Biting During Breastfeeding While Teething

Why Biting Can Happen During Teething

Tooth eruption commonly begins around six months, although timing varies substantially among infants. As teeth move through the gums, localized tenderness and pressure may make chewing feel soothing. A breastfed baby may therefore clamp or bite briefly before a feed, at the end of a feed, or when pausing between sucks. This can feel alarming, but it is a recognized challenge in breastfeeding and does not mean your baby is intentionally trying to cause harm.

Teething is only one possible contributor. Babies also bite when they are distracted by activity around them, impatient for milk to begin flowing, frustrated by a slower flow later in the feed, overly tired, or already satisfied. Some babies look toward a caregiver, play, smile, or turn their head while still attached; that movement can create a painful pinch even without a deliberate bite. Observing when biting occurs is more useful than assuming every episode is caused by teeth.

During effective milk transfer, a baby maintains a wide mouth and deep latch, with the tongue extending over the lower gumline. That tongue position makes a true bite unlikely while the baby is rhythmically sucking and swallowing.

Biting is more likely during a break in active feeding, as the baby becomes drowsy, or just before they pull off. Recognizing these moments gives you an opportunity to end or reset the feed before a bite occurs.

Some families experience a short period of unsettled nursing alongside gum discomfort and breastfeeding latch changes. Others see no change at all. A pattern of repeated biting can be addressed without abruptly weaning, provided feeding remains safe and the parent has adequate support.

Responding Safely in the Moment

If your baby bites, try to keep your immediate response brief and steady. A sudden shout is understandable when pain is sharp, but a dramatic reaction can frighten some babies or become an interesting response for others. Use a low, clear phrase such as "No biting. Biting hurts," then pause the feed. The message is not expected to teach a young infant through language alone; consistency links biting with a short interruption of nursing.

Do not pull your baby directly away while they are clamped onto the nipple. This can tear delicate nipple or areolar tissue. Instead, place a clean finger gently into the corner of your baby’s mouth to break the suction, then remove them from the breast. If the bite happens near the end of a feed and your baby seems content, the feed may be finished. If they still show hunger cues, offer a brief reset, check positioning, and relatch when both of you are calm.

It can help to put your baby down safely or shift them away from the breast for a moment after a bite. Keep the pause short and neutral. Avoid pressing the baby’s face into the breast, flicking their mouth, or using any physical punishment. These responses can make feeding stressful and may contribute to breast refusal or a shallower latch.

Break suction with a finger before removing your baby from the breast.
Pause calmly after the bite and use the same short response each time.
Re-offer the breast only when your baby appears ready to suck rather than play or chew.
End the feed if your baby is clearly full, sleepy, or repeatedly biting.

If a bite breaks the skin, wash your hands before touching the area and seek

individualized advice from a clinician, midwife, health visitor, or lactation professional. They can assess the wound, pain, latch, and any factors that may raise the risk of infection.

Preventing Biting Before a Feed

Prevention is often about anticipating the point at which your baby is most likely to bite. If tender gums seem to be a factor, offer a chilled teething ring before nursing. A cool, clean damp washcloth may also provide brief comfort for a baby who is developmentally ready to hold and mouth it safely under supervision. Cooling can reduce gum discomfort temporarily, allowing the baby to approach the breast ready to feed rather than primarily to chew.

Create a quieter setting when distraction is a clear trigger. A low-stimulation room, reduced noise, and fewer competing activities can help an older infant maintain attention at the breast. For a baby who bites while waiting for milk, beginning the feed before they are very distressed may help. Responding to early hunger cues, rather than waiting for intense crying, can make latching more organized and reduce frustrated clamping.

Positioning also matters. Bring your baby to the breast with their body close and aligned, rather than leaning your breast toward them. Aim for a wide-open mouth and a deep latch, with more breast tissue in the mouth than just the nipple. If your baby is slipping toward a shallow latch, repeatedly tugging, or making clicking sounds, detach them gently and relatch. A lactation consultant latch assessment can identify mechanical issues that may increase nipple compression or make nursing uncomfortable for either of you.

Watch the feeding pattern, especially near the end. When swallowing becomes infrequent and your baby starts looking around, slowing their suck, or clenching, you can break suction and finish the feed before a bite. This is often more effective than waiting for repeated bites and trying to correct them afterward.

Protecting Your Nipples and Maintaining Feeding

Even a small tooth can cause bruising, a compression line, abrasion, or a break in the skin. After a painful feed, inspect the nipple and areola in good light.

A nipple that comes out flattened, creased, blanched, or sharply painful may indicate shallow attachment or compression in addition to biting. Continuing to feed with a painful injury can be difficult, so early assessment is reasonable rather than waiting for the problem to escalate.

For uncomplicated soreness, gentle nipple care and correcting the underlying latch are central. Avoid harsh soaps or unnecessary topical products that may irritate damaged skin. Letting the area air-dry briefly after feeds and changing damp breast pads can help preserve skin integrity. Ask a healthcare professional which wound-care approach is appropriate for your specific injury, particularly if there is a crack, bleeding, prior skin condition, or persistent pain.

Milk removal remains important for comfort and supply. If direct feeding on one side is temporarily too painful, a lactation professional can help you plan a short-term alternative, such as expressing milk, while protecting the breast from engorgement. Do not assume you must stop breastfeeding because a baby has begun teething. Many babies continue nursing successfully once gum comfort, timing, and latch have been addressed.

Be alert for signs that go beyond a simple bite injury: worsening redness, heat, swelling, discharge, fever, flu-like symptoms, or pain that is increasing rather than improving. These symptoms need prompt medical evaluation because they can reflect infection or inflammation. Likewise, consult a pediatric clinician if your baby feeds much less than usual, has fewer wet diapers, seems unusually sleepy, or shows other signs of illness. Teething should not be used to explain away significant feeding difficulty or dehydration.

When to Seek Professional Help

Contact a lactation consultant, midwife, health visitor, or other qualified breastfeeding professional when biting is frequent, latch remains painful, or you are considering weaning because nursing has become distressing. Observing a complete feed can reveal whether milk flow, positioning, oral motor function, breast fullness, or a change in feeding behavior is contributing. Individualized support is especially valuable when nipple pain existed before teething or when the baby has difficulty maintaining a deep latch.

Seek medical advice promptly for a deep puncture, uncontrolled bleeding, spreading redness, fever, pus-like drainage, marked swelling, or severe nipple pain. A clinician can determine whether there is tissue injury requiring treatment and whether ongoing breastfeeding or milk expression needs adaptation. Do not self-diagnose an infection or begin medication based solely on online information.

For your baby, arrange pediatric assessment for sustained feeding refusal, poor weight gain, signs of dehydration, choking or coughing during feeds, unusual mouth lesions, persistent fever, or behavior that seems out of proportion to typical teething discomfort. While temporary feeding disturbance during teething can occur, a baby who is unwell may need evaluation for a cause unrelated to tooth eruption.

It is also appropriate to ask for help because the experience is emotionally difficult. Anticipating pain can lead to tension at each latch, and that tension may make feeding harder. A practical plan, reassurance from a qualified clinician, and support from another caregiver can make this phase more manageable while you decide what is sustainable for your family.