

Breastfeeding during teething



Why breastfeeding can continue after teeth appear

Many parents worry that the first tooth means breastfeeding will become impossible or unsafe. In most cases, breastfeeding can continue normally after teeth erupt. During an effective latch, the baby's tongue extends over the lower gumline and cups the breast, helping create negative pressure and move milk. The nipple is drawn deeply toward the junction of the hard and soft palate, away from the front teeth. This is why a baby who is actively drinking generally cannot bite at the same time; biting tends to happen when the latch has become shallow, the baby is distracted, or milk flow has slowed.

Teething itself is not a medical reason to wean. The American Dental Association specifically addresses the misconception that teeth should end breastfeeding, and the Centers for Disease Control and Prevention notes that breastfeeding may continue after teeth appear. If your goal is to keep nursing, it is reasonable to work through this phase with positioning, timing, and calm responses rather than assuming the relationship is ending.

It may help to reframe teething as a temporary oral-development stage. A baby is learning how a changing mouth feels: swollen gums, increased saliva, new pressure from erupting teeth, and a stronger urge to chew. Breastfeeding may

become both nutrition and regulation. Some babies nurse more often because suckling is soothing; others briefly resist the breast because gum pressure or a changed latch feels uncomfortable. Both patterns can be distressing, but neither automatically means breastfeeding is failing.

How teething changes feeding behavior

Teething-related feeding changes are often intermittent. A baby may latch eagerly, then pull off crying; take very short feeds; prefer one breast; clamp near the end of a feed; or nurse more overnight. Increased drooling, chewing behavior, flushed cheeks, and localized gum tenderness may occur around the same time, though these signs are not specific enough to prove teething. Signs baby is teething can overlap with fatigue, developmental distraction, minor viral illness, ear discomfort, or changes in milk flow.

Some babies become more distracted at the breast during tooth eruption. They may latch, look around, and accidentally scrape the nipple while turning. Others use the breast like a chew object when they are not hungry. This can be especially common before a tooth breaks through, when pressure in the gum is prominent. Short feeds may still transfer enough milk if swallowing is audible and diaper output is normal, but persistent breast refusal or fewer wet diapers deserves prompt professional guidance.

Another common pattern is comfort nursing. Sucking can calm the nervous system and may temporarily reduce distress. This does not mean the baby is manipulating the parent or that comfort feeding is wrong. However, if comfort nursing becomes painful because the baby repeatedly clamps, it is appropriate to set gentle boundaries and offer other safe soothing measures before returning to the breast.

Responding to biting calmly and effectively

A bite can be startling and intensely painful, and it is understandable to feel anxious before the next feed. The goal is to interrupt biting while preserving a sense of safety at the breast. A loud scream may scare some babies, occasionally leading to temporary breast refusal. Instead, try to stay as calm as you can, unlatch promptly, and pause the feed for a short moment.

To release a bite, avoid pulling the baby straight off, because that can injure the nipple. You can insert a clean finger at the corner of the mouth to break suction, or gently bring the baby closer into the breast so the nose is briefly less free and the baby opens the mouth. Then say a simple phrase such as, "No biting. We nurse gently," and offer the breast again if the baby seems hungry and calm.

Prevention often works better than reaction. Watch for cues that the baby is no longer actively swallowing: flutter sucking, looking away, smiling with the nipple in the mouth, or jaw tension. Many bites happen at the end of a feed, so unlatching before the baby starts to play can help. If biting occurs at let-down because milk is slow, breast compression or switching sides may reduce frustration. If biting occurs during fast flow, a more upright position or letting the first strong spray pass into a cloth may help some families.

Pain during breastfeeding causes are not always teething-related. Cracked nipples, vasospasm, dermatitis, thrush-like symptoms, engorgement, mastitis symptoms, and latch problems can coexist with teething and make every feed feel risky. If pain persists between feeds, the nipple is damaged, or you dread nursing because of repeated injury, consider a lactation consultant latch assessment and medical review.

