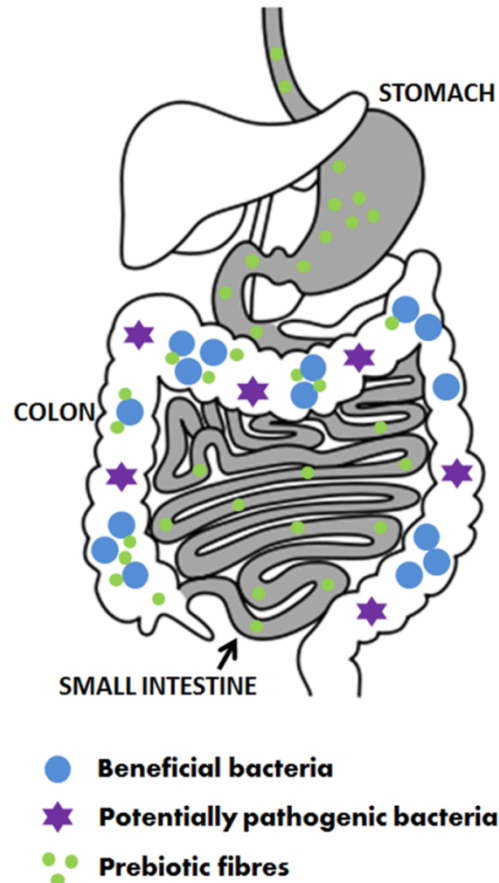


***In vitro* and *in vivo* fermentation behaviour of prebiotic carbohydrates**



Introducing prebiotic fibres



- Resistant to human GI digestion

- Fermentable by the large intestinal microbiota

- Selectively stimulate beneficial microbes

Substances

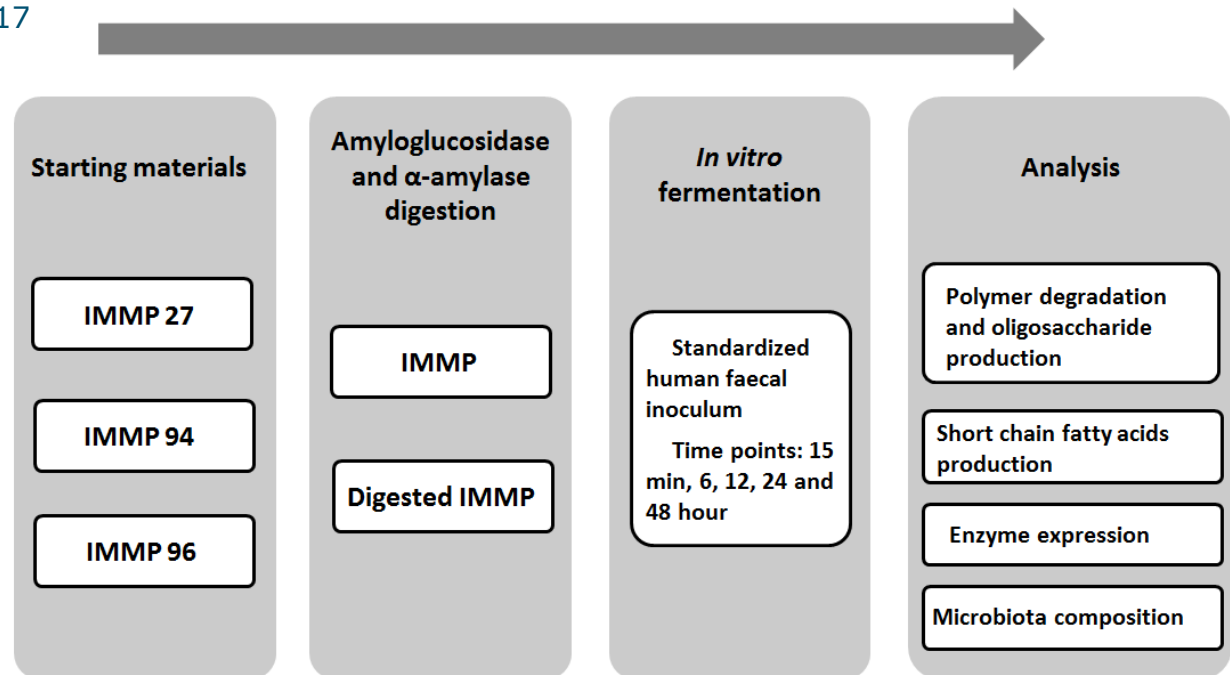
- Isomalto/malto-polysaccharides (IMMPs)
- Human milk oligosaccharides (HMOs)

IMMP as dietary fibre or prebiotic



- Enzyme-modified starch
- α -1,4-glycosidic linkages \rightarrow α -1,6-glycosidic linkages
- Variable level of α -1,6-linkage levels

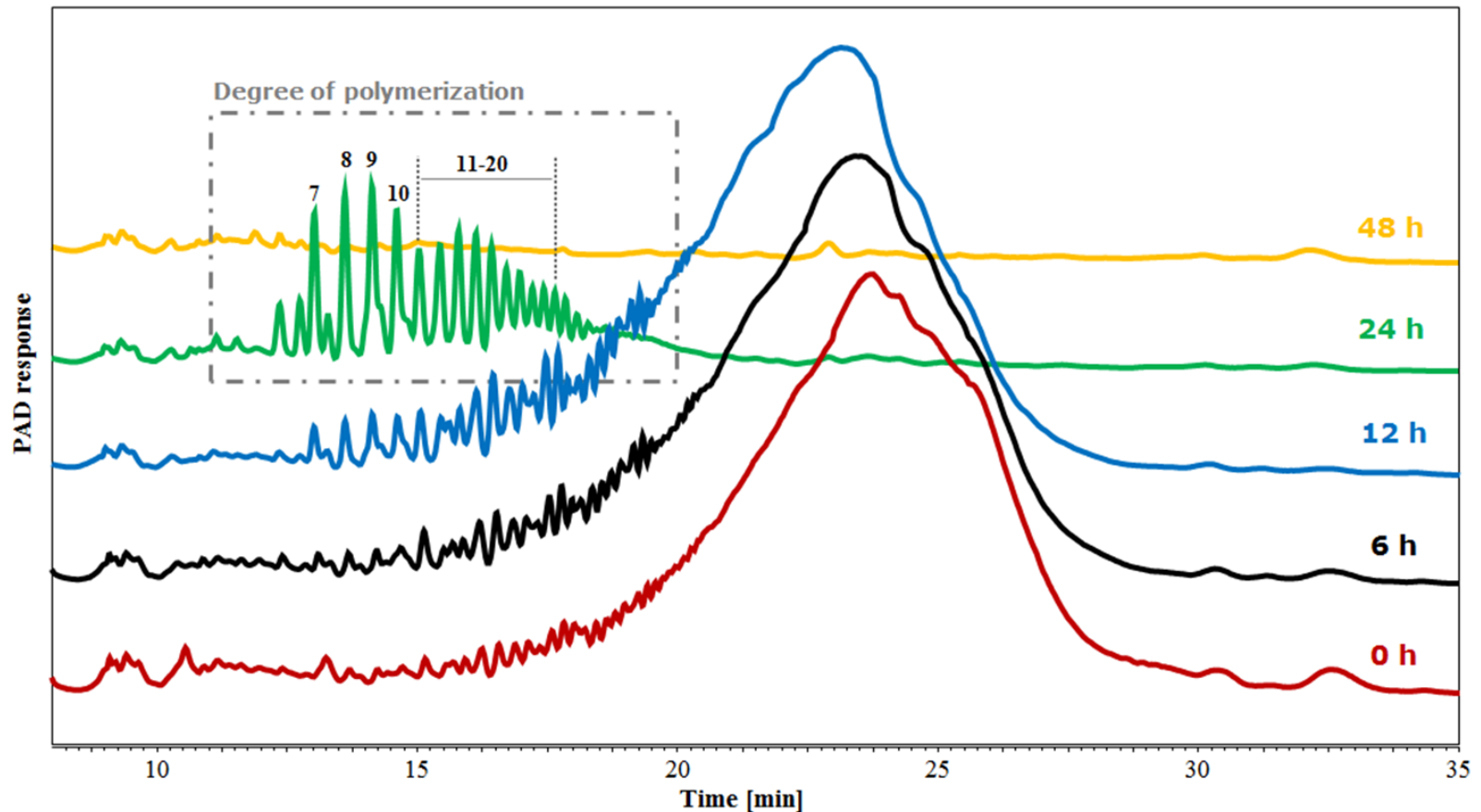
(van de Zaal et al Carbohydr Polym 2017
in press)



