Supplementary Methods:

**Initiation of labor analgesia**

For combined spinal epidural procedures, analgesia was typically initiated with intrathecal administration of 1.25 mg of bupivicaine and 15 mcg of fentanyl. Epidural labor analgesia was typically initiated with 10 mL of 0.125% bupivacaine in divided doses. All patients with epidural catheters received a test dose of 3 mL of 1.5% lidocaine with 5 mcg/mL of epinephrine.

**Management of breakthrough pain**

Patients with inadequate analgesia typically received clinician boluses of 5-10 mL of 0.125% bupivacaine and the infusion rate was increased to 12 mL/hr (continuous infusion) or the bolus interval could be decreased to 45-50 minutes (programmed intermittent bolus). The maintenance infusion could be changed to 0.125% bupivacaine with 2 mcg/mL of fentanyl for patients who continued to have inadequate analgesia. Patients occasionally received manual boluses of 0.25% bupivacaine or 1% lidocaine for inadequate analgesia or to facilitate operative delivery.

**Supplemental Table 1**

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| Variable | Odds Ratio for fever (95% CI) | P-value |
| Spinal Analgesia (epidural as reference) | 0.87 (0.35-2.15) | 0.76 |
| Anesthesia start-delivery (per hour) | 1.06 (1.00-1.25) | 0.03 |
| Cesarean delivery (normal spontaneous vaginal delivery as reference) | 2.25 (0.81-6.3) | 0.12 |

Supplemental Table 1: Logistic Regression for Development of Maternal Fever  
Multivariate regression analysis was performed to estimate the effect of route of analgesia (spinal vs epidural) on maternal fever after adjusting for a possible influence of anesthesia start-delivery (hours) and mode of delivery.