *Kcnq1ot1*. They indicated that *Aim* and *Kcnq1ot1* are themselves directly involved in the repression of placental genes (Pandey et al., 2008; Terranova et al., 2008). For the involvement of ncRNAs in placental gene clusters with parent-of-origin-expression, see section on genomic imprinting.

Additionally, many epigenetic modifiers interact with one another. For example, the acquisition of histone modifications and DNA methylation is interdependent. They interplay with each other and also with regulatory proteins and non-coding RNAs (Lehnertz et al., 2003; Esteve et al., 2006; Vire et al., 2006; Januchowski et al., 2007; Delcuve et al., 2009). In the placenta, for instance the ncRNA *Kcnq1ot1* localizes to chromatin and recruits repressive histone marks to the whole imprinted cluster (Pandey et al., 2008). Furthermore, imprinted macro ncRNAs can serve as host transcripts for

*trans*-acting short ncRNAs, which suggests a functional link between the two (Koerner et al., 2009).

## Genomic imprinting

Following experiments with maternal and paternal pronuclei, it was discovered that both parental genomes are required in the embryo for viable development (Barton et al., 1984; McGrath and Solter, 1984; Surani et al., 1984). Imprinted genes are defined by the functional non-equivalence of the maternal and paternal copy resulting in monoallelic expression in a parent-of-origin-dependent manner. During the process of imprinting, the male and female germ line confer a sex-specific mark (imprint) on certain chromosomal regions (Reik and Walter, 2001). Only one allele of the imprinted genes, the maternal or paternal, can be active and expressed. Note that the imprints themselves can be associated with activity or inactivity (Ferguson-Smith et al., 2006). This active or inactive allele is epigenetically marked by the earlier described histone modifications, DNA methylation or both (Reik et al., 2001). Imprinted genes are not randomly distributed in the genome, but tend to occur predominantly in clusters. Each cluster is controlled by an imprinting control region (ICR) which usually contains a stably maintained or developmentally changing Differentially Methylated Region (DMR; Wood and Oakey, 2006; Edwards and Ferguson-Smith, 2007). The existence of these ICRs suggests that the primary control of imprinting is not at a single gene level, but at chromosomal level (Buiting et al., 1995). Furthermore, imprinting (parent-of-origin-specific gene transcription) is tissue-specific, species-dependent and developmentally regulated (Morison Reeve, 1998; Fowden et al., 2006; Monk et al., 2006). Besides assuming imprinting as a simple pattern resulting in either paternal or maternal expression, more complex and diverse patterns of effect have been found (Wolf et al., 2008). The quantitative effect of an imprinted allele not only depends on its parent-of-origin, but also on the allele it is paired with at a locus (Wolf et al., 2008).

In addition to allele-specific methylation and histone modifications, imprinting is regulated by non-coding RNAs (Spahn and Barlow, 2003). The macro ncRNAs *Aim*, *Kcnq1ot1* and *Nespas* are involved in genomic imprinting control (Koerner et al., 2009). Each imprinted gene cluster, which contains an ICR, expresses at least one macro ncRNA gene (Edwards and Ferguson-Smith, 2007; Royo and Cavaille, 2008). An unmethylated ICR is required for imprinted macro ncRNA expression and the macro ncRNA is generally expressed from the other chromosome than most imprinted mRNA genes (Koerner et al., 2009). For instance, the imprinted *Igf2r* cluster contains three maternally expressed genes [*Igf2r*, *Slc22a2* (solute carrier family 22, a2) and *Slc22a3*]. The paternal unmethylated ICR expresses a macro ncRNA named *Aim*, which silences paternal *Igf2r*, *Slc22a2* and *Slc22a3* expression (Royo and Cavaille, 2008). The mechanisms by which these ncRNAs are responsible for the induced repression in imprinted loci are still not well characterized.

After fertilization, a genome-wide DNA demethylation and remethylation takes place in the embryo (Mayer et al., 2000; Horsthemke and Ludwig, 2005). However, imprinted genes escape this epigenetic reprogramming (Mayer et al., 2000). They are protected from demethylation because it is important that the parental imprints are preserved in the developing embryo (Tremblay et al., 1995). Later in fetal development, when the germ cells initially enter



the gonad, genomic imprints are erased. They are newly established during later stages of gametogenesis (paternal imprints in spermatozoa and maternal imprints in oocytes) and maintained during post-zygotic development (Lucifero *et al.*, 2004a; Swales and Spears, 2005). Both Dnmt3a and Dnmt3L are at least required for methylation of most imprinted loci in germ cells and are therefore implicated in maternal and paternal imprinting (Hata *et al.*, 2002; Kaneda *et al.*, 2004). In contrast, Miri and Varmuza recently proposed the 'Mother Knows Best' model of genomic imprinting. Evidence is accumulating from both wild-type and manipulated mammalian embryos indicating that genomic imprinting is a maternal effect regulated by oocyte proteins, and acting in part during the long first cell cycle that precedes cleavage divisions (Miri and Varmuza, 2009). In this proposed model, the oocyte contains remodelling components which are necessary for paternal genome epigenetic establishment just after fertilization (Miri and Varmuza, 2009). In the placenta, maintenance of imprinting has been recently inferred to depend more on repressive histone methylation and ncRNAs than on DNA methylation (Wagschal and Feil, 2006; Wagschal *et al.*, 2008). In fact, placenta-specific imprinting, in contrast to the embryo, along mouse distal chromosome 7 is largely independent of DNA methylation in its maintenance (Tanaka *et al.*, 1999; Lewis *et al.*, 2004; Umlauf *et al.*, 2004).

Genomic imprinting arose during mammalian evolution (around 150 million years ago) and might be associated with the evolution of intrauterine development that requires formation of a placenta (Reik and Walter, 2001). Therefore, many researchers have speculated that some aspect of placentation benefits from genomic imprinting (Coan *et al.*, 2005; Wagschal and Feil, 2006; Charalambous *et al.*, 2007; Renfree *et al.*, 2008). There are several theories about the purpose of genomic imprinting. One hypothesis is that genomic imprinting is a by-product of a self-defence mechanism against exogenous DNAs or retrotransposons without a meaning in itself (Barlow, 1993; Yoder *et al.*, 1997). Accumulating evidence describes the central role of DNA methylation in repression of retroviruses and retrotransposons, as well as genomic imprinting (Yoder *et al.*, 1997; Okano *et al.*, 1999; Bourc'his *et al.*, 2001; Hata *et al.*, 2002; Bourc'his and Bestor, 2004; Kaneda *et al.*, 2004). Also, the mammalian genome contains many retrotransposon-derived sequences compared with the genome of other higher vertebrates. It has been suggested that this phenomenon has evolved over time but this does not explain why not all imprinted genes are methylated.

Another hypothesis is based on parthenogenetic placentation, or the ovarian time bomb hypothesis (Varmuza and Mann, 1994; Weisstein *et al.*, 2002). Parthenotes (two maternal genomes) have well-developed small embryos which develop until early post-implantation stages, but they have almost non-existent trophoblast. Therefore, it is hypothesized that female mammals are protected from malignant ovarian trophoblastic disease. Viable offspring can be generated from mice oocytes where one of the two maternal haploid genomes has a deletion in the paternally imprinted H19 ICR (Kono *et al.*, 2004). This illustrates that paternal imprinting prevents parthenogenetic development in mice. Therefore, genomic imprinting is a barrier to parthenogenesis, which can protect female mammals from malignant trophoblastic disease. They also demonstrated that appropriate expression of *Igf2* and *H19* genes is extremely important for normal development (Kono *et al.*, 2004). This theory does not explain why genes which are not involved in placental development are still imprinted.

