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COVID-19 as a unique opportunity to unravel the link between prenatal maternal infection, brain development and neuropsychiatric disorders in offspring

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Title: COVID-19 as a unique opportunity to unravel the link between prenatal maternal infection, brain development and neuropsychiatric disorders in offspring.

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Author Agreement Statement

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COVID-19 as a unique opportunity to unravel the link between prenatal maternal infection, brain development and neuropsychiatric disorders in offspring.

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Study of the effects of prenatal maternal infection on early offspring brain development has long attracted the interest and endeavors of clinicians and neuroscientists.¹ Early reports on large-scale ecological data and further birth cohort studies analyzing biomarkers in pregnancy and early life of offspring have yielded evidence that in-utero exposure to infection increases neuropsychiatric disorder risk, particularly schizophrenia and autism spectrum disorders.^{2, 3, 4} The main hypothesis derived from these studies is that activation of immune-inflammatory pathways during maternal infection may result in abnormal fetal brain development.⁵ However, such a hypothesis requires detailed testing to reveal the pathogenic and pathophysiological mechanisms behind these neurodevelopmental alterations.

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In the current historical milieu, two crucial circumstances converge that could help unravel this link between prenatal maternal infection and the risk of neuropsychiatric disturbances in the offspring. First, coronavirus disease (COVID-19), caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), is by far the largest pandemic of our time.⁶ Second, our capacity for thorough collection of epidemiological and clinical data, combined with accessibility to sophisticated biological research strategies in a scientific context of well-established collaborative research networks, has enhanced understanding of the biological mechanisms underlying brain development.^{7, 8}

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The transmission dynamics of COVID-19 and the lack of an effective vaccine until at least the first half of 2021 suggest that the pandemic could affect up to one-third of the world's population.⁹ Under this scenario, approximately 100 million pregnant women would be at potential risk of acquiring the SARS-CoV-2 infection, and therefore, there is growing concern about a dramatic increase of neurodevelopmental problems in the offspring of mothers infected during pregnancy in the coming years, similar to that observed after the 1918 influenza pandemic.^{3, 9, 10} From a wider viewpoint, this concurrence could provide a unique opportunity for advancing and refining the hypothesis of how prenatal exposure to infection might jeopardize normal brain development, increasing the likelihood of later neuropsychiatric disorders.

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Among the possible etiological and pathophysiological mechanisms by which COVID-19 maternal infection may interfere with fetal brain development, are the direct mechanisms, such as vertical mother-to-child transmission, and indirect, either as a result

1 of uteroplacental insufficiency from thrombosis or gestational hypoxia, or due to the
2 prenatal effects of maternal immune/inflammatory response.^{9, 11} Alteration of the
3 maternal-fetal immune environment seems to be the key determinant behind breakdown
4 in offspring brain development of women who have been infected during pregnancy⁵.
5 Therefore, attention should especially focus on the effects of infection-induced maternal
6 immune activation and the role of cytokines, chemokines, and other inflammatory
7 markers.⁵ In addition, whether infection alters brain development through specific
8 infection-induced mechanisms or a common pathway, how susceptibility of genetic
9 variations and epigenetic mechanisms interact with infection, differentially influence the
10 risk of mental illness, or whether gestational timing is critical to increased vulnerability,
11 are all still unresolved issues.^{2, 12, 13} Finally, other possible factors that might affect brain
12 development, such as high stress hormone levels (maternal cortisol and placental
13 corticotrophin-releasing hormone), bacterial translocation from gut, and the role of
14 maternal psychological stress (lockdowns, general worry about health, work conditions or
15 salary restrictions, infotoxicity, etc.), must be quantified and corroborated.^{2, 12}
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26 All of the above leads to the conclusion that, as a high priority within the framework
27 of the COVID-19 pandemic, design and implementation of translational research projects,
28 integrating findings from epidemiological and pathophysiological studies, can elucidate the
29 causal mechanisms by which brain development is affected by these prenatal insults. Now
30 is the time to carry out population-based birth cohort studies of COVID-19–infected
31 pregnant women from a diversity of racial, ethnic, and geographic groups which include
32 long-term longitudinal follow-ups of their offspring, as well as comparisons with control
33 populations of non-infected pregnant women.¹² Along this line, there have been several
34 initiatives around the world, such as the United Kingdom Obstetric Surveillance System
35 (UKOSS) study, which from March 1, 2020 to April 14, 2020, has already collected the
36 perinatal outcomes of 427 pregnant women with confirmed SARS-CoV-2 infection from all
37 194 hospitals with obstetric units in the United Kingdom.¹⁴ These studies provide the
38 possibility to acquire biological (e.g., umbilical cord and placenta samples), clinical (e.g.,
39 maternal serum samples and neonatal filter paper blood samples) and neurocognitive
40 (e.g., neurodevelopmental and neuropsychological scales) data that would enable the
41 acquisition of invaluable genetic, metabolic, immunological and neurobehavioral
42 information.¹⁵ Such a large amount of information could overcome the limitations of
43 previous studies and help unravel the complex relationship between maternal infection
44 and later appearance of neurodevelopmental and neurobehavioral disturbances in the
45 offspring. Such a challenging goal will require generous, long-term interdisciplinary
46 collaboration by epidemiologists, geneticists, molecular/cellular neuroscientists,
47 immunologists, microbiologists, gynecologists and obstetricians, neonatologists and
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pediatricians, child and adolescent mental health professionals, and psychiatrists and psychologists.⁹ An integrated, collaborative, interdisciplinary team which would have to work hard to overcome the logistical and financial barriers of design and implementation of long-term research projects, a clearly worthwhile effort outweighing the costs. This is why we are calling clinicians, researchers and the competent authorities in research investment and funding to action, so that from the tragedy of the COVID-19 crisis, we can seize the opportunity offered by a pandemic to advance in the knowledge of the etiopathogenesis of neurodevelopmental disorders.

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