

## Does teething cause fever myths



### Why the teething fever myth persists

The belief that teething causes fever has been passed between families for generations, often with genuine love and good intentions. It persists because tooth eruption happens during a biologically busy period: infants and toddlers are also encountering viruses, building immune responses, exploring objects with their mouths, and developing rapidly. When a tooth appears soon after a warm forehead or an unsettled night, the timing can feel convincing.

Research on parental beliefs shows that fever is commonly attributed to teething, even though the evidence does not support teething as a cause of high fever. This does not mean caregivers are "wrong" to notice a pattern. Babies can be more irritable, drooly, and uncomfortable around tooth eruption, and they may have a mild temperature elevation. The problem is that a true fever can have many causes, including viral infections, ear infections, urinary tract infections, respiratory illness, or other conditions that deserve clinical attention.

The myth becomes risky when it closes the door to further observation. If every warm day is labeled as teething, families may miss changes in feeding, urine output, breathing, alertness, or rash. A more helpful approach is to see

teething as one possible contributor to discomfort, while treating fever as a separate sign that should be interpreted in the full clinical context.

## **What teething can actually do**

Teething is the process of primary teeth moving through the gums. It can cause localized gum inflammation and tenderness, which may make a baby chew more, drool more, wake more often, or seem clingier than usual. Some babies develop a drool-related rash around the mouth or chin because saliva irritates the skin. Others become fussier during feeding because sucking or pressure on the gums feels uncomfortable.

Teething symptoms in babies are usually mild and intermittent. A baby may have a cranky afternoon, gnaw on toys, refuse a spoon briefly, or settle with cuddling and a cool teether. These patterns can be exhausting for caregivers, but they are different from systemic illness. Teething alone should not cause a baby to appear very unwell, difficult to rouse, persistently inconsolable, or unable to maintain hydration.

Some clinical resources describe a small rise in temperature around teething. This is not the same as a meaningful fever. Temperature can vary with time of day, crying, bundling, room temperature, recent feeding, and how it is measured. A slight elevation without other concerning symptoms may fit the picture of tooth eruption. However, high fever and tooth eruption should not be treated as a normal pairing. When a baby's temperature reaches fever range, especially if the child is young or has other symptoms, illness is more