Fermentation of IMMP 96 using human inoculum

- 12 h delay of microbial utilization of α -1,6-linked glucose
- Full utilization of IMMPs within 48 h

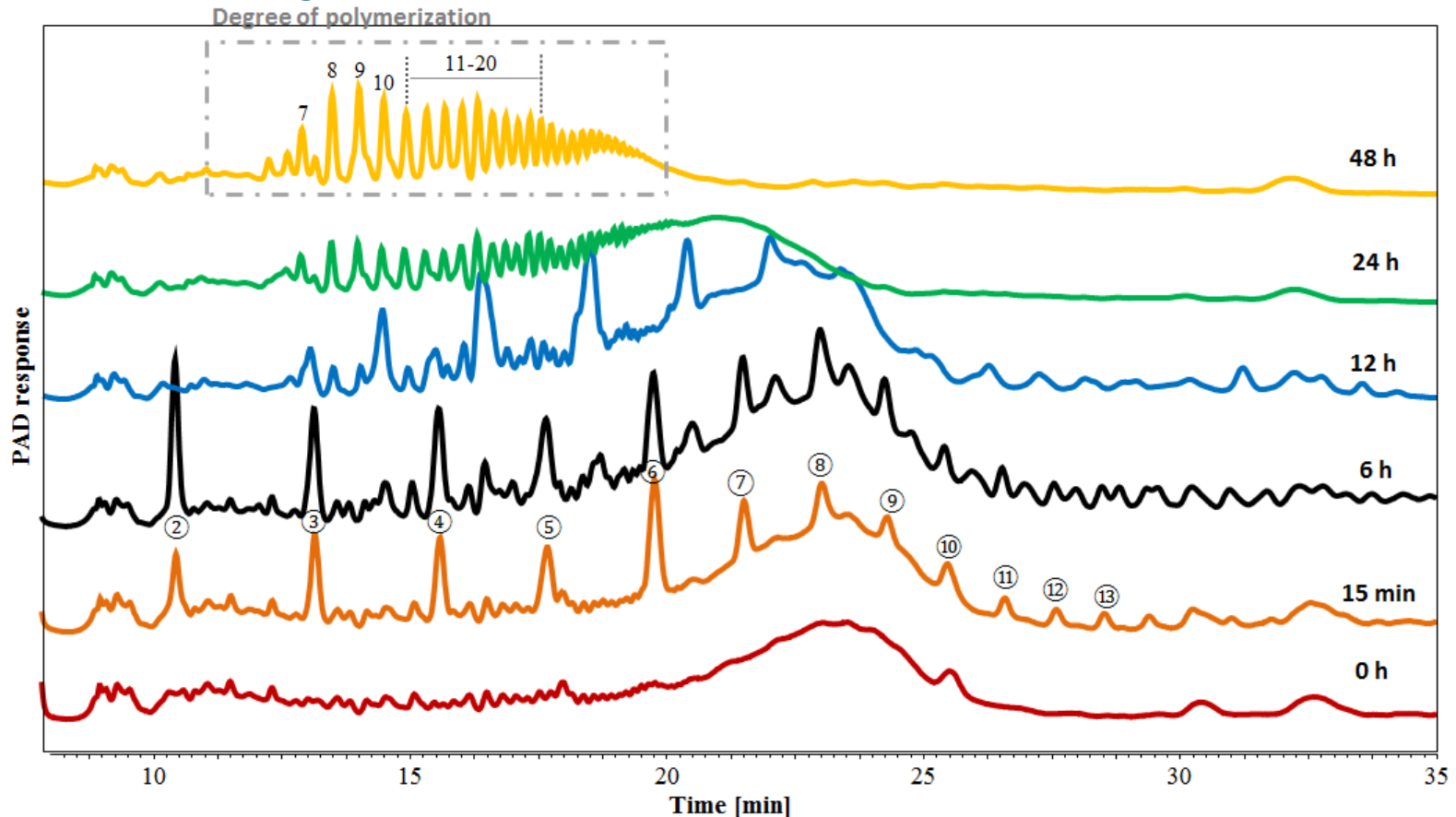
Analyzed by HPAEC-PAD



Fermentation of IMMP 27 using human inoculum

- Direct utilization of α -1,4-linked glucose by microbiota
- Presence and utilization of α -1,4-linked glucose postponed the complete utilization of α -1,6 glc chains

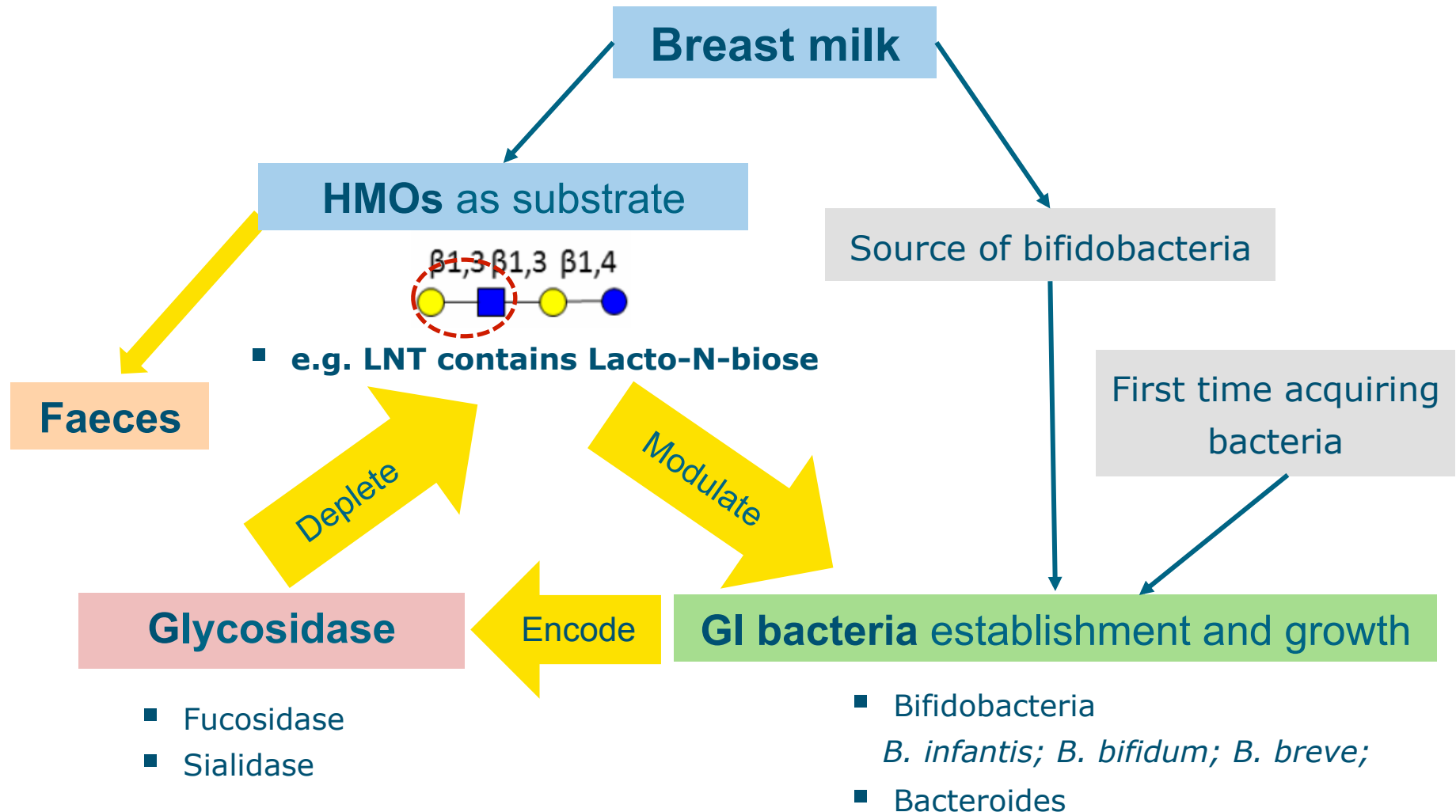
Analyzed by HPAEC-PAD



***In vitro* fermentation behavior of IMMPs**

- ❑ Isomalto-oligosaccharides were gradually released during *in vitro* fermentation.
- ❑ The presence of α -1-4 linked glucose in IMMPs postponed the bacterial utilization of α -1,6-linked glucose.
- ❑ Shorter α -1-6 linked glucose chains speed up the fermentation.
- ❑ Fermentation of IMMPs promoted the growth of bifidobacteria and lactobacilli.
- ❑ IMMPs are slowly-fermentable fibres with prebiotic potential.
- ❑ Poster
- ❑ *In vivo* study on mice has been performed (collaboration with other SPs).

