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INTERPRETIVE SUMMARY

Genomic predictions of fertility related disorders. *Haugaard et al pages 000.* The aim was to examine whether including information from later lactations improves accuracy in prediction of genomic breeding values for fertility related disorders in Norwegian Red. Health records from >6 million lactations of 2.4 million cows were analyzed. Genomic breeding values for cystic ovaries, metritis, retained placenta and silent heat were predicted based on first lactation only and by using information from lactations 1-5. Including later lactations improved accuracy of genomic breeding values for cystic ovaries, retained placenta and silent heat, while no obvious advantage in accuracy was found for metritis.

10 **GENOMIC PREDICTIONS OF FERTILITY RELATED DISORDERS**

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12 **Information from later lactations improve accuracy of genomic predictions of fertility**
13 **related disorders in Norwegian Red**

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26 **ABSTRACT**

27 The aim was to investigate whether including information from later lactations improves
28 accuracy of genomic breeding values for the 4 fertility related disorders cystic ovaries, retained
29 placenta, metritis and silent heat. Data consisted of health records from 6,015,245 lactations
30 from 2,480,976 Norwegian Red cows, recorded from 1979 to 2012. These were daughters of
31 3,675 AI-bulls. The mean frequency of these disorders for cows in lactation 1-5 ranged from
32 0.6% to 2.4% for cystic ovaries, 1.0% to 1.5% for metritis, 1.9% to 4.1% for retained placenta
33 and 2.4% to 3.8% for silent heat. Genomic information was available for all sires, and the 312
34 youngest bulls were used for validation. After standard editing of a 25k/54k SNP dataset that
35 was imputed both ways, a total of 48,249 SNP loci was available for genomic predictions.
36 Genomic breeding values were predicted using univariate GBLUP for first lactation only
37 (GEBV-1) and for the first 5 lactations (GEBV-S), and multivariate GBLUP with 5 lactations
38 for each disorder was also used for genomic predictions (GEBV-M). Correlations between EBV
39 for the 4 traits in 5 lactations with GEBV-1, GEBV-S and GEBV-M were compared. Accuracy
40 ranged from 0.47 and 0.51 for cystic ovaries, 0.50 to 0.74 for retained placenta, 0.21 to 0.47 for
41 metritis and 0.22 to 0.60 for silent heat. Including later lactations in a multitrait G-BLUP
42 improved accuracy of GEBV for cystic ovaries, retained placenta and silent heat, while for
43 metritis no obvious advantage in accuracy was found.

44 **Keywords:**

45 Fertility related disorders, genomic prediction, dairy cattle

INTRODUCTION

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In a progeny testing scheme, only first lactation information from the daughters is available when the bulls get their first official proofs. The frequency of fertility related disorders such as cystic ovaries (**CO**), retained placenta (**RP**) and metritis (**MET**) however, often increases as the cow gets older (Hauggaard and Heringstad, 2013). This implies that potentially valuable information is not yet available at the time when the elite sires are selected. With the introduction of genomic selection, information from later lactations may more easily be utilized as the reference population includes older bulls with information from daughters of all ages.

Some of the factors affecting the accuracy of genomic predictions are the size of the reference population, heritability of the trait, quality and number of available phenotypes, population structure and effective population size, and the density of the genomic markers (Hayes et al., 2009). Functional traits, such as fertility and health, have low heritability and show lower accuracy in genomic predictions compared to production traits (Luan et al., 2009; Zhou et al., 2014). Few populations record direct health traits, though recently several countries have started recording health traits as well as production traits in contract herds (Gernand et al., 2012) or in the main population (e.g. Koeck et al., 2012; Egger-Danner et al., 2012). In the Scandinavian countries, disease records have been collected for more than 30 years, and direct health traits (e.g. mastitis) are included in routine genetic evaluations. Fertility related disorders have so far not been included in the routine genetic evaluations in Norway, except RP which is included in “other diseases”, a trait with 2% relative weight in the current total merit index for Norwegian Red. Fertility related disorders is a disease category that has increased somewhat in frequency the recent years. The number of cows treated for any fertility related disorders per

70 cow-year (incidence rate) increased from 6.6% in 2008 to 8.5% in 2013 (Norwegian Cattle
71 Health Services, 2014) and inclusion in the breeding scheme may therefore become desired.