Furthermore, the 'complementation hypothesis' has been proposed. It explains the origin of imprinting arguing that it is essential for mammalian development as a mechanism regulating complementary expression profiles of paternal and maternal genomes because both cannot be expressed from the same chromosomes simultaneously, even when the parental imprints are completely erased (Lee *et al.*, 2002; Kaneko-Ishino *et al.*, 2003). This hypothesis uses the mechanism of complementation under the selective pressure predicted by the genetic conflict hypothesis.

Most popular is the conflict or 'battle of the sexes' theory (Moore and Haig, 1991; Haig, 2004). Following this theory, the father wants maximal growth and good health for his offspring to ensure successful survival against competition allowing the paternal genome to be passed on to successive generations. The mother, however, despite wanting the same outcome, also wants to be able to reproduce again and limit the drain on her resources to maintain her own health. This competition within the embryo and/or placenta between paternal genes attempting to enhance growth and maternal genes trying to limit growth is reflected in either intrauterine growth restriction (IUGR) or overgrowth in imprinting disorder diseases. The conflict hypothesis has been challenged by the lack of phenotype observed in knockout mice of the maternally imprinted *Snrpn* gene (Yang *et al.*, 1998) and the growth inhibitory rather than enhancer effect of the paternally expressed ZAC gene (Piras *et al.*, 2000).

## Imprinting controlling placental and fetal development

The importance of imprinted genes for the placenta is underlined by the many imprinted genes that are expressed in the placenta (Reik and Walter, 2001; Ferguson-Smith *et al.*, 2006; Tycko, 2006; Hemberger, 2007), the distinct imprinted gene expression profile displayed in the placenta and embryo when compared with adult tissues (Steinhoff *et al.*, 2009) and the fact that non-placental organisms like fish, reptiles and chickens lack imprinting (Yokomine *et al.*, 2001; Reik *et al.*, 2003a; Yokomine *et al.*, 2005).

Why is the placenta such an important site of imprinted gene action? Knockout (loss of expression) and transgenic (over-expression) data of placental imprinted genes have revealed a range of (aberrant) phenotypic patterns. Imprinted genes, such as *Ascl2*, *Phlda2* and *Peg10* (a newly discovered retrotransposon-derived gene) appear to be indispensable for proper placental morphology and function, while others, like *Igf2*, are involved in nutrient supply regulation (Guillemot *et al.*, 1994; Salas *et al.*, 2004; Angiolini *et al.*, 2006; Ono *et al.*, 2006). The latter was found to be a major modulator of placental and fetal growth, as it regulates the development of the diffusional permeability capacity in the placenta (Constancia *et al.*, 2002; Sibley *et al.*, 2004). Recently, it has been demonstrated in the mouse that placental phenotype, like morphology and diffusional exchange characteristics, depends on the degree of *Igf2* gene ablation and the interplay between placental and fetal *Igf2* (Coan *et al.*, 2008). As described before, a number of genes are imprinted specifically in the placenta, but genes imprinted in both the embryo and the placenta can also be essential for placental development (Wagschal and Feil, 2006).

To date, more than 130 imprinted genes in mice and at least 70 in humans have been discovered (<http://www.geneimprint.com>, [www.geneimprint.com](http://www.geneimprint.com)).

[mgu.har.mrc.ac.uk](http://mgu.har.mrc.ac.uk), <http://igc.otago.ac.nz>), of which several are imprinted specifically in the placenta. There is an extensive conservation between mouse and human genes that are imprinted in both the embryo and extraembryonic tissues. Conserved maternal expression was found for the imprinted genes *PHLDA2*, *SLC22A18*, *SLC22A15* and *CDKN1C* (Monk et al., 2006). Genes from the *IGF2R* domain showed human placental imprinting in only a minority of the samples (Monk et al., 2006). However, a lack of imprinting was demonstrated in the human *KCNQ1* domain and the human orthologues of the mouse placental-specific imprinted genes *Gatm* and *Dcn*. Although maternal expression was observed in the mouse, human expression appeared largely bi-allelic from first-trimester trophoblast till term (Monk et al., 2006).

Although imprinting in human placentas has been increasingly studied, the parental origin of the allele-specific expression of several human placental imprinted genes is still unknown (Table I). Besides, placental imprinting of these genes is a dynamic process which evolves during human pregnancy (Pozharny et al., 2010). Especially in first-trimester placentas, several genes, in contrast to *IGF2*, displayed a significantly higher rate of LOI than term placentas, although little difference in gene expression was seen (Pozharny et al., 2010). Among these genes is *H19* with, before 10 weeks of pregnancy, bi-allelic expression in 28% of the placental tissues. After 10 weeks, only mono-allelic expression was measured (Yu et al., 2009). These investigations demonstrate that the parent-of-origin effect is not established completely in the first trimester of human pregnancy. Instead, placental imprinting is a dynamic, maturational process. It is postulated that these developmental changes in LOI, without necessarily affecting the gene expression, play an important role in placental maturation and development (Pozharny et al., 2010). Also in term placentas, the mono-allelic expression of imprinted genes is not always very strict. Lambertini et al. (2008) for instance analysed the expression of nine imprinted genes and found that in apparently normal term placentas several genes showed bi-allelic expression in some but not all placentas (Lambertini et al., 2008). For *ZAC/PLAGL1*, the expression of the maternally imprinted allele accounted for only 1–3% of the total expression of this gene. On the other hand, the maternally imprinted *IGF2* allele could account for 20–50% of the expression and the maternally imprinted *PEG3* sometimes for even more than 50%. Interestingly, *H19* and *DLK1* never showed LOI (Lambertini et al., 2008). This has also been reported in mice. In a few placentas about 20% LOI was reported for *Snrpn* while, just as in human, *H19* escaped LOI (Fortier et al., 2008). There are also imprinted genes that display mono-allelic expression just in first trimester placental tissues, like *CTNNA3* (Oudejans et al., 2004; van Dijk et al., 2004). The parent-of-origin effect of this gene is also trophoblast cell type-dependent: bi-allelic expression in extravillous trophoblast, maternal expression in villous cytotrophoblast and expression is lost following epithelial–mesenchymal transition (van Dijk et al., 2004). This trophoblast cell type-dependent imprinting of *CTNNA3* is identical to *CDKN1C* imprinting with respect to trophoblast cell type (villous) and parental origin of the expressed allele (maternal). Therefore, gene dosage compensation of both *CTNNA3* and *CDKN1C* in the placenta is suggested to share a conserved regulatory mechanism correlating with an early step in trophoblast determination, i.e. differentiation into villous or extravillous trophoblast (van Dijk et al., 2004).

Paternally expressed genes tend to enhance fetal growth while maternally expressed genes tend to suppress it (Fowden et al.,

2006). Knockout studies of several paternally or maternally imprinted genes result in IUGR and smaller placental size or overgrowth and hyperplasia of placenta, respectively (Lefebvre et al., 1998; Takahashi et al., 2000; Frank et al., 2002). Furthermore, certain maternal genes are required for proper development of the embryo, whereas extra-embryonic tissues depend on the presence of active paternal genes. An excess of paternally derived chromosomes leads to a complete (no maternal genome) or partial (lower number of maternal chromosomes) mole (Devriendt, 2005). Accordingly, hydatidiform moles are characterized by a reduced or even lack of embryonic development and excessive trophoblastic proliferation.

