

Maternal and Infant Adiposity: *Metabolic Health Related Consequences*

Propositions

1. Fetal life and infancy seem to be critical periods for the development of obesity and cardio-metabolic diseases in later life. *(This thesis)*
2. Promoting a healthy pre-pregnancy body mass index seems to be of greater importance than influencing gestational weight gain for preventing an adverse body fat distribution in the offspring. *(This thesis)*
3. Parent-offspring comparison and path analyses suggest that at least part of the associations of maternal adiposity during pregnancy with infant and childhood adiposity are due to intrauterine mechanisms. *(This thesis)*
4. Subcutaneous fat mass measures in infancy are positively associated with total and abdominal fat mass measures in later childhood. *(This thesis)*
5. Subcutaneous fat mass measures in infancy seem to be poor indicators of cardiovascular risk profile in later childhood. *(This thesis)*
6. Collaborative efforts between cohort studies are necessary to obtain further insight into consistency, strength and underlying mechanisms of the associations observed in the developmental origins of health and disease.
7. Studies on brown adipose tissue, and its early life determinants and consequences in later life, might be of interest considering its potential to reduce the risk of obesity by inducing thermogenesis.
8. Disrupted maternal gut microbiota is linked to altered gut microbiota in the fetus and may lead to adverse metabolic outcomes in the offspring, such as obesity.
9. Investment in education and health contribute to long-term economic growth, by developing a healthier, higher educated and more productive society.
10. Statistical significance does not imply clinical significance of an association.
11. Most people say that it is the intellect which makes a great scientist. They are wrong: it is character. *(Albert Einstein)*