72

73 The main aim was to examine whether including information from later lactations would
74 increase accuracy of genomic predictions for fertility related disorders in Norwegian Red.
75 Accuracy of genomic predictions based on data from first lactation only vs. using lactations 1
76 to 5 was compared. More than 30 years of health recordings of the 4 most common fertility
77 related disorders; CO, RP, MET and silent heat (**SH**) were used.

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79

MATERIAL AND METHODS

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Data

82 Records on calving and health (veterinary treatments of disease) from 2,480,976 cows calving
83 from January 1979 through December 2012 and sired by Norwegian Red AI bulls were
84 extracted from the Norwegian Dairy Herd Recording System. Information on CO, RP, MET
85 and SH from the first 5 lactations were used. The four disorders were chosen as these are the
86 most frequent fertility related disorders in Norway. Cows without first lactation records in the
87 dataset were omitted, and the cows had to be 20 to 36 months old at first calving and have
88 reasonable calving intervals (280-500 d) thereafter. The traits were defined as binary
89 (0=healthy, 1=affected) for each disorder in each lactation. For RP the veterinary treatment had
90 to occur within the first 5 days after calving, whereas for the other disorders all health records
91 within a lactation were used. The overall mean frequency of each disorder in each lactation is
92 presented in Table 1. The mean frequency varied from 0.6% (CO in 1st lactation) to 4.1% (RP
93 in 5th lactation). Only daughters of bulls with at least 150 first lactation daughters were included
94 in the dataset. There were a total of 26,858 animals in the pedigree file which consisted of the

95 3,675 bulls with daughters in the dataset and their dams and sires traced back as far as possible,
96 back to the 1950's.

97

98 Genomic information was available for all 3,675 sires where 2,165 were genotyped with the
99 Affymetrix25K SNP chip and 1,967 were genotyped with the Illumina55K SNP chip. 457 of
100 the sires were genotyped with both. An imputed 25k/54k SNP dataset (imputed both ways,
101 imputation procedure described in Solberg et al., 2011) after standard editing had 48,249 SNP
102 loci that was used for genomic predictions.

103

104 **Daughter-yield-deviations**

105 Daughter-yield-deviations (**DYD**) of the reference population were used as response variable
106 for the genomic predictions. These were estimated using a subset containing only records from
107 lactations starting before January 1st 2008. The 3,363 bulls with at least 150 first lactation
108 daughters in this sub-dataset were included in the reference population, while the youngest 312
109 bulls that by January 1st 2008 did not have 150 first lactation daughters was defined as the
110 validation set. The mean number of first lactation daughters per sire in the reference population
111 and validation set was 675 daughters (min 150; max 10,197) and 227 daughters (min 150; max
112 2,742) respectively.

113

114 Each of the 4 fertility related disorders was analyzed separately using linear sire models to
115 predict parameters for calculation of DYD using the subdataset, and to predict EBV using the
116 full dataset for comparison with GEBV from the genomic predictions. For MET and SH the 5
117 lactations were analyzed as genetically correlated traits in multivariate models. CO was
118 analyzed treating the 5 lactations as repeated records in a univariate repeatability model. A
119 repeatability model was also used for RP in lactation 2 to 5, while RP in the first lactation was

120 analyzed as a correlated trait in a bivariate model. The choice of models was based on Haugaard
121 and Heringstad (2013). For CO the systematic effects were year-season of calving (132 levels,
122 seasons defined as January-March, April-June, July-September and October-December) and
123 age at calving in months (76 single month classes). For MET the systematic effects were year-
124 season of calving and twinning, recorded as 1 (single calf) or 2 (two or more calves). For RP
125 the systematic effects were year-season of calving, twinning and calving interval in the previous
126 lactation, divided into 6 categories: 1) ≤ 325 days, 2) 325-340 days, 3) 341-355 days, 4) 356-
127 370 days, 5) 371-400 days and 6) >400 days. For SH the systematic effects were year-season
128 of calving and calving interval in the previous lactation. Herd and sire were treated as random
129 effects in all models. Single-trait analyses of the first lactation for each disorder were also
130 performed. Solutions from the linear models of the reduced datasets were then used to calculate
131 DYD to be used as response variable in the genomic predictions described below, where DYD
132 is the average performance of the bulls daughters subtracted for all systematic and non-genetic
133 random effects. All linear analyses were done using the DMU4-program in DMU (Madsen and
134 Jensen, 2007). Heritability for all traits used in the analyses is presented in Table 2.