## Disturbed placental epigenetics

Several researchers examined the role of epigenetic disturbance in human placental-related pathologies like small for gestational age (SGA), IUGR, pre-eclampsia and gestational trophoblastic disease (GTD) (Table II).

Many cases of IUGR, in which a fetus is not able to achieve its genetically determined potential size, are idiopathic and utero-placental insufficiency is regarded as an important factor in these cases. SGA infants are smaller than the 10th percentile for the gestational age of pregnancy. It is clinically important to distinguish fetal constitutional smallness from fetal growth failure to ensure appropriate medical care, prevent unnecessary elective Caesarean sections and premature births. An IUGR infant may or may not be SGA but it always implies a pathological process like an underlying utero-placental insufficiency (Bamberg and Kalache, 2004; Maulik, 2006). Therefore, further research is conducted to discover possible biomarkers for IUGR and to elucidate the aetiology of IUGR.

McMinn et al. (2006) analysed whether altered expression of imprinted genes is implicated in non-syndromic human IUGR. They conducted a genome-wide survey of mRNA expression in late-gestation placental samples of 14 IUGR placentas compared with 15 non-IUGR placentas. Several imprinted genes were differentially expressed. They found for instance increased expression of the paternally imprinted *PHLDA2* and decreased expression of the maternally imprinted *MEST* and *PLAGL1* and paternally imprinted *MEG3*, *GATM* and *GNAS* in IUGR placentas (McMinn et al., 2006). These results support the hypothesis that placental-specific imprinted genes are deregulated in IUGR.

A recent study systematically investigated the expression levels of 74 'putatively' imprinted genes in human late-gestation placental samples from 10 normal and 7 IUGR pregnancies by using quantitative RT–PCR (qRT–PCR) (Diplas et al., 2009). They found that 52 of the 74 genes were expressed in human placental tissue of which nine genes were significantly differentially expressed between both groups. Five genes were up-regulated (*PHLDA2*, *ILK2*, *NNAT*, *CCDC86*, *PEG10*) and four were down-regulated (*PLAGL1*, *DHCR24*, *ZNF331*, *CDKAL1*) in IUGR placentas, without a consistent 'parent-of-origin' pattern. They investigated LOI and found that five of these deregulated genes were not imprinted in placenta. Assessment of 14 placental imprinted genes revealed no correlation between expression and LOI, in both normal and IUGR placentas (Diplas et al., 2009). Therefore, mechanisms other than LOI may be associated with the deregulated expression in IUGR placentas. Gene expression levels may vary according to the site of sampling. Even in

**Table 1** Human placental imprinted genes.

Gene	Name	Location	References	Placental tissue	Mono-allelic expression	Parental expression in placenta			Parental expression (not placental-specific) <sup>a</sup>
						Paternal	Maternal	Not analysed	
DLKI	Delta-like 1 homolog	14q32	Pozharny <i>et al.</i> (2010)	First trimester	Minor subset	x			P
			Lambertini <i>et al.</i> (2008), Pozharny <i>et al.</i> (2010)	Term	Yes	x			P
IGF2	Insulin-like growth factor 2 (somatomedin A)	11p15.5	Pozharny <i>et al.</i> (2010)	First trimester	Subset	x			P
			Apostolidou <i>et al.</i> (2007), Lambertini <i>et al.</i> (2008)	Term	Subset	x			P
MEST/PEG1 isoform 1	Mesoderm-specific transcript homolog	7q32	Pozharny <i>et al.</i> (2010)	First trimester	Subset	x			P
			Apostolidou <i>et al.</i> (2007), Lambertini <i>et al.</i> (2008)	Term	Subset	x			P
MEST/PEG1 isoform 2	Mesoderm-specific transcript homolog	7q32	McMinn <i>et al.</i> (2006)	Third trimester/term	Large subset	x			P
PEG3	Paternally expressed 3	19q13.4	Pozharny <i>et al.</i> (2010)	First trimester	Subset	x			P
			Lambertini <i>et al.</i> (2008), Pozharny <i>et al.</i> (2010)	Term	Subset	x			P
PEG10	Paternally expressed 10	7q21	Pozharny <i>et al.</i> (2010)	First trimester	Subset	x			P
			Lambertini <i>et al.</i> (2008)	Term	Subset	x			P
SNRPN	Small nuclear ribonucleoprotein polypeptide N	15q11.2	Pozharny <i>et al.</i> (2010)	First trimester	Minor subset	x			P
			Diplas <i>et al.</i> (2009), Pozharny <i>et al.</i> (2010)	Term	yes	x			P
PLAGL1/ZAC1	Pleiomorphic adenoma gene-like 1	6q24–q25	Pozharny <i>et al.</i> (2010)	First trimester	Minor subset	x			P
			Lambertini <i>et al.</i> (2008), Pozharny <i>et al.</i> (2010)	Term	Yes	x			P
CDKN1C	Cyclin-dependent kinase inhibitor 1C (p57)	11p15.5	Monk <i>et al.</i> (2006)	Term	Yes		x		M
H19	H19, imprinted maternally expressed transcript (non-protein coding)	11p15.5	Pozharny <i>et al.</i> (2010), Yu <i>et al.</i> (2009)	First trimester	Subset		x		M
			Lambertini <i>et al.</i> (2008), Yu <i>et al.</i> (2009)	Term	Yes		x		M

Continued

Table I Continued

Gene	Name	Location	References	Placental tissue	Mono-allelic expression	Parental expression in placenta			Parental expression (not placental-specific) <sup>a</sup>
						Paternal	Maternal	Not analysed	
MEG3	Maternally expressed 3 (non-protein coding)	14q32	Pozharny et al. (2010)	First trimester	Minor subset		x		M
			Lambertini et al. (2008), Pozharny et al. (2010)	Term	yes		x		M
PHLDA2	Pleckstrin homology-like domain, family A, member 2	11p15.5	Pozharny et al. (2010)	First trimester	Minor subset		x		M
			Apostolidou et al. (2007), Monk et al. (2006), Diplas et al. (2009)	Term	yes		x		M
SLC22A18	Solute carrier family 22, member 18	11p15.5	Pozharny et al. (2010)	First trimester	Subset		x		M
			Monk et al. (2006), Diplas et al. (2009), Pozharny et al. (2010)	Term	Subset		x		M
SLC22A18AS/SLC22A1LS	Solute carrier family 22 (organic cation transporter), member 18 antisense	11p15.5	Monk et al. (2006)	Term	Yes		x		M
TP73	Tumour protein p73	1p36.3	Pozharny et al. (2010)	First trimester	Subset		x		M
			Lambertini et al. (2008), Pozharny et al. (2010)	Term	Large subset		x		M
CD44	CD44 molecule (Indian blood group)	11p13	Pozharny et al. (2010)	First trimester	Minor subset		Postulated		Postulated: M
			Diplas et al. (2009), Pozharny et al. (2010)	Term	Yes		Postulated		Postulated: M
CTNNA3	Catenin (cadherin-associated protein), alpha 3	10q22.2	Oudejans et al. (2004), Van Dijk et al. (2004)	First trimester	Subset		x		Provisional data: M
			Diplas et al. (2009)	Term	Yes			x	Provisional data: M
CTNND2	Catenin, delta 2 (neural plakophilin-related arm-repeat protein)	5p15.2	Diplas et al. (2009)	Term	Yes			x	No record
CYR61	Cysteine-rich, angiogenic inducer, 61	1p31–p22	Diplas et al. (2009)	Term	Yes			x	No record
DLX5	Distal-less homeobox 5	7q22	Diplas et al. (2009)	Term	Yes			x	M
EPS15	Epidermal growth factor receptor pathway substrate 15	1p32	Pozharny et al. (2010)	First trimester	Minor subset		Postulated		No record
			Diplas et al. (2009), Pozharny et al. (2010)	Term	Yes		Postulated		No record