Fate of HMOs in Infant GI metabolism



Milk and faecal samples

□ KOALA cohort

- Maastricht University
- 146 pair of mother-infant
- Milk and faecal samples 1 month after birth



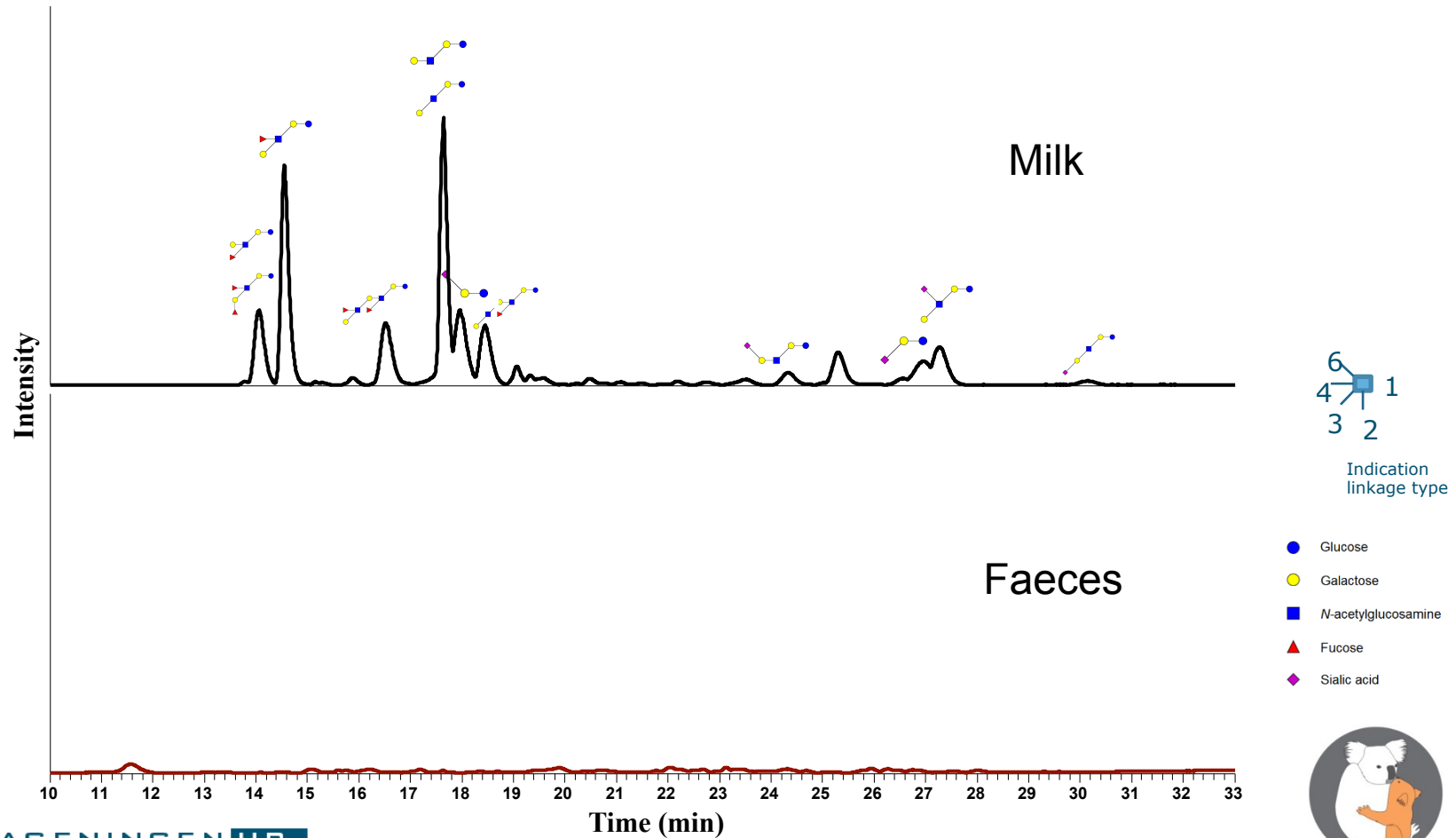
□ BINGO onderzoek

- Radboud University
- 80 pair of mother-infant
- Milk and faecal samples at 3 time points (2wk, 6wk, 12wk)