135

136 **Accuracy of genomic predictions**

137 Direct genomic breeding values (**GEBV**) were predicted in 3 different ways:

138 1) **GEBV-1** - single trait GBLUP using DYD from first lactation only as response variable,

139 2) **GEBV-S** - single trait GBLUP using DYD from each of the 5 lactations separately as
140 response variable

141 3) **GEBV-M** - multi trait GBLUP using DYD from the 5 lactations simultaneously as response
142 variable. For MET the 5-variati GBLUP analyses did not converge, so only the first 4 lactations
143 was used in a 4-variati GBLUP.

144 These analyses were performed using DMUAI in DMU (Madsen and Jensen, 2010). In matrix
145 notation, the model can be written as $\mathbf{y} = \mathbf{1}\mu + \mathbf{Zg} + \mathbf{e}$, where \mathbf{y} is the response variable DYD, $\mathbf{1}$
146 is a vector of ones, μ is the overall mean, \mathbf{g} is a vector of genomic breeding values, \mathbf{Z} is the
147 incidence matrix of \mathbf{g} and \mathbf{e} is the residuals. It was assumed that $\text{var}(\mathbf{g}) = \mathbf{G}_0 \otimes \mathbf{G}$ and
148 $\text{var}(\mathbf{e}) = \mathbf{R} \otimes \mathbf{D}$, where \mathbf{G} is the genomic relationship matrix and \mathbf{D} is a diagonal matrix containing
149 weighting factors for the residuals. \mathbf{G}_0 and \mathbf{R} is the corresponding scalar (GEBV-1 and GEBV-
150 S) or 5x5 (GEBV-M) matrices, containing the genetic and residual (co)variance.

151

152 The genomic relationship matrix was calculated using the program Gmatrix (Su and Madsen,
153 2012), constructed by method 1 of Van Raden (2008). Accuracy of genomic predictions was
154 calculated as the correlation between GEBV for the 312 sires in the validation set and their
155 EBV obtained from the full dataset. In the GEBV-S and GEBV-M approach, EBV for each
156 lactation was correlated with GEBV of the same lactation, whereas in the GEBV-1 approach,
157 EBV for all five lactations was correlated to the GEBV from the first lactation. The correlations
158 were based only on those bulls in the validation set with daughters in the respective lactation,
159 meaning that the validation set for lactations 4 and 5 were smaller (265 and 169 bulls,
160 respectively) than for lactations 1, 2 and 3 (312 bulls). Regression analyses were used to
161 validate whether GEBV over- or underpredict the genetic merit for the fertility related disorder
162 in each case.

163

164

RESULTS AND DISCUSSION

165

166 Accuracy

167 Accuracy of genomic predictions ranged from 0.22 to 0.54 for GEBV-1, from 0.21 to 0.74 in
168 GEBV-S and 0.24 to 0.74 in GEBV-M (Table 3). These accuracies were in the upper range of

169 those previously reported for functional traits in Norwegian Red. Luan et al. (2009) and
170 Svendsen (pers.comm) found accuracies for various production and health traits in Norwegian
171 Red in the range 0.15 - 0.41 and 0.16 - 0.77, respectively. In both studies, health and fertility
172 traits showed lower accuracies than production traits, and the highest accuracies among
173 functional traits were 0.46 for mastitis (Svendsen, pers.comm) and 0.43 for calving ease (Luan
174 et al., 2009). Compared to the present study, Luan et al. (2009) analyzed fewer bulls (500) with
175 fewer SNP (25K). These are factors that affect the results of the genomic predictions, and can
176 explain the differences in the results. Ødegård et al. (2014) presented accuracies of GEBV for
177 claw health in Norwegian Red ranging from 0.29 to 0.32, which were lower than accuracies in
178 the present study. As claw health is a novel trait in Norwegian Red, with records available since
179 2004 (disease records from claw trimming), the limited size of the reference population and low
180 reliability of the response variable may be a reason for the lower accuracies of Ødegård et al.
181 (2014) compared to the present study.

182

183 The accuracy of CO was 0.47 and 0.51 for GEBV-1 and GEBV-S, respectively (Table 3),
184 indicating that using information from only the first lactation gave slightly lower accuracy than
185 using information from all 5 lactations. High genetic correlations, above 0.90, between CO in
186 the 5 first lactations (Hauggaard and Heringstad, 2013) indicates that the disorder is genetically
187 the same across lactations. Therefore, it seems reasonable that using information from one
188 lactation to predict the others is a possibility.