GDNF	Glial cell-derived neurotrophic factor	5p13.1–p12	<a href="#">Diplas et al. (2009)</a>	Term	Yes		x	No record
HYMAI	Hydatidiform mole associated and imprinted (non-protein coding)	6q24.2	<a href="#">Diplas et al. (2009)</a>	Term	Yes		x	P
IL1B	Interleukin 1, beta	2q14	<a href="#">Diplas et al. (2009)</a>	Term	Yes		x	No record
INS	Insulin	11p15.5	<a href="#">Diplas et al. 2009</a>	Term	Yes		x	P
KCNQ1OT1/ LIT1	KCNQ1 overlapping transcript 1 (non-protein coding)	11p15	<a href="#">Monk et al. (2006)</a>	First trimester	Minor subset	x		P
			<a href="#">Monk et al. (2006)</a>	Term	No			P
			<a href="#">Guo et al. (2008)</a>	Third trimester/ term	Yes	x		P
MAGEL2	MAGE-like 2	15q11–q12	<a href="#">Diplas et al. (2009)</a>	Term	Yes		x	P
MAGI2	Membrane-associated guanylate kinase, WW and PDZ domain containing 2	7p21	<a href="#">Diplas et al. (2009)</a>	Term	Yes		x	Predicted: M
MAPK12	Mitogen-activated protein kinase 12	22q13.33	<a href="#">Diplas et al. (2009)</a>	Term	Yes		x	No record
MESTIT1	MEST intronic transcript 1 (non-protein coding)	7q32	<a href="#">Diplas et al. (2009)</a>	Term	Yes		x	P
MKRN3	Makorin ring finger protein 3	15q11–q13	<a href="#">Diplas et al. (2009)</a>	Term	Yes		x	P
NDN	Necdin homolog	15q11.2–q12	<a href="#">Diplas et al. (2009)</a>	Term	Yes		x	P
NGF	Nerve growth factor (beta polypeptide)	1p13.1	<a href="#">Diplas et al. (2009)</a>	Term	Yes		x	No record
NNAT	Neuronatin	20q11.2–q12	<a href="#">Diplas et al. (2009)</a>	Term	Yes		x	P
PCNA	Proliferating cell nuclear antigen	20pter-p12	<a href="#">Diplas et al. (2009)</a>	Term	Yes		x	No record
SDHD	Succinate dehydrogenase complex, subunit D, integral membrane protein	11q23	<a href="#">Diplas et al. (2009)</a>	Term	Yes		x	Conflicting data
SLC22A3	Solute carrier family 22 (extraneuronal monoamine transporter), member 3	6q26–q27	<a href="#">Monk et al. (2006)</a>	First trimester	Yes		x	M
SGCE	Sarcoglycan, epsilon	7q21–q22	<a href="#">Diplas et al. (2009)</a>	Term	Yes		x	P
SNORD64	Small nucleolar RNA, C/D box 64	15q12	<a href="#">Diplas et al. (2009)</a>	Term	Yes		x	P
SNORD108	Small nucleolar RNA, C/D box 108	15q11.2	<a href="#">Diplas et al. (2009)</a>	Term	Yes		x	P
SNURF	SNRPN upstream reading frame	15q12	<a href="#">Diplas et al. (2009)</a>	Term	Yes		x	P
UBE3A	ubiquitin protein ligase E3A	15q11–q13	<a href="#">Diplas et al. (2009)</a>	Term	Yes		x	M

Continued

**Table I** *Continued*

Gene	Name	Location	References	Placental tissue	Mono-allelic expression	Parental expression in placenta			Parental expression (not placental-specific) <sup>a</sup>
						Paternal	Maternal	Not analysed	
WT1	Wilms tumor 1	11p13	<a href="#">Diplas et al. (2009)</a>	Term	Yes			x	P
			<a href="#">Jinno et al. (1994)</a>	Term	Subset		x		P
Putatively placental imprinted genes									
ATP10A	ATPase, class V, type 10A	15q11.2	<a href="#">Steinhoff et al. (2009)</a>	Term	Na			x	M
CD81	CD81 molecule	11p15.5	<a href="#">McMinn et al. (2006)</a>	Second/third trimester	Na			x	Not imprinted
DCN	Decorin	12q21.33	<a href="#">McMinn et al. (2006)</a>	Second/third trimester	Na			x	Unknown
DIO3	Deiodinase, iodothyronine, type III	14q32	<a href="#">McMinn et al. (2006)</a>	Second/third trimester	Na			x	Unknown
GATM	Glycine amidinotransferase (L-arginine:glycine amidinotransferase)	15q21.1	<a href="#">McMinn et al. (2006)</a>	Second/third trimester	Na			x	Unknown
GNAS	GNAS complex locus	20q13.3	<a href="#">Steinhoff et al. (2009)</a> , <a href="#">McMinn et al. (2006)</a>	Term	Na			x	Isoform-dependent
IGF2R	Insulin-like growth factor 2 receptor	6q26	<a href="#">McMinn et al. (2006)</a>	Second/third trimester	Na			x	Not imprinted
			<a href="#">Monk et al. (2006)</a>	Term	minor subset		x		Not imprinted
KCNQ1	Potassium voltage-gated channel, KQT-like subfamily, member 1	11p15.5	<a href="#">Steinhoff et al. (2009)</a>	Term	Na			x	M
MKRNI	Makorin ring finger protein 1	7q34	<a href="#">McMinn et al. (2006)</a>	Second/third trimester	Na			x	No record
PPP1CC	Protein phosphatase 1, catalytic subunit, gamma isozyme	12q24.1 – q24.2	<a href="#">McMinn et al. (2006)</a>	Second/third trimester	Na			x	No record
ZIM2	Zinc finger, imprinted 2	19q13.4	<a href="#">Steinhoff et al. (2009)</a> , <a href="#">McMinn et al. (2006)</a>	Term	Na			x	P

<sup>a</sup>Searched in imprinted gene catalogues ([www.geneimprint.com](http://www.geneimprint.com), <http://igc.otago.ac.nz>). Na, not analysed; P, paternal; M, maternal.