1 month-old infants showed different consumption patterns

Type A: complete consumption

Analyzed by PGC-UPLC-MS



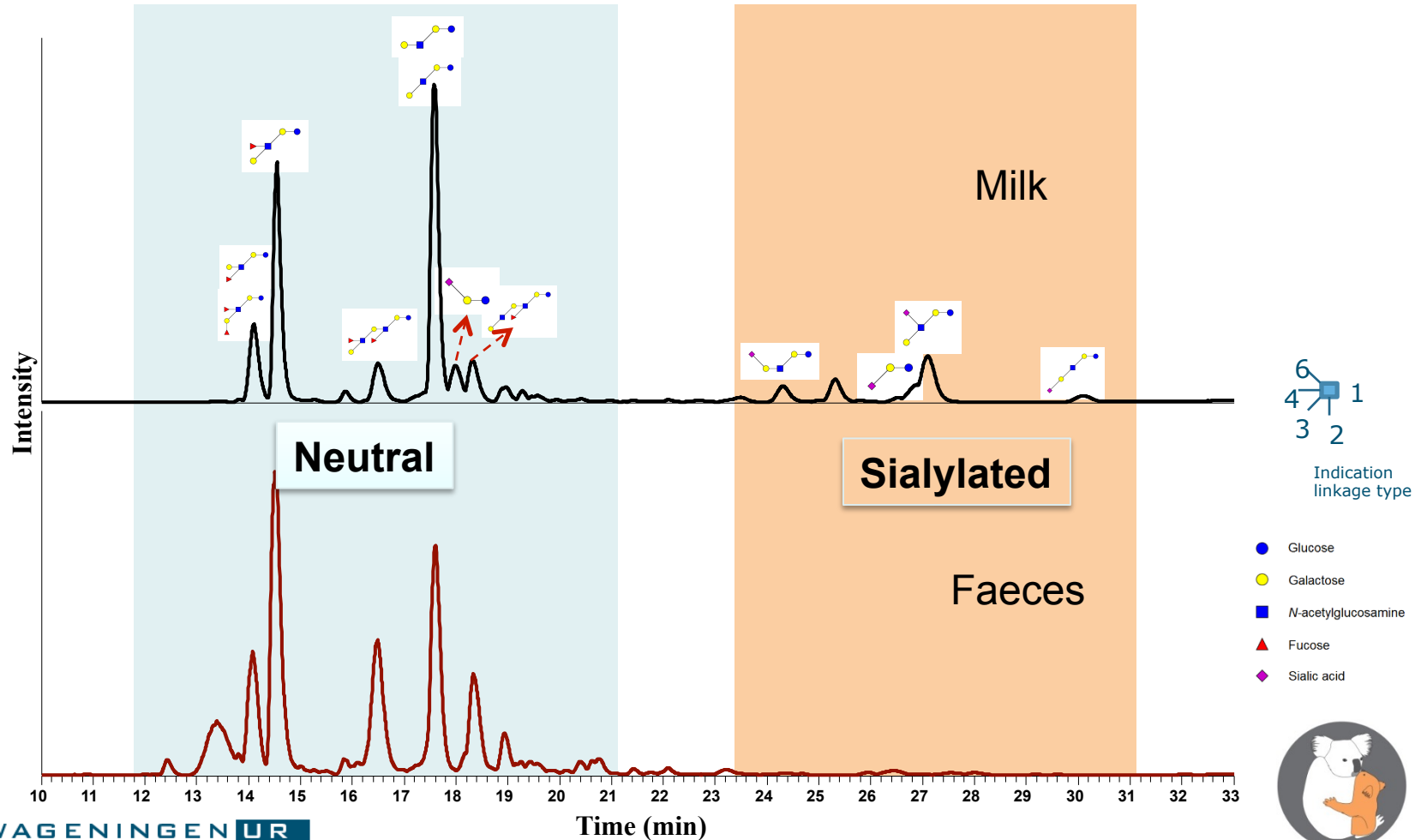
WAGENINGENUR
For quality of life



1 month-old infants showed different consumption patterns

Type B: selective consumption

Analyzed by PGC-UPLC-MS



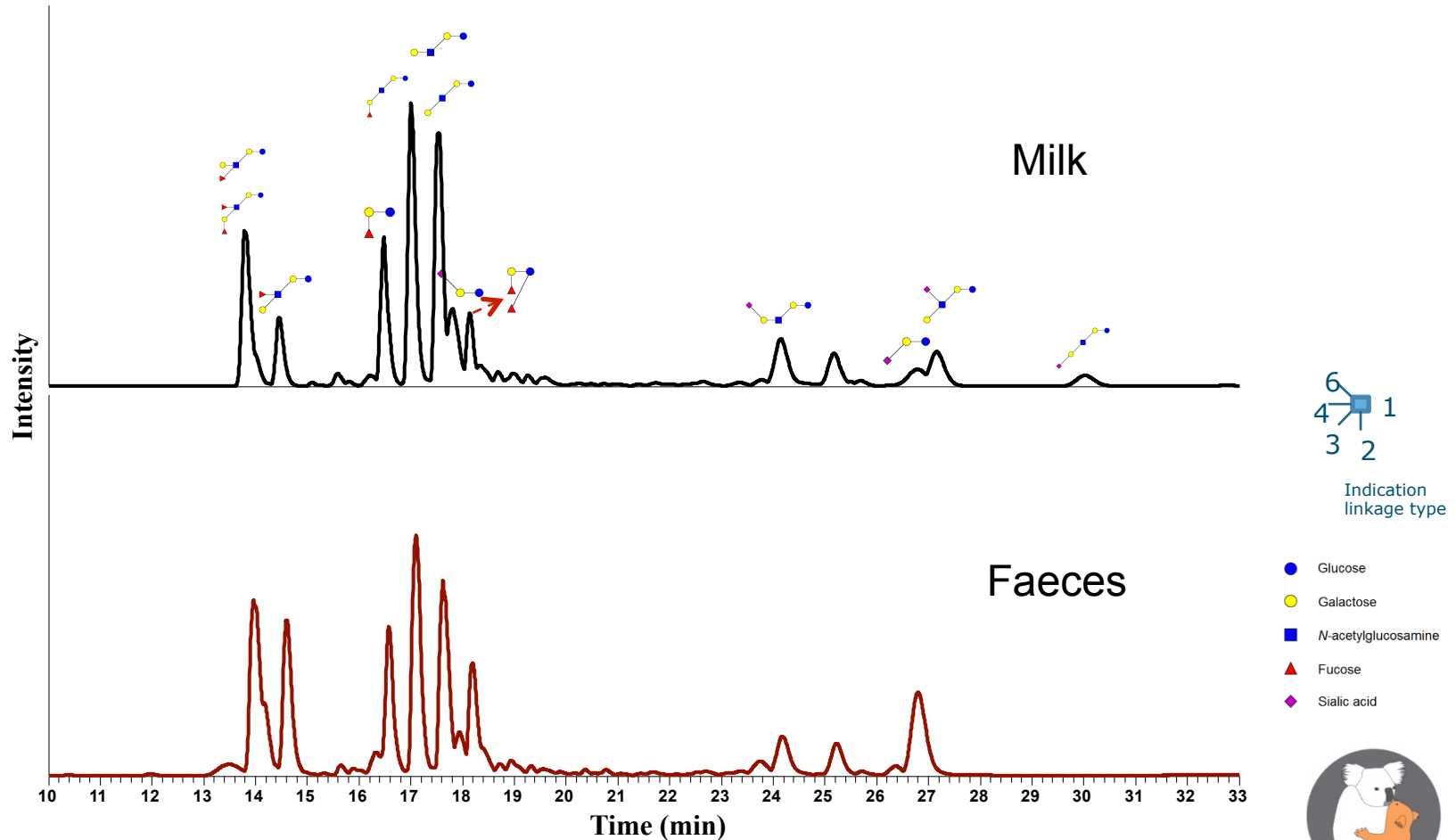
WAGENINGEN UR
For quality of life



1 month-old infants showed different consumption patterns

Type C: Non-selective and low consumption

Analyzed by PGC-UPLC-MS

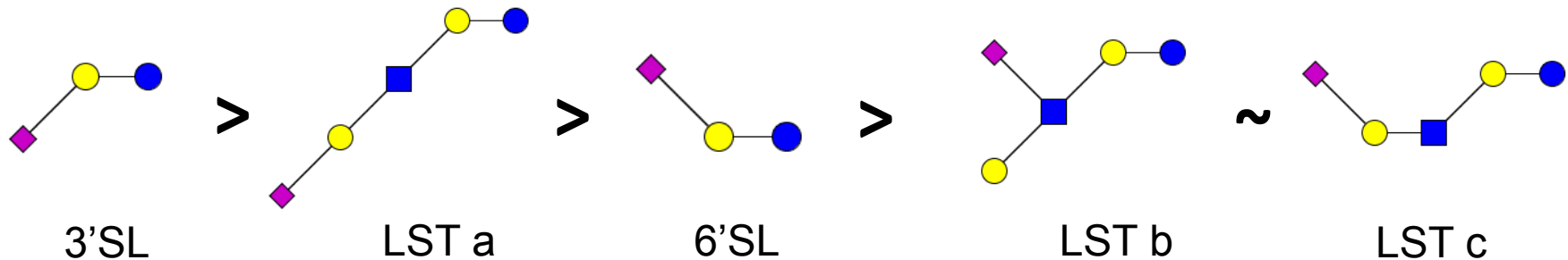


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Preference to sialylated HMO isomers

- ❑ Linkage type: α 2-3 linked sialic acid is more utilized than α 2-6
- ❑ Differences for individual HMO structures