189

190 For RP, the differences between GEBV-1 and GEBV-S were larger than for CO (Table 3). For
191 1st-lactation RP, the accuracy was the same in both scenarios (0.50), while for 2-5 lactation RP
192 the accuracy was lower in GEBV-1 than in GEBV-S (0.51 vs 0.74). The highest accuracies
193 were acquired from using the GEBV-M approach with 0.55 and 0.74 for 1st and 2-5 lactation,

194 respectively. In all three approaches, the accuracy for RP was lower in first lactation than in
195 second to fifth lactation.

196

197 For MET, the lowest accuracy was obtained from the GEBV-M approach, and accuracies
198 decreased with increasing lactation number, from 0.47 in the first lactation to 0.21 in the fifth
199 lactation (Table 3). The accuracies from the GEBV-S approach was similar but slightly higher
200 than for the GEBV-M approach, while the overall highest accuracies was obtained with the
201 GEBV-1 approach, ranging from 0.39 to 0.47. Among the 4 fertility related disorders, MET
202 had the lowest mean frequency and the same level across lactations (Table 1). Estimates of
203 variance components and EBV for MET were therefore less accurate, especially in the later
204 lactations where information was sparse (Hauggaard and Heringstad, 2013). However, the
205 genetic correlations between MET in first lactation and MET in later lactations were moderate
206 (0.51-0.67) (Hauggaard and Heringstad, 2013). It was therefore not expected that first lactation
207 was as good a predictor of later lactations as that lactations itself (GEBV-1 vs GEBV-S/GEBV-
208 -M, Table 3).

209

210 For SH the accuracy was approximately the same in all 3 approaches for first lactation (Table
211 3), but while the accuracies decreased with increasing parity for the GEBV-1 and GEBV-S
212 approaches, the accuracies increased slightly with increasing parity for the GEBV-M approach.
213 SH had the highest mean frequency among the 4 disorders (Table 1), but decreasing with
214 increasing parity.

215

216 In general, accuracy of genomic predictions increased when using information from all
217 lactations, and the highest accuracies were obtained by using the GEBV-M approach for most
218 of the fertility related disorders. The exception was MET, where the highest accuracy was

219 obtained by using the first lactation to predict all lactations (GEBV-1). For SH, the GEBV-M
220 approach gave higher accuracies, but it varied between lactations which was better of the
221 GEBV-1 and GEBV-S approach. Among the fertility related disorders, the highest accuracy
222 was obtained for RP. This may be due to the structure of the model (repeatability model), but
223 also because this is the disorder that probably has few false negatives as it is easy to discover
224 and demands veterinary attention. MET and SH are more troublesome disorders that can be
225 difficult to discover and therefore probably have more false negatives. Regarding SH, cows
226 may be culled instead of being treated or the disorder is unnoticed and therefore not treated,
227 and many false negatives may occur.

228

229 Regression analyses were used to validate whether GEBV over- or underpredict the genetic
230 merit. The regression coefficients with their standard errors are given in Table 3. Regression
231 coefficients larger than 1 indicate that genetic merit is underpredicted by GEBV, while b-values
232 lower than 1 indicate overprediction. Table 3 shows large variation between traits and
233 approaches, with b-values ranging from 0.18 to 2.63. Indications of serious underprediction (b-
234 values>2) were found for MET2 and MET4 when using single trait GBLUP (GEBV-S). Using
235 GEBV based on first lactation to predict later lactations (GEBV-1) tended to overpredict genetic
236 merit (b-values<1) for MET and SH. Traits analyzed by a repeatability model, CO and RP2-5,
237 tended to underpredict genetic merit, The exception was CO in the GEBV-S approach which
238 b-value, in addition to the regression coefficients for SH1 and RP1 in all three approaches, was
239 closest to 1.

240

241 **Assumptions and limitations**

242 The present study used a relatively small validation set, containing approximately 10% of the
243 total number of genotyped bulls. The validation bulls were the youngest, and some of them did

244 **not** have daughters in the latest lactations, which reduced the validation set further. It would be
245 possible to include more bulls in the validation set, but then the reference population would be
246 reduced.

247

248 In the present study the youngest bulls were defined as the validation set and the oldest bulls
249 were in the reference population. This is how genomic selection would appear in practice. For
250 the reference population all data after a cut-off date was removed, pretending they had not yet
251 happened. In this scheme no sires would be predicted by their sons, as would happen in a full
252 cross validation study.