**Table II** Placental epigenetics in relation to placental-related pathologies.<sup>a</sup>

Pathology	Gene	Expressed allele	Methylation (investigated region)	Gene expression (fold change)	Mono-allelic expression (affected number)	Reference <sup>b,c</sup>
IUGR	CDKN1C	M	Na	↑ (3.3)	Na	McMinn <i>et al.</i> (2006)
			Na	=	Na	Diplas <i>et al.</i> (2009)
	DLKI	P	Na	=	LOI (2/5)	Diplas <i>et al.</i> (2009)
	GATM	M	Na	↓ (0.59)	Na	McMinn <i>et al.</i> (2006)
			Na	na	Na	Diplas <i>et al.</i> (2009)
	GNAS	M	Na	↓ (?)	Na	McMinn <i>et al.</i> (2006)
			Na	Na	Na	Diplas <i>et al.</i> (2009)
	HI9	M	Na	=	LOI (1/5)	Diplas <i>et al.</i> (2009)
	IGF2	P	Na	↓ (0.39)	Na	McMinn <i>et al.</i> (2006)
			Na	=	= <sup>d</sup>	Diplas <i>et al.</i> (2009)
	MEG3	M	Na	↓ (0.52)	Na	McMinn <i>et al.</i> (2006)
			Na	=	=	Diplas <i>et al.</i> (2009)
	MEST	P	=	↓ (0.72)	Na	McMinn <i>et al.</i> (2006)
			Na	=	= <sup>d</sup>	Diplas <i>et al.</i> (2009)
	NNAT	P	Na	=	Na	McMinn <i>et al.</i> (2006)
			Na	↑	Na	Diplas <i>et al.</i> (2009)
	PEG10	P	Na	=	Na	McMinn <i>et al.</i> (2006)
			Na	↑	=	Diplas <i>et al.</i> (2009)
	PHLDA2	M	= (KvDMR)	↑ (1.27)	Na	McMinn <i>et al.</i> (2006)
			Na	↑	=	Diplas <i>et al.</i> (2009)
	PLAGL1	P	Na	↓ (0.62)	Na	McMinn <i>et al.</i> (2006)
SGA			Na	↓	LOI (2/13)	Diplas <i>et al.</i> (2009)
	SERPINA3	M/P	=	↑		Chelbi <i>et al.</i> (2007)
	SERPINB2	M/P	Na	↓		Chelbi <i>et al.</i> (2007)
	SERPINB7	M/P	Na	↑		Chelbi <i>et al.</i> (2007)
	SNRPN	P	Na	=	LOI (2/8)	Diplas <i>et al.</i> (2009)
	CDKN1C	M	= (KvDMR)	Na	=	Guo <i>et al.</i> (2008)
	HI9	M	LOM (HI9DMR, (1/24))	=	LOI (1/24)	Guo <i>et al.</i> (2008)
	IGF2	P	LOM (HI9DMR, (1/24))	↓ (0.57)	=	Guo <i>et al.</i> (2008)
Lower birthweight	KCNQ1OT1	P	= (KvDMR)	Na	=	Guo <i>et al.</i> (2008)
	PHLDA2	M	= (KvDMR)	Na	=	Guo <i>et al.</i> (2008)
	IGF2	M	Na	=	=	Apostolidou <i>et al.</i> (2007)
	MEST	P	Na	=	= <sup>e</sup>	Apostolidou <i>et al.</i> (2007)
Pre-eclampsia			Na	↑	=	Apostolidou <i>et al.</i> (2007)
	HI9	M	Na	=	LOI (6/13)	Yu <i>et al.</i> (2009)
	SERPINA1	M/P	Na	↓	Nr	Chelbi <i>et al.</i> (2007)

Continued

**Table II** Continued

Pathology	Gene	Expressed allele	Methylation (investigated region)	Gene expression (fold change)	Mono-allelic expression (affected number)	Reference <sup>b,c</sup>
GTD	SERPINA3	M/P	LOM	=	Nr	Chelbi et al. (2007)
	SERPINB2	M/P	Na	↓	Nr	Chelbi et al. (2007)
	miR-210	M/P	Na	↑ (3.0)	Na	Pineles et al. (2007)
			Na	↑ (3.64)	Na	Zhu et al. (2009)
	miR-182	M/P	Na	↑ (2.1)	Na	Pineles et al. (2007)
	OCT4	M/P	GOM	↓	Nr	Zhang et al. (2008)
	p16	M/P	GOM	↓	Nr	Xue et al. (2004)
	HIC-1	M/P	GOM	↓	Nr	Xue et al. (2004)
	TIMP3	M/P	GOM	Na	Nr	Xue et al. (2004)
	GSTP1	M/P	=	Na	Nr	Xue et al. (2004)
	DSAPK	M/P	=	Na	Nr	Xue et al. (2004)
	E-cadherin	M/P	GOM	↓	Nr	Xue et al. (2004)

<sup>a</sup>The effects mentioned in the table are those from the affected group compared with a control group. In almost all studies third trimester/term placentas are investigated. Only Xue et al. (2004) and Zhang et al. (2008) investigated, respectively, first trimester and first trimester and term placentas.

<sup>b</sup>McMinn et al. (2006) describe a microarray studies and Diplas et al. (2009) analysed 74 imprinted genes. For both studies only the imprinted genes that were differentially expressed in one of the two studies are described.

<sup>c</sup>Zhu et al. describe a microarray analysis of miRNAs. Thirty-four miRNAs are deregulated, but only the miRNA that was found to be affected in the study of Pineles et al. (2007) is reported.

<sup>d</sup>LOI was reported in some IUGR placentas, but this was comparable with the LOI reported in the non-IUGR placentas

<sup>e</sup>LOI was reported in 8 of 42 placentas, but this was not correlated to birthweight.

GOM, gain of methylation; GTD, gestational trophoblastic disease; IUGR, intrauterine growth reduction; LOI, loss of imprinting; LOM, loss of methylation; Na, not analysed; Nr, not relevant; SGA, small for gestational age; '=', not affected as compared with control.

uncomplicated pregnancies, intra-placenta variability has been described (Pidoux et al., 2004; Wyatt et al., 2005). This potential bias was also studied by Diplas et al. (2009) revealing no significant difference with respect to sampling variations.

Guo et al. investigated placentas of 20 control cases and 24 SGA with or without IUGR cases. They postulated that alterations in epigenetic control mechanisms leading to deregulation of growth-related imprinted genes on chromosome 11p15 may affect placental and fetal growth and lead to SGA/IUGR. They found that two imprinting clusters (KvDMR and H19 DMR) maintained normal differential methylation in most SGA placentas, except for one, which showed loss of methylation at H19 DMR. In this placenta, also LOI was demonstrated at the H19 DMR as shown by bi-allelic expression of the H19 gene. Furthermore, a significant decrease of IGF2 expression, mostly independent of H19 regulation, was found in all SGA placentas (Guo et al., 2008).

Other researchers investigated the relation between placental imprinting and birthweight. The imprinted genes IGF2, MEST, PHLDA2 and IGF2R, all with known roles in fetal growth, were studied in 200 normal term placentas (Apostolidou et al., 2007). Elevated placental expression of PHLDA2 was associated with lower birthweight. It is, however, not clear whether birthweight in this study was within normal ranges or whether also LBW or very LBW cases were included. Furthermore, these increased maternally expressed PHLDA2 levels were independent of LOI (Apostolidou et al., 2007). Indeed, several studies found that placental LOI usually seems to be unrelated to gene expression levels (Table II).

Epigenetics is also believed to be involved in the pathogenesis of pre-eclampsia. Several miRNAs are expressed in the human placenta

(Barad et al., 2004). Differential expression of specific placental miRNAs, among others miR-210, was found in pre-eclampsia placentas compared with normal placentas (Pineles et al., 2007; Zhu et al., 2009). Chelbi and Vaiman (2008) suggest that an abnormal methylation pattern may be a common mechanism leading to pre-eclampsia. Moreover, the proximal promoter of the non-imprinted SERPINA3 is significantly hypomethylated at specific CpG positions in pre-eclampsia placentas compared with normal placentas (Chelbi et al., 2007). Lastly, up-regulation of the expression of 13 tumour suppressor and growth regulatory genes has been identified in placentas of patients with severe early onset pre-eclampsia (Heikkila et al., 2005).

