Well-appearing newborns whose mother had no chorioamnionitis and no indication for GBS prophylaxis should receive a full diagnostic evaluation and receive antibiotic therapy pending the results of the evaluation. (CIII).

Any newborn with signs of sepsis, such as E. coli (AII).

A newborn with signs of respiratory distress should undergo a limited evaluation and receive antibiotic therapy if the newborn is stable enough to tolerate the procedure (CIII).

Routine screening for asymptomatic bacteriuria is recommended in pregnant women, and laboratories should screen urine culture specimens for the presence of GBS in concentrations of $10^4$ colony-forming units (cfu)/ml or greater.

Laboratories should identify GBS when present at $\geq 10^4$ cfu/ml in pure culture or mixed with a second microorganism.