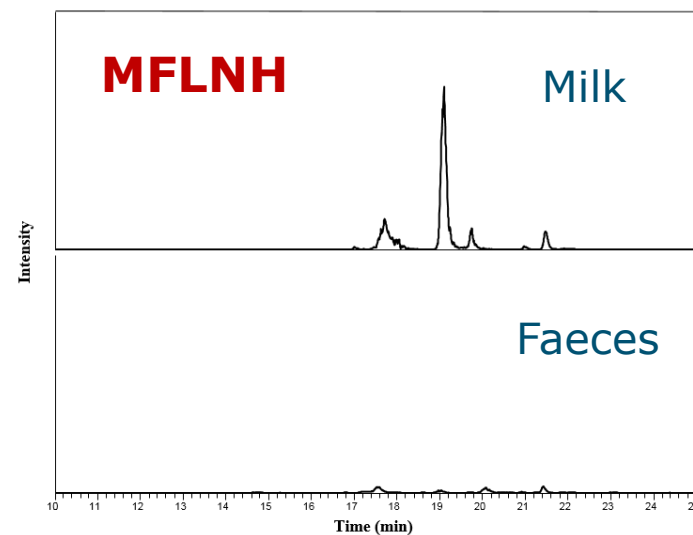
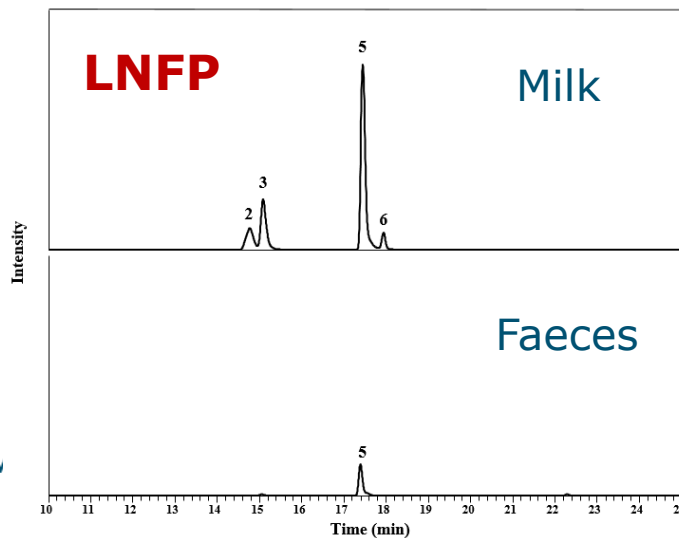
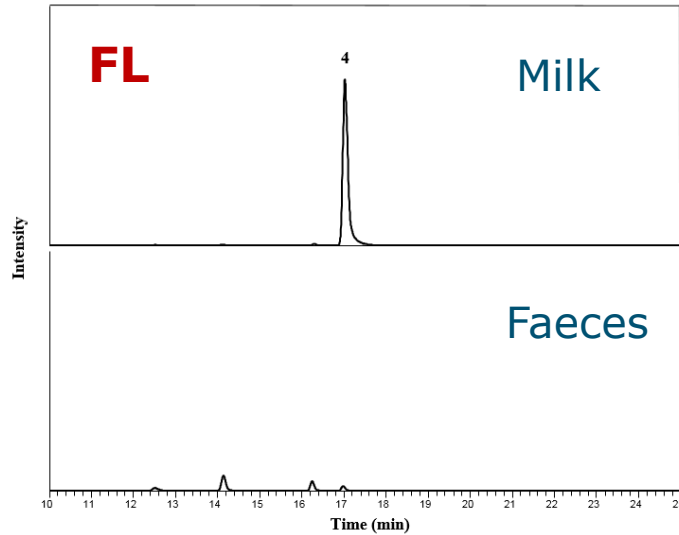


More preferred

Preference to fucosylated HMOs

Mono-fucosylated or multi-fucosylated

- Mono-fucosylated HMOs were mostly utilized



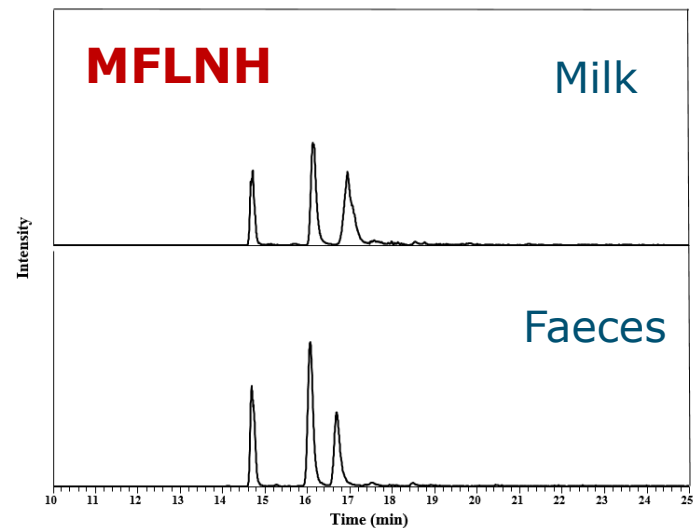
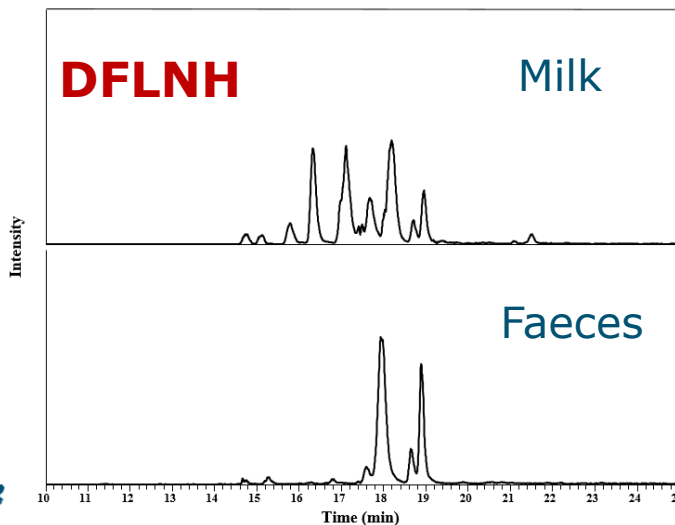
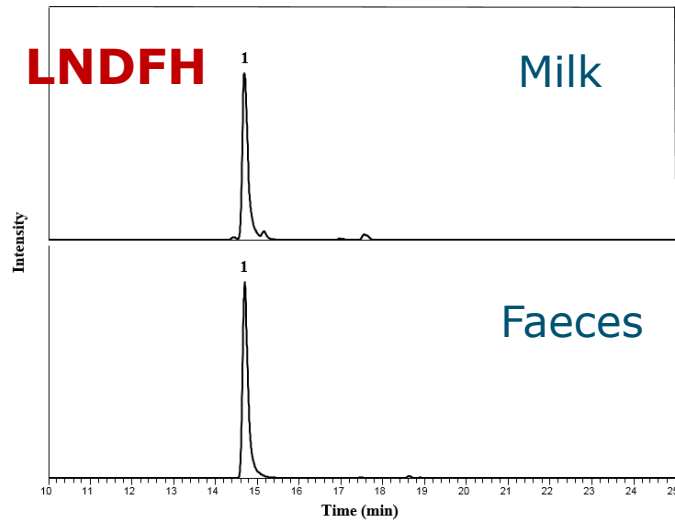
Analyzed by PGC-UPLC-MS



Preference to fucosylated HMOs

Mono-fucosylated or multi-fucosylated

- Di- and tri- fucosylated HMOs were largely retained



Analyzed by PGC-UPLC-MS

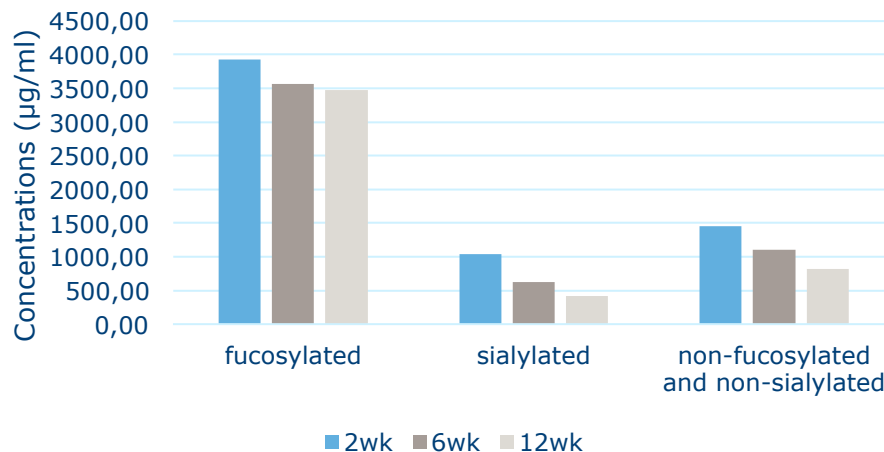


Fermentation of HMOs by 1-mon-old infants

- ❑ Huge inter-individual differences were found in the HMO composition among different mother milk samples
- ❑ Huge inter-individual differences were found in HMO utilisation in digestive tract of baby
- ❑ The consumption patterns can be clustered according to the level and selectivity of utilization of HMOs by infant gut microbiota
- ❑ Not easy to relate HMO utilization to milk type, faecal microbiota composition or characteristics recorded for mother and child
- ❑ One time point limits interpretation and correlations with essential parameters