There might also be a role for imprinted genes in the pathogenesis of pre-eclampsia. LOI of the imprinted *Cdkn1c* gene in a mouse model resulted in some of the features of pre-eclampsia, including hypertension and proteinuria (Kanayama et al., 2002). Development of pre-eclampsia is associated with decreased invasive capacity of trophoblasts. Since down-regulation of H19 expression is associated with development of choriocarcinoma and its highly invasive capacity (Walsh et al., 1995; Kim et al., 2003), Yu et al. (2009) investigated the hypothesis that alterations in paternal H19 imprinting contribute to the pathogenesis of pre-eclampsia. In the placentas of patients with pre-eclampsia associated with severe hypertension, indeed LOI of the H19 gene was found (Yu et al., 2009).

Researchers have examined the role of aberrant DNA methylation in GTD. Trophoblast hyperplasia is a common feature of complete hydatidiform moles with the potential for malignant transformation to choriocarcinoma (Li et al., 2002). Investigation of invasive choriocarcinoma cell lines displayed altered methylation patterns consistent with a role of methylation change in GTD (Novakovic et al., 2008).

The transcription factor *Oct4*, plays a crucial role in maintaining pluripotency of embryonic stem cells and its hypermethylation is associated with the differentiation of TE cell lineage, from which the normal placenta derives. Both methylated and unmethylated *Oct4* alleles were observed in normal placenta, while 33% of hydatidiform moles and two choriocarcinoma cell lines displayed only methylated alleles. Down-regulation of *Oct4* by hypermethylation implies an important role in the pathogenesis of GTD (Zhang *et al.*, 2008). In addition, aberrant tumour suppressor gene methylation status has been associated with GTD, specifically hydatidiform mole and choriocarcinoma (Xue *et al.*, 2004).

## Environmental effects

Increasing evidence suggests that the environment during pre- and post-natal development can affect the risk on chronic diseases such as cancer, cardiovascular disease, diabetes, obesity and behavioural disorders like schizophrenia by altering epigenetic programming (Jirtle and Skinner, 2007). A well-known example is the effect of maternal diet on coat colour and obesity in *A<sup>y</sup>/a* mice offspring (Waterland and Jirtle, 2003). Also other environmental factors like tobacco smoke, alcohol, radiation and chemicals have been shown to influence disease susceptibility and can even induce transgenerational phenotypic effects (Singh *et al.*, 2003; Feil, 2006; Jirtle and Skinner, 2007; Baccarelli and Bollati, 2009). One of the best known examples in humans is the effect of diethylstilbestrol, which was given to pregnant women in the sixties, to prevent miscarriages (Li *et al.*, 2003). This chemical, however, leads to uterus malformations in the offspring, caused by epigenetic deregulation (Li *et al.*, 2003; Bromer *et al.*, 2009; Sato *et al.*, 2009).

There are several studies which investigated the relationship between environmental effects and placental epigenetics (Table III). Haycock and Ramsay (2009) used a mouse model to investigate whether disruption of imprinting control at the *H19* ICR may be a mechanism of ethanol-induced growth retardation in the event of ethanol exposure during fetal development. Ethanol exposed mid-gestation placentas and embryos were severely growth retarded when compared with controls. DNA methylation was unaffected in embryos, although the paternal alleles were significantly less methylated in ethanol exposed placentas. Data showing a relationship between placental weight and ethanol treatment suggested that this was partially dependent on DNA methylation at the CCCTC-binding factor (CTCF) site on the paternal allele in placentas (Haycock and Ramsay, 2009). Unfortunately, gene expression was not analysed.

Unlike most cells, placental cytotrophoblasts proliferate in response to hypoxia (Adelman *et al.*, 1999). An important regulator of the responses of a cell to oxygen tension is the hypoxia-inducible factor 1 (HIF1; Maltepe *et al.*, 2005). For normal trophoblast differentiation, crosstalk between the HIFs and HDACs is crucial, which links HIF function with epigenetic regulatory mechanisms (Maltepe *et al.*, 2005). Donker *et al.* (2007) investigated *in vitro* the effect of varying oxygen levels on miRNAs in term human trophoblasts during differentiation and in hypoxic environment. In hypoxic trophoblasts, the expression of miR-93 was up-regulated, whereas the expression of miR-424 was down-regulated. These results indicate that the miRNA biosynthetic pathway is functional even in a hypoxic

environment, and that hypoxia regulates the expression level of miRNAs in these cells (Donker *et al.*, 2007).

Assisted reproduction technologies (ART) are increasingly used worldwide in animals and humans to achieve (higher) pregnancy and life-birth rates in subfertile patients. ART in humans have been associated with LBWs, SGA, preterm deliveries (Helmerhorst *et al.*, 2004; Jackson *et al.*, 2004; McGovern *et al.*, 2004) and birth defects (Rimm *et al.*, 2004; Hansen *et al.*, 2005; Lie *et al.*, 2005). Furthermore, several groups have raised concerns about a possible association of rare imprinting diseases with ART. Analysis of affected ART children have shown methylation defects at the DMRs of *SNRPN* (Angelman Syndrome), *KCNQ1OT1* (Beckwith-Wiedemann Syndrome) and *PEG1/MEST* (Silver-Russell Syndrome) (Cox *et al.*, 2002; DeBaun *et al.*, 2003; Gicquel *et al.*, 2003; Maher *et al.*, 2003; Halliday *et al.*, 2004; Kagami *et al.*, 2007). In women undergoing ART, the risk of pre-eclampsia, stillbirth and placenta praevia is significantly increased (Jackson *et al.*, 2004). Several aspects of ART, such as ovulation induction and embryo culture, have been investigated as a possible cause of imprinting disturbance.

Induction of ovulation with high doses of gonadotrophin is used to obtain multiple mature oocytes. This treatment may force oocytes to undergo the growth and maturation phases too rapidly or rescue oocytes already selected for atresia, possibly leading to inadequate establishment or maintenance of the parent-of-origin effect (Fortier *et al.*, 2008). The timing of imprint establishment in human adult oogenesis is mostly unknown, but in mice it starts post-natally, during the oocyte growth phase, in a locus-specific manner with some genes achieving their full methylation status only very late in oocyte growth (Bao *et al.*, 2000; Obata and Kono, 2002; Lucifero *et al.*, 2004b). According to earlier mouse studies, ovulation induction results in delayed embryo development, decreased implantation rates and increased post-implantation loss (Fossum *et al.*, 1989; Ertzeid and Storeng, 1992, 2001; Van der Auwera and D'Hooghe, 2001). Also, the effect of ovulation induction on DNA methylation and imprinting was investigated. One study in both mouse and human oocytes showed no difference in imprint establishment following ovulation induction in the maternally imprinted DMRs of *MEST*, *KCNQ1OT1* and *ZAC/PLAGL1* (Sato *et al.*, 2007). Surprisingly, increased DNA methylation was found at the paternally imprinted *H19* DMR in super-ovulated oocytes, which is normally unmethylated in oocytes (Sato *et al.*, 2007). Ovulation induction also induces aberrant expression of the imprinted *H19* gene in mouse blastocysts (Fauque *et al.*, 2007) with a normal methylation pattern at its regulatory sequence. Contradictory, in individual blastocyst stage mouse embryos, ovulation induction perturbed methylation in both maternally and paternally imprinted DMRs (loss of *Snrpn*, *Peg3*, *Kcnq1ot1*; gain of *H19* methylation) (Market-Velker *et al.*, 2010). Aberrant imprinted methylation was also dose-dependent, being more frequent at higher hormone dosages (Market-Velker *et al.*, 2010). These studies altogether suggest that ovulation induction might interfere with imprint establishment as well as with imprint maintenance after fertilization. Whether the possible effect of ovulation induction is still present in placental tissue is less well investigated. Indeed, one study reported bi-allelic expression of *H19* and *Snrpn*, and bi-allelic expression of *H19* in 9.5 dpc placentas after ovulation induction/*in vivo* development and ovulation induction/3.5 dpc embryo transfer, respectively (Fortier *et al.*, 2008). There was normal mono-allelic expression of these



