Supplementary Figure 1  Inflammatory parameters following maternal paracetamol exposure during lactation. Females were mated and left for the duration of the pregnancy. On the day of birth, mothers were treated with 100 μl of 1.2 mg/ml liquid paracetamol by oral gavage 5 days a week, with a break on day 4 and 7, during lactation. Neonates were challenged with either HDM or PBS intranasally on day 3 of life, three times a week for 3 weeks. The total number of inflammatory cells in the BAL (A) and lung (B), levels of IL-13 and IL-33 in the lung supernatant and the total IgE and HDM specific IgE response were measured after 3 weeks of HDM exposure. Horizontal bars represent median. Data representative of at least 3 experiments (n = 5-10 for control mice and n = 6-21 for HDM exposed mice).
Sup. Fig. 1

A. BAL cell number (x10^5/ml) for PBS and HDM treated groups, with Paracetamol treatment indicated.

B. Lung cell number (x10^6/ml) for PBS and HDM treated groups, with Paracetamol treatment indicated.

C. Lung IL-13 (ng/ml) for PBS and HDM treated groups, with Paracetamol treatment indicated.

D. Lung IL-33 (ng/ml) for PBS and HDM treated groups, with Paracetamol treatment indicated.

E. Total IgE (ng/ml) for PBS and HDM treated groups, with Paracetamol treatment indicated.

F. HDM specific IgE (OD at 450nm) for PBS and HDM treated groups, with Paracetamol treatment indicated.
Supplementary Figure 2  Similar lung stiffness following maternal paracetamol exposure during pregnancy or lactation. The stiffness of the lung was analysed as tissue dampening (G) and tissue elastance (H) in neonates exposed to HDM for 3 weeks from mothers that were treated with paracetamol either during pregnancy (A and B) or during lactation (C and D). Combined data from two experiments (n = 10 for control mice and n = 16 for HDM exposed mice).