Protecting latch, milk transfer, and milk supply

When teething disrupts feeding, the first priority is making feeds as easy and low-stimulation as possible. Many babies nurse better when sleepy, newly waking, or relaxed in a quiet room. Reducing noise, bright light, and interruptions can help a distracted baby maintain a deeper latch. Skin-to-skin contact, laid-back nursing, side-lying, or an upright koala-style hold may change gum pressure and make the breast more comfortable.

Pay attention to milk transfer rather than feed length alone. A teething baby may take shorter but efficient feeds. Useful signs include rhythmic sucking with swallowing, relaxed hands after feeding, content periods between feeds, and expected wet diapers. If feeds become very brief and the baby seems persistently hungry, or if diaper output drops, seek guidance from a pediatric clinician or lactation professional.

If the baby temporarily refuses the breast, protect supply while keeping the breast a calm place. Offer without pressure, especially when the baby is drowsy. If several feeds are missed, hand express or pump at usual feeding times to maintain milk production and relieve fullness. Expressed milk can be offered by an age-appropriate method recommended by your healthcare team. Avoid forcing the baby onto the breast, because pressure can worsen aversion.

Some parents notice biting increases when the baby is not actually hungry. In that case, offer a chilled teething ring or cool damp washcloth before nursing, then return to the breast once the baby is calmer. Check that any teething item is intact, too large to choke on, and used with supervision. Very hard frozen items may injure delicate gums, and numbing remedies can make coordination at the breast worse.

Comfort measures and medication caution

Safe teething comfort measures usually begin with simple approaches: gentle gum massage with a clean finger, a chilled but not frozen teething ring, a cool damp washcloth for chewing, extra cuddling, and flexible feeding positions. These strategies aim to reduce gum pressure without altering the baby's ability to latch, suck, and swallow.

Teething medication safety is an important topic because some over-the-counter products marketed for mouth pain can be risky for infants. Numbing gels or liquids may reduce oral sensation and interfere with latch. Products containing local anesthetics have also raised safety concerns in young children, depending on the ingredient and circumstances. Homeopathic or herbal teething products are not automatically safe simply because they are described as natural. Before using any medication for teething discomfort, ask your baby's healthcare professional about age, weight, dosing, ingredients, and whether symptoms truly fit teething.

Timing also matters. La Leche League GB cautions that frozen or numbing remedies used immediately before breastfeeding may interfere with effective latch. If you use a chilled comfort item, consider offering it before a feed only long enough to soothe chewing needs, then allow the baby to latch when alert and coordinated. If a clinician recommends an analgesic, follow their instructions exactly and avoid combining products unless specifically advised.

Teething and fever myths can complicate decision-making. Teething may be associated with mild discomfort, drooling, and gum tenderness, but true fever, lethargy, persistent vomiting, diarrhea, breathing difficulty, or signs of dehydration should not be attributed to teething without medical input. When symptoms are systemic or your baby seems significantly unwell, it is safer to contact a healthcare professional.

When to ask for professional help

You do not have to solve teething-related breastfeeding difficulties alone. A lactation consultant, pediatrician, family physician, dentist familiar with infants, or maternal-child health nurse can help distinguish normal transitional behavior from problems that need care. Seek help promptly if your baby has fewer wet diapers, refuses most feeds, has poor weight gain, shows signs of dehydration, or seems unusually sleepy or irritable.

For the breastfeeding parent, medical support is also important if bites cause bleeding, deep cracks, increasing redness, breast swelling, fever, flu-like symptoms, or worsening pain. Nipple trauma can make latch shallow, and a shallow latch can increase biting, creating a cycle that is hard to break without hands-on assessment. Treatment decisions should be individualized; avoid self-diagnosing infection or using leftover medications.

Oral health is part of the picture too. Once teeth appear, gently clean them according to dental guidance, and ask about the timing of the first dental visit. Breastfeeding at night is common, but infant oral hygiene and overall feeding patterns can be discussed with a pediatric dentist or healthcare professional. The aim is not to shame breastfeeding families, but to support both continued nursing and healthy teeth.

Most teething-related breastfeeding disruptions pass. Your baby may need more patience, different positioning, and repeated reminders not to bite. You may need reassurance, practical support, and a plan to protect your nipples and milk supply. Continuing breastfeeding during teething is often possible, and it can remain a source of nourishment, comfort, and connection through this bumpy stage.