253

254 Another issue is the precision of EBV for the 4th and 5th lactation in the validation set. As some
255 of the bulls **did not** have 5th lactation daughters, the validation set was smaller for these traits.
256 Also, the number of daughters per bull was lower in the later lactations. Consequently, the
257 precision of the bulls EBV is less accurate than in the 1st lactation. The accuracy in the 4th and
258 5th lactation is therefore based on a smaller validation set with less precise EBV. A solution
259 could be to set a limit on a minimum of e.g. 150 daughters in the 5th lactation in the validation
260 set, but this would decrease the validation set drastically.

261

262 An important question is which EBV and GEBV to compare. In the present study, EBV for
263 each lactation and disorder was correlated with the GEBV of the same lactation or with GEBV
264 for the first lactation. The latter is a measure of how well 1st lactation GEBV predict the later
265 lactations. Another approach could be to use GEBVs from the 5 first lactations (together or
266 separately) to predict the 1st and perhaps the 2nd lactation of the disorder. Which method to
267 choose depends on the aim of the scheme; to reduce susceptibility to fertility related disorders

268 in the 1st and 2nd lactations, or to breed for a cow with reduced susceptibility to fertility related
269 disorders over many lactations?

270

271 **Implementation**

272 Health data, including veterinary treatment of fertility related disorders, from more than 30
273 years are available. Haugaard and Heringstad (2013) estimated heritabilities **on the underlying**
274 **scale** of CO, MET, RP and SH between 0.03 and 0.14. The present study shows accuracies of
275 GEBV in the upper range of what was previously reported for traits with similar heritabilities
276 **for Norwegian Red. Reliability of GEBV for these fertility related disorders are expected to**
277 **be higher than the reliability of parent average EBV (at the time of birth of the bull calf) and**
278 **lower than the reliability of EBV after progeny testing.** Genetic evaluation of these fertility
279 related disorders can therefore be implemented in the breeding scheme for Norwegian Red
280 with at least as precise evaluations as other health traits.

281

282 **CONCLUSIONS**

283 Accuracy of genomic predictions for fertility related disorders were in the upper range of those
284 previously reported for functional traits in Norwegian Red. Including later lactations improved
285 accuracy of GEBV for CO, RP and SH, while no obvious advantage in terms of accuracy was
286 found for MET.

287

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289

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353 **Table 1. Number of records and mean frequency of cystic ovaries (CO), retained placenta**
 354 **(RP), metritis (MET) and silent heat (SH) in lactation 1-5 in the full dataset.**

355

Lactation number	No of records	Frequency ¹ , %			
		CO %	RP %	MET %	SH %
1	2,480,976	0.6	1.9	1.5	3.8
2	1,645,094	1.4	2.5	1.0	2.9
3	1,021,604	2.0	3.1	1.1	2.8
4	576,709	2.3	3.6	1.2	2.6
5	290,862	2.4	4.1	1.2	2.4
Overall	6,015,245				

356 ¹ Frequency of at least one veterinary treatment

357 **Table 2:** Heritability of fertility related disorders used for prediction of EBV.
 358

Trait ¹	Heritability ²
CO1-5	0.009
RP1	0.008
RP2-5	0.010
MET1	0.002
MET2	0.001
MET3	0.001
MET4	0.001
MET5	0.002
SH1	0.005
SH2	0.002
SH3	0.002
SH4	0.002
SH5	0.002

359 ¹CO was analyzed with the 5 lactations as repeated records in a univariate repeatability model.

360 RP in lactation 2 to 5 were analyzed as repeated records in a repeatability model, together with

361 RP in the first lactation as a correlated trait in a bivariate model. MET and SH were analyzed

362 with 5 lactations as genetically correlated traits in multivariate models.

363 ² $h^2 = (4 * \sigma^2_{\text{sire}}) / (\sigma^2_{\text{sire}} + \sigma^2_{\text{herd}} + \sigma^2_{\text{residual}})$, where h^2 is the heritability, and σ^2_{sire} , σ^2_{herd} , $\sigma^2_{\text{residual}}$

364 is the sire variance, herd variance and residual variance, respectively. **Estimated variance**

365 components were larger than their standard errors, and standard error for σ^2_{sire} was <0.00001
366 for all traits.