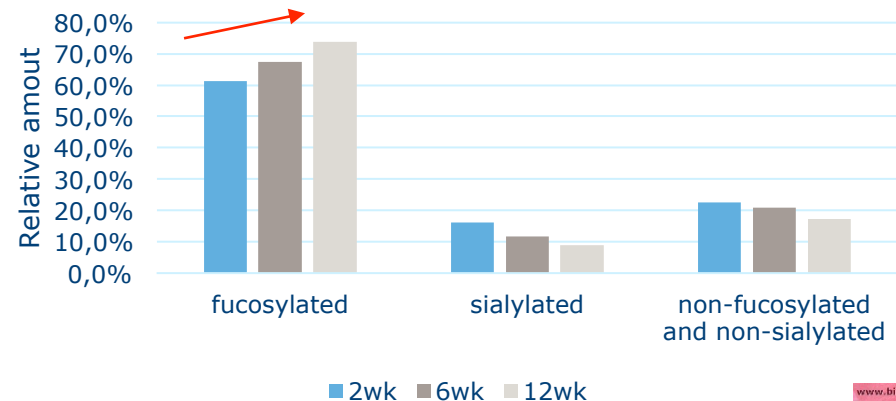
Variation of HMOs in milk over lactation time

All milk groups - concentrations

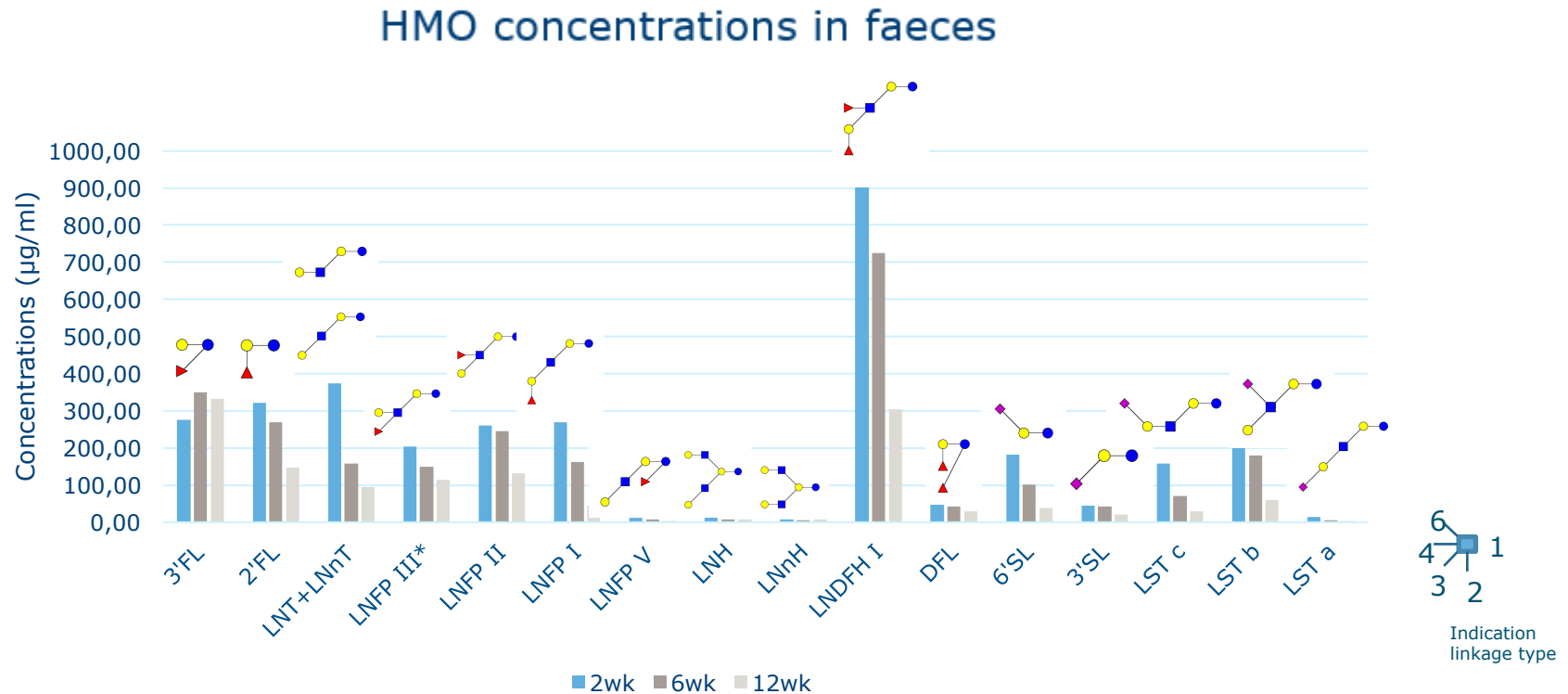


- HMO concentration decreased over time
- Fucosylated HMOs increased in relative amounts in time