**Table III** Environmental effects on placental epigenetics.<sup>a</sup>

Condition	Time of exposure	Gene	Species	Expressed allele	Methylation	Gene expression	Mono-allelic expression	Reference <sup>d,e</sup>
Ethanol	At 1.5 and 2.5 dpc	H19	Mouse	M	LOM (H19DMR)	Na	Na	Haycock Ramsay (2009)
Ovulation induction and <i>in vivo</i> development or embryo transfer	At 3.5 dpc	H19	Mouse	M	= (H19DMR)	Na	LOI (22/36)	Fortier et al. (2008)
		Igf2	Mouse	P	Na	↑ (3.4)	=	Fortier et al. (2008)
		Kcnq1ot1	Mouse	P	Na	Na	=	Fortier et al. (2008)
		Snrpn	Mouse	P	= (SnrpnDMR)	Na	LOI (10/36)	Fortier et al. (2008)
Embryo transfer (with embryo culture)	2-cell embryo collection + culture till blastocyst stage	Ascl2	Mouse	M	LOM (KvDMR)	↑ (12.5)	Na	Rivera et al. (2008)
		Cdkn1c	Mouse	M	LOM (KvDMR1)	Na	LOI (1/28)	Rivera et al. (2008)
		H19	Mouse	M	LOM (H19DMR)	=	LOI (19/28)	Rivera et al. (2008)
		Igf2	Mouse	P	Na	↓ (0.4)	=	Rivera et al. (2008)
		Kcnq1	Mouse	M	LOM (KvDMR1)	Na	LOI (6/27)	Rivera et al. (2008)
		Kcnq1ot1	Mouse	P	LOM (KvDMR1)	Na	LOI (9/27)	Rivera et al. (2008)
		Mkln3	Mouse	P	Na	Na	LOI (26/28) <sup>b</sup>	Rivera et al. (2008)
		Peg3	Mouse	P	Na	Na	LOI (8/28)	Rivera et al. (2008)
		Snrpn	Mouse	P	Na	Na	LOI (8/27)	Rivera et al. (2008)
		Zim1	Mouse	M	Na	Na	=	Rivera et al. (2008)
Culture	2-cell embryo collection + culture till blastocyst stage	Ascl2	Mouse	M	Na	Na	LOI	Mann et al. (2004)
		H19	Mouse	M	LOM (H19DMR)	Na	LOI	Mann et al. (2004)
		Peg3	Mouse	P	Na	Na	LOI	Mann et al. (2004)
		Snrpn	Mouse	P	LOM (SnrpnDMR)	Na	LOI	Mann et al. (2004)
		Xist	Mouse	In females M or P	Na	Na	LOI <sup>c</sup>	Mann et al. (2004)
ART		COPG2	Human	CD	=	↓	Na	Katari et al. (2009)
		DLK1	Human	P	=	Na	Na	Katari et al. (2009)
					=	Na	Na	Tierling et al. (2010)
		GNAS	Human	ID	=	=	Na	Katari et al. (2009)
					= (4 DMRs)	Na	Na	Tierling et al. (2010)
		GRB10	Human	ID	LOM	Na	Na	Katari et al. (2009)
					=	Na	Na	Tierling et al. (2010)
		H19	Human	M	=	Na	Na	Katari et al. (2009)

Hypoxia	<i>In vitro</i> exposure of term trophoblast	KCNQ1OT1	Human	P	=	Na	Na	Tierling <i>et al.</i> (2010)
					=	Na	Na	Katari <i>et al.</i> (2009)
					= (KvDMR1)	Na	Na	Tierling <i>et al.</i> (2010)
		MEST	Human	P	LOM (2CpGs), GOM (1CpG)	↑ (2.09)	Na	Katari <i>et al.</i> (2009)
					=	Na	Na	Tierling <i>et al.</i> (2010)
		NNAT	Human	P	=	↓ (0.55)	Na	Katari <i>et al.</i> (2009)
		PEG3	Human	P	LOM (3CpGs), GOM (2CpGs)	=	Na	Katari <i>et al.</i> (2009)
		SERPINF1	Human	M/P	LOM	↑ (1.81)	Nr	Katari <i>et al.</i> (2009)
		SLC22A2	Human	M	LOM	=	Na	Katari <i>et al.</i> (2009)
		SNRPN	Human	P	=	Na	Na	Katari <i>et al.</i> (2009)
					=	Na	Na	Tierling <i>et al.</i> (2010)
Hypoxia	<i>In vitro</i> exposure of term trophoblast	miR-93	Human	M/P	Na	↑	Na	Donker <i>et al.</i> (2007)
		miR-424	Human	M/P	Na	↓	Na	Donker <i>et al.</i> (2007)

<sup>a</sup>The effects mentioned in the table are those from the exposed group compared with a control group.

<sup>b</sup>Mkrn3 displayed also severe LOI in control samples, but the LOI was more severe in placentas from cultured and transferred embryos.

<sup>c</sup>Xist was inappropriately expressed in male placental tissue after embryo culture.

<sup>d</sup>Katari *et al.* (2009) performed an array-based methylation analysis. Forty genes were different between the *in vivo* and *in vitro* group. Of these only the ones subject to further expression analysis or the ones affected according to the study by Tierling *et al.* (2010) are reported here.

<sup>e</sup>In the study by Tierling *et al.* (2010) chorion and amnion samples are analysed, instead of trophoblast as with the other studies.

CD, conflicting data; GOM, gain of methylation; ID, isoform dependent; IUGR, intrauterine growth reduction; LOI, loss of imprinting; LOM, loss of methylation; Na, not analysed; Nr, not relevant; '=' , not affected when compared with control.

genes in the embryo. These results suggest an apparently primary effect of ovulation induction on the expression of imprinted genes in the placenta when compared with the embryo. The expression of *Igf2*, an important placental growth factor, was increased following ovulation induction despite retaining mono-allelic expression (Fortier et al., 2008). Earlier in this review, we discussed that the placenta displays lower overall methylation levels compared with the embryo. Fortier et al. (2008) also noted that the overall levels of methylation at the DMRs of both *Snrpn* and *H19* were lower in placentas than in embryos, without an effect on the mono-allelic expression of these genes. This could suggest again that imprint maintenance in the placenta is regulated primarily by histone modifications instead of by DNA methylation.