367 **Table 3: Correlation (SE¹) between EBV for cystic ovaries (CO), retained placenta (RP),**
 368 **metritis (MET) and silent heat (SH) in lactations 1-5, with genomic predictions based on**
 369 **first lactations only (GEBV-1) or 5 lactations (GEBV-S and GEBV-M)**

Trait ²	Genomic predictions		
	GEBV-1 ³	GEBV-S ⁴	GEBV-M ⁵
CO1-5	0.47 (0.05)	0.51 (0.05)	---
RP1	0.50 (0.05)	0.50 (0.05)	0.55 (0.05)
RP2-5	0.51 (0.05)	0.74 (0.04)	0.74 (0.04)
MET1	0.47 (0.05)	0.47 (0.05)	0.45 (0.05)
MET2	0.41 (0.05)	0.46 (0.05)	0.39 (0.05)
MET3	0.43 (0.05)	0.23 (0.06)	0.30 (0.05)
MET4	0.39 (0.05)	0.28 (0.05)	0.24 (0.06)
MET5	0.46 (0.05)	0.21 (0.06)	---
SH1	0.54 (0.05)	0.54 (0.05)	0.54 (0.05)
SH2	0.40 (0.05)	0.50 (0.05)	0.57 (0.05)
SH3	0.34 (0.05)	0.51 (0.05)	0.58 (0.05)
SH4	0.22 (0.06)	0.57 (0.05)	0.60 (0.05)
SH5	0.35 (0.05)	0.22 (0.06)	0.60 (0.05)

370 ¹SE was calculated as $\sqrt{(1 - r^2)/(n - 2)}$, where r is the correlation and n is the number of
 371 individuals.

372 ²CO was analyzed with the 5 lactations as repeated records in a univariate repeatability model.

373 RP in lactation 2 to 5 were analyzed as repeated records in a repeatability model, together with

374 RP in the first lactation as a correlated trait in a bivariate model. MET and SH were analyzed
375 with 5 lactations as genetically correlated traits in multivariate models.

376 ³EBV for the five lactations of a disorder correlated to the GEBV of the first lactation of the
377 same disorder, GEBV estimated from a single trait GBLUP

378 ⁴EBV correlated with GEBV of the same lactation for the same disorder, GEBV estimated from
379 a single trait GBLUP

380 ⁵EBV correlated with GEBV of the same lactation for the same disorder, GEBV estimated from
381 a multitrait GBLUP

382 **Table 4:** Predicted b-values (SE) from regression analyses of EBV and GEBV

Trait ¹	GEBV-1 ²	GEBV-S ³	GEBV-M ⁴
CO1-5	1.70 (0.18)	0.91 (0.09)	-
RP1	0.87 (0.09)	0.87 (0.09)	0.83 (0.07)
RP2-5	1.81 (0.17)	1.50 (0.08)	1.43 (0.07)
MET1	0.53 (0.06)	0.52 (0.06)	0.56 (0.06)
MET2	0.27 (0.03)	2.63 (0.28)	0.36 (0.05)
MET3	0.38 (0.04)	0.41 (0.10)	0.32 (0.06)
MET4	0.36 (0.05)	2.66 (0.52)	0.24 (0.06)
MET5	0.68 (0.08)	0.69 (0.18)	---
SH1	0.91 (0.08)	0.91 (0.08)	0.88 (0.08)
SH2	0.41 (0.05)	0.87 (0.09)	0.71 (0.06)
SH3	0.32 (0.05)	0.74 (0.07)	0.66 (0.05)
SH4	0.18 (0.05)	0.84 (0.07)	0.58 (0.04)
SH5	0.23 (0.04)	0.99 (0.25)	0.56 (0.04)

383 ¹CO was analyzed with the 5 lactations as repeated records in a univariate repeatability model.

384 RP in lactation 2 to 5 were analyzed as repeated records in a repeatability model, together with

385 RP in the first lactation as a correlated trait in a bivariate model. MET and SH were analyzed

386 with 5 lactations as genetically correlated traits in multivariate models.

387 ²b-value from regression between EBV for the five lactations of a disorder and GEBV of the

388 first lactation of the same disorder, GEBV estimated from a single trait GBLUP

389 ³b-value (SE) from regression between EBV and GEBV of the same lactation for the same
390 disorder, GEBV estimated from a single trait GBLUP

391 ⁴ b-value from regression between EBV and GEBV of the same lactation for the same disorder,
392 GEBV estimated from a multitrait GBLUP

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