All milk groups-relative amounts



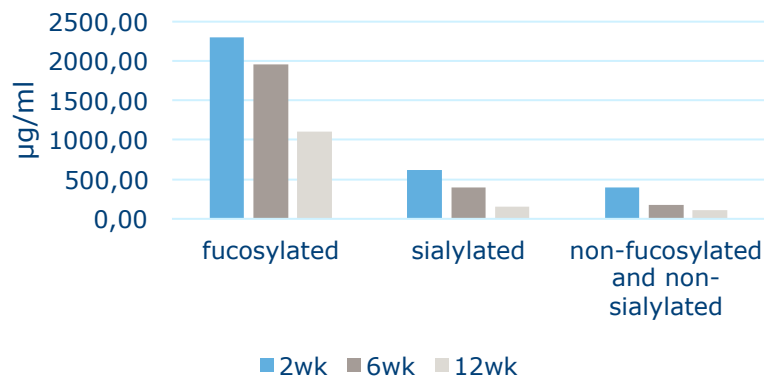
Remaining HMOs in infant faeces



- HMOs decreased over time
- LNDFHI mostly retained

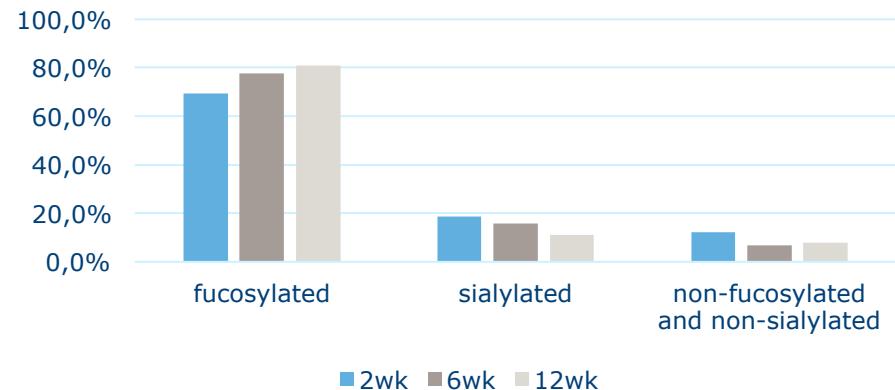
Remaining HMOs in infant faeces

Concentrations



- Trend over time: similar pattern as for milk HMOs

Relative amounts

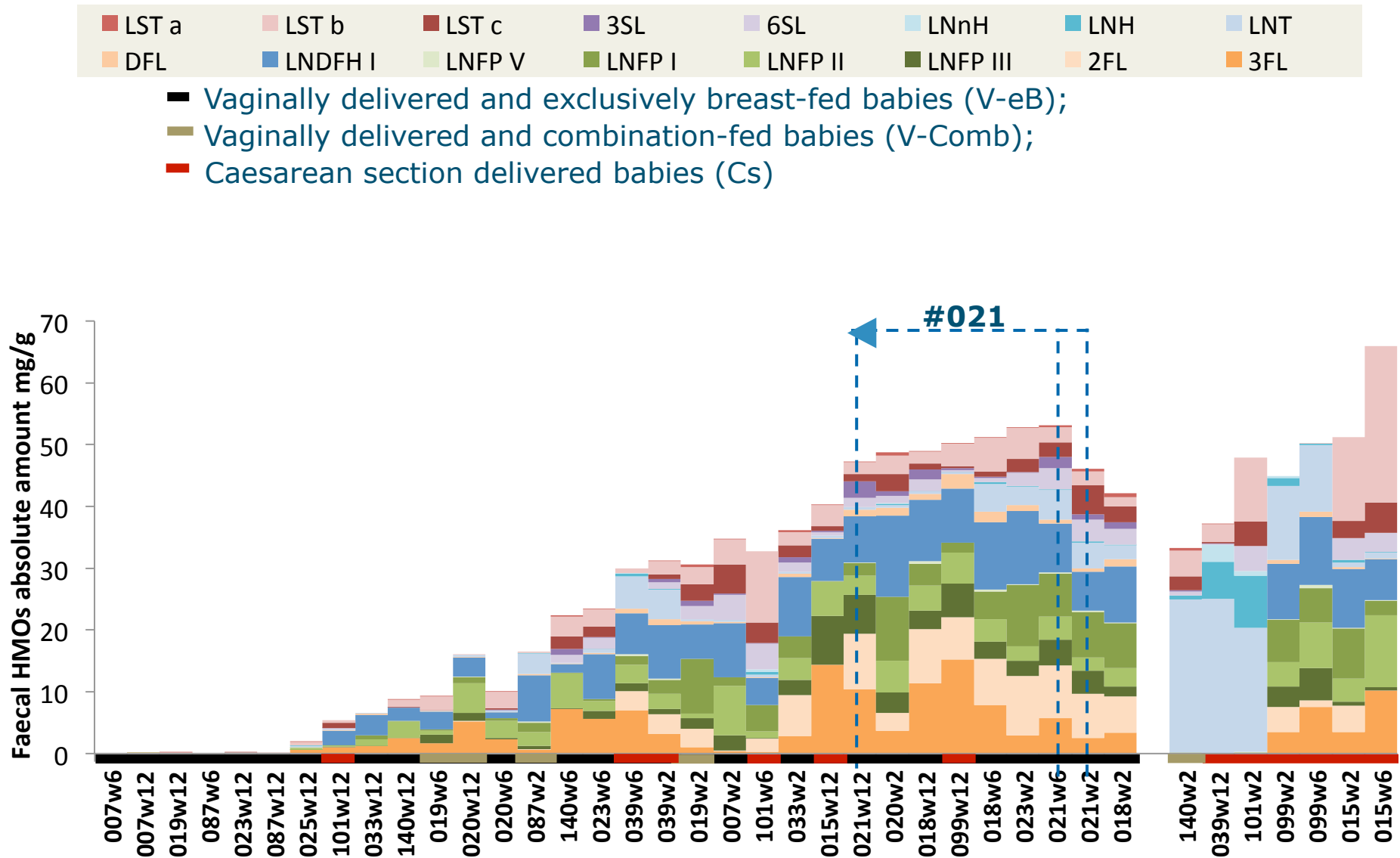


Effects of external factors on GI microbiota

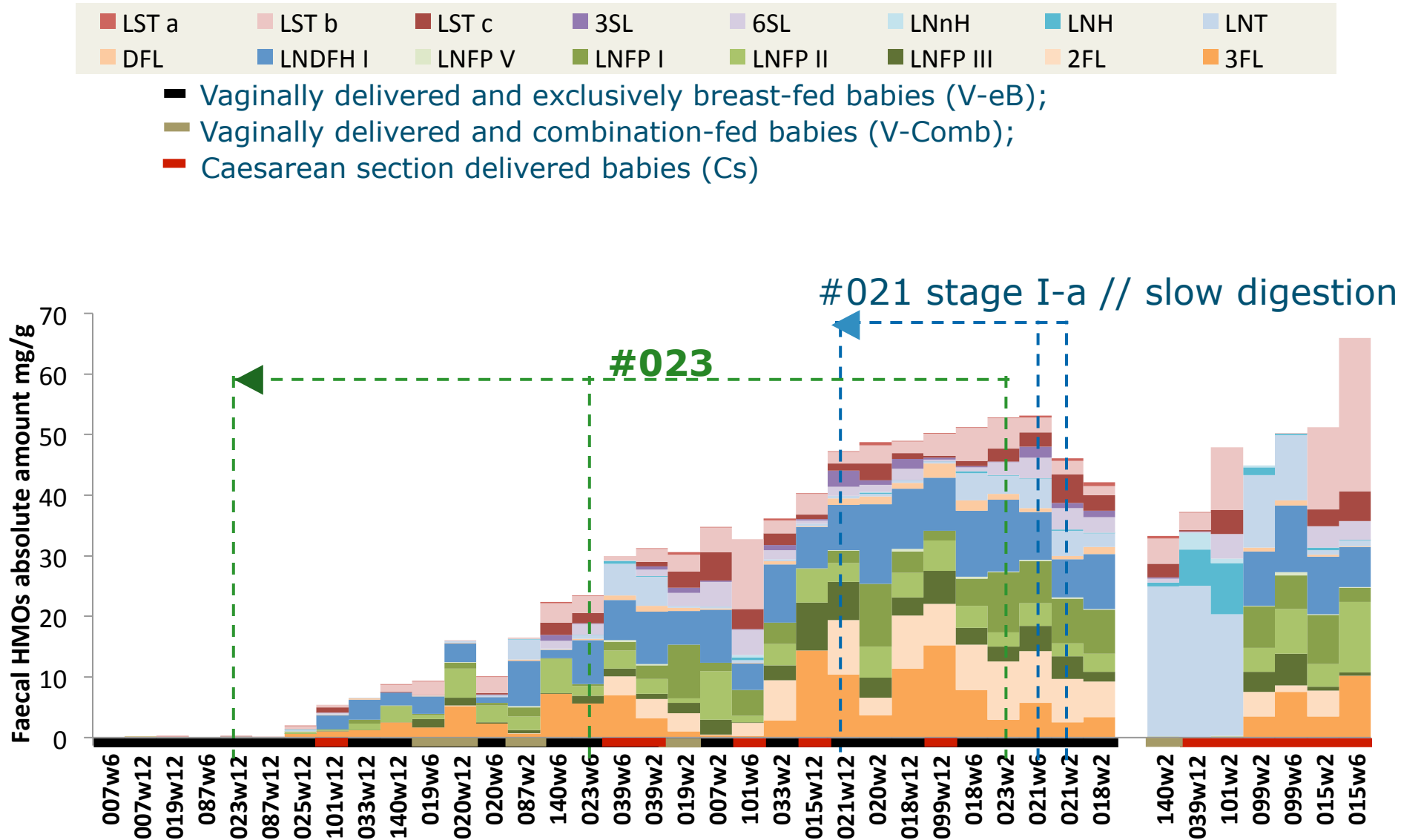
- ❑ **Delivery mode** - First time acquiring bacteria
 - Vaginal delivery: vaginal microbiota, e.g. bifidobacteria;
 - Caesarean section: mother skin or environment.