The role of oxygen tension during embryo culture was studied in both animal and human studies. In preimplantation mouse embryos, culture in 20% oxygen resulted in far greater perturbations in the global pattern of gene regulation than culture in 5% oxygen, when compared with embryos that developed *in vivo* (Rinaudo et al., 2006). In humans, such perturbations might be the cause of the less optimal embryo development (Kovacic and Vlaisavljevic, 2008; Waldenstrom et al., 2009) and lower rates of live birth implantation and live births (Meintjes et al., 2009; Waldenstrom et al., 2009) after culture in an atmospheric (19–21%) oxygen environment. Preimplantation culture of embryos can also influence birthweight in a negative and positive manner through changes in culture condition. Recently, research in humans has indicated that the type of medium used for culturing IVF embryos during the first few days after fertilization significantly affects the birthweight of the resulting human newborns (Dumoulin et al., 2010). Overgrowth abnormalities, collectively referred to as 'large offspring syndrome', are frequently seen in sheep and cattle (Thompson et al., 1995; Sinclair et al., 2000). Preimplantation embryo culture has been shown to affect methylation and expression of imprinted genes in several animal models. In sheep, *in vitro* culture with serum until the blastocyst stage gives rise to fetuses that show aberrant methylation and lack of expression of a well-known imprinted locus *Igf2r* leading to large offspring (Young et al., 2001). The addition of fetal calf serum to M16 medium for mouse embryonic culture, also alters the expression of imprinted genes but contrarily reduces the birthweight (Khosla et al., 2001). Not all imprinted genes were affected (Doherty et al., 2000; Khosla et al., 2001), but especially *H19* seems to be vulnerable for culture medium-induced aberrations of methylation and expression (Sasaki et al., 1995; Doherty et al., 2000; Mann et al., 2004). Only a subset of individual cultured mouse blastocysts were affected (Mann et al., 2004). Moreover, proper imprinted expression for the most part was preserved in the embryo, while placental tissues displayed activation of the normally silent allele for *H19*, *Ascl2*, *Snrpn*, *Peg3* and *Xist* (Mann et al., 2004). Embryo transfer, with or without embryo culture, also led to LOI in placental tissue but not in the embryo (Rivera et al., 2008). This indicates that appropriate imprinting is not restored during post-implantation development of the placenta. The findings of Mann et al. and Rivera et al. parallel the findings of Haycock and Ramsay (ethanol) and Fortier et al. (ovulation induction) suggesting that tissues of TE origin are more sensitive to preimplantation epigenetic disturbance than embryonic tissues.

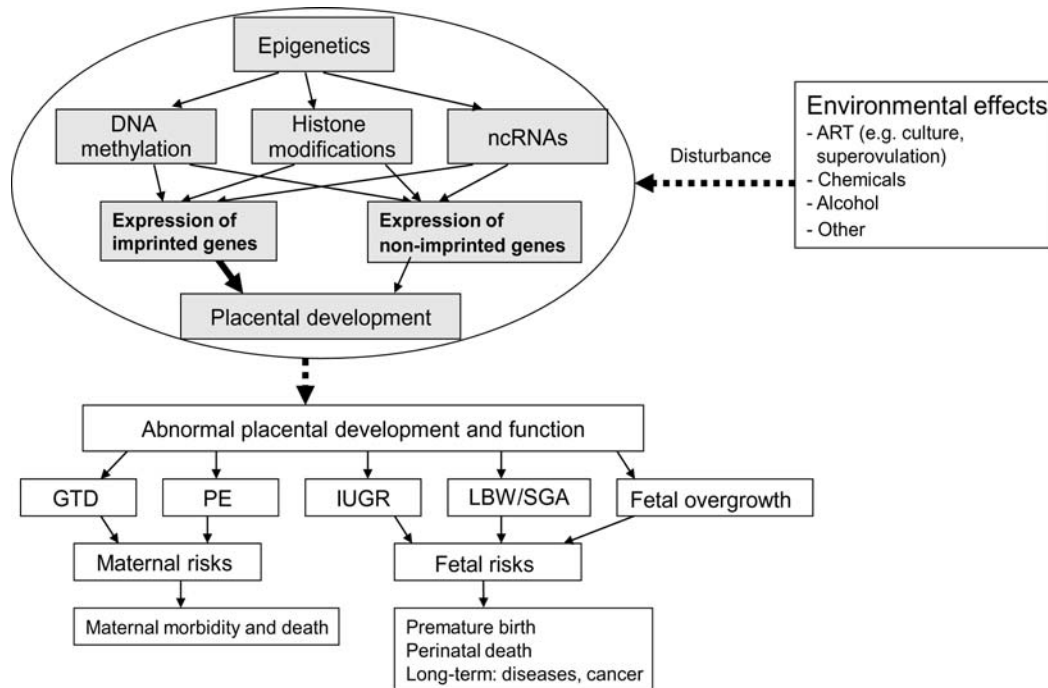
Very recently, the complete placental transcriptome after ART in mice was analysed, revealing a substantial alteration of placental

gene expression at 10.5 days post-fertilization (Fauque et al., 2010). About 6% of placental transcripts were altered at the 2-fold threshold, with most genes being down-regulated, after IVF and embryo culture compared with placentas of embryos produced *in vivo*. Conversely, imprinted genes, as well as X-linked genes, were overall more up-regulated than the rest of the transcriptome (Fauque et al., 2010). Interestingly, analysis of some imprinted genes showed that paternally expressed genes were primarily up-regulated. Moreover, genes involved in cellular proliferation and cell cycle pathways were induced, whereas genes involved in angiogenic signalling and the immune system were reduced (Fauque et al., 2010). These findings, although in mice, may explain future placental problems, e.g. pre-eclampsia, as seen after ART in humans (Jackson et al., 2004).

So far, few studies have been conducted to examine the effect of ART on human placental epigenetics. Recently, Gomes et al. reported a higher incidence of hypomethylation of the KvDMRI in clinically normal children conceived by ART. They investigated blood samples and found aberrant hypomethylation in 3 ART children (3/18) and in none of the 30 non-ART newborns (Gomes et al., 2009). Interestingly, each of these three children had a dizygotic sibling with discordant methylation. Also placental tissue was obtained. Unfortunately, no placental samples were collected after birth of the hypomethylated children. Katari et al. (2009) performed an array-based methylation analysis in placenta and cord blood of 10 ART and 13 non-ART children. Moderate but significant methylation differences were observed between groups with the ART children displaying lower mean methylation levels at specific CpG sites in placenta and higher mean methylation levels in cord blood (Katari et al., 2009). In contrast, Tierling et al. (2010) found no significant methylation difference at 10 DMRs in amnion/chorion tissue and umbilical cord blood of 185 phenotypically normal children, comprising 77 children conceived by ICSI, 35 by IVF and 73 spontaneously. However, the latter studies both found that MEST was hypomethylated in placental cells compared with umbilical cord blood.

## Conclusion and future prospects

In recent years, there has been an explosion of knowledge in the field of epigenetics. Epigenetics is gradually recognized as having an important role in placental development and functioning. Proper epigenetic regulation of imprinted genes in particular, but also of non-imprinted genes is crucial in the placenta. This epigenetic regulation evolves during preimplantation development and further gestation. Environmental effects can disturb placental epigenetics and herewith placental development and function, with possible downstream consequences for maternal morbidity, fetal development and disease susceptibility in later life (summarized in Fig. 1). Especially since several animal studies have suggested that placental tissues are more sensitive to preimplantation epigenetic disturbance than embryonic tissues and ART are increasingly used worldwide, this emphasizes the need for further investigations in human placentas. Placental tissue sampled after placental-related pathologies and from pregnancies resulting from ART, can be used to screen for epigenetic disturbances, instead of being discarded as a meaningless by-product. Early screening using this tissue may lead to earlier intervention or better surveillance of children who may be at risk later in life. With epigenetic marks being reversible, epigenetic therapy may eventually provide promising



**Figure 1** The role of epigenetics in placental development and the possible consequences of its disturbance which can be caused by environmental effects. Arrows indicate relationships between the different steps. Bold arrow indicates the importance of imprinted genes for placental development. Dashed arrows indicate the effect of environment on placental disturbance. ncRNAs, non-coding RNAs; ART, assisted reproduction technologies; GTD, gestational trophoblastic disease; PE, pre-eclampsia; IUGR, intrauterine growth restriction; LBW, low birthweight; SGA, small for gestational age.

new challenges. This also implies the need for more fundamental research to investigate the involvement of histone modifications and ncRNAs in placental gene regulation.

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