- ❑ **Feeding type** – Growth of bacteria
 - Breast-feeding exclusively;
 - Infant formula introduced

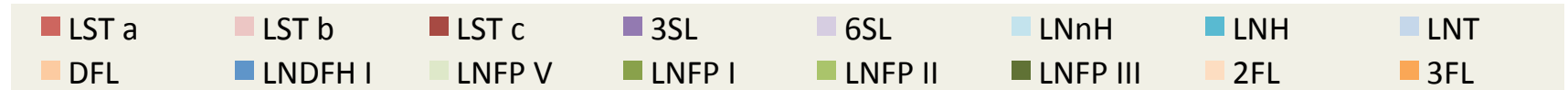
Faeces: HMO digestion patterns (Secretor) classified by multi-stages and similarity



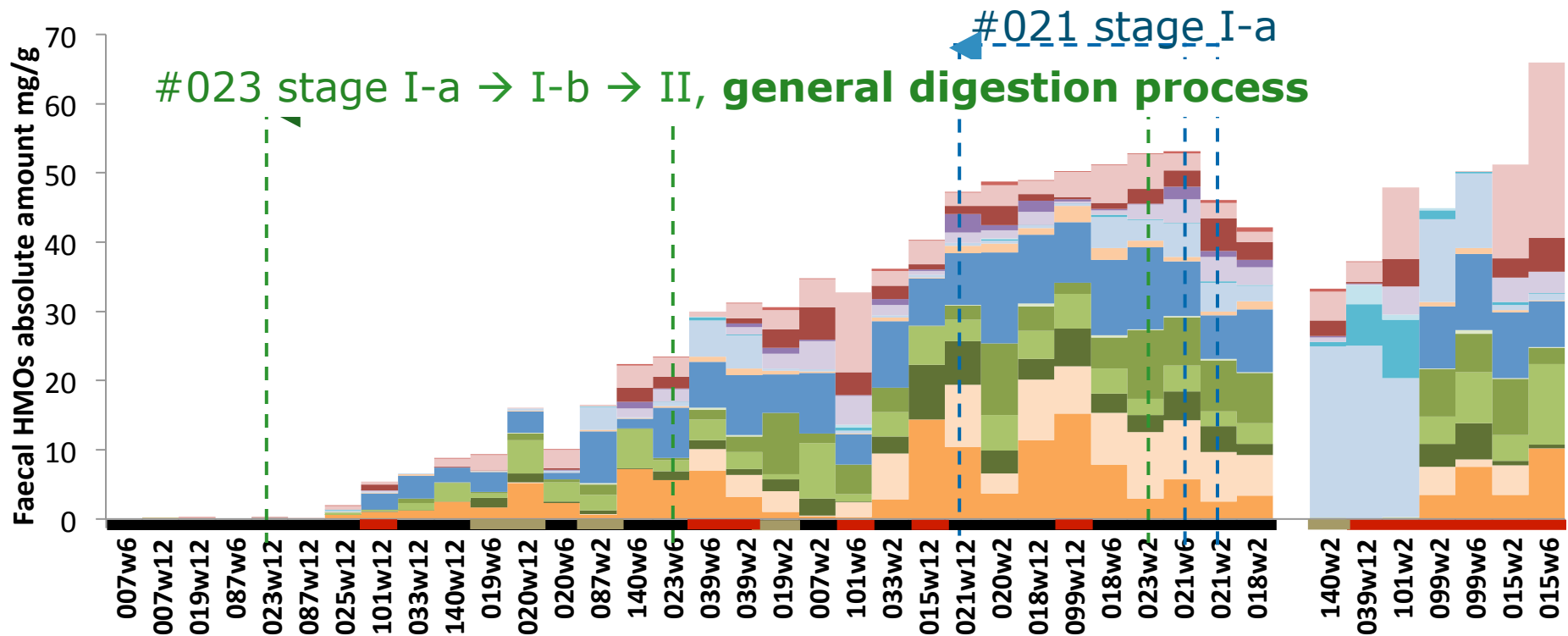
Faeces: HMO digestion patterns (Secretor) classified by multi-stages and similarity



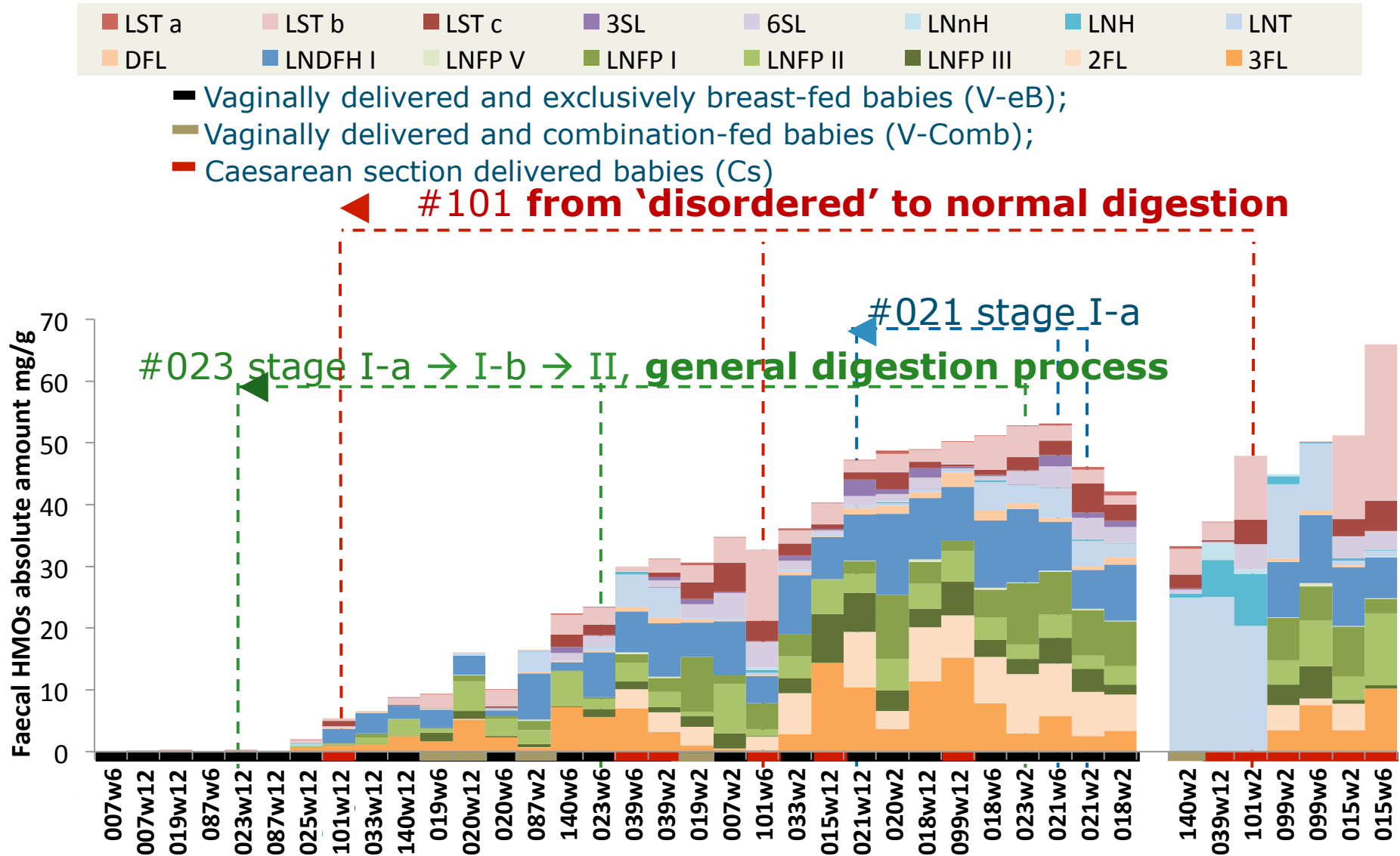
Faeces: HMO digestion patterns (Secretor) classified by multi-stages and similarity



- Vaginally delivered and exclusively breast-fed babies (V-eB);
- Vaginally delivered and combination-fed babies (V-Comb);
- Caesarean section delivered babies (Cs)



Faeces: HMO digestion patterns (Secretor) classified by multi-stages and similarity



Fermentation of HMOs over lactation time

Milk

- Concentrations of breast milk HMOs decreased during lactation
- Fucosylated HMOs showed an increase in relative amount

Faeces

- The concentrations of faecal HMOs showed similar decreases as milk HMOs
- LNDFH I remained in the highest concentration in infant faeces till later time points
- External factors (feeding type, delivery mode) affect the HMO digestion mainly in the early time points

General conclusions

- Methods are present to evaluate the prebiotic potential of individual fibers by *in vitro* and *in vivo* fermentation.
- High-throughput analytical methods (PGC-UPLC-MS, HPAEC and NMR) are optimized to determine HMO profiles of mother milk and infant faecal samples. The problem of under-estimation of 3'-Fucosyllactose has been solved.
- The involvement of large sample number of both mother milk and infant faeces, as well as different time points over lactation time, lead to more comprehensive observations.
- The correlations between HMO fermentation profiles and microbiota data are studied by collaboration with Klaudyna from SP4.



CARBOHYDRATE
COMPETENCE CENTER

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CCC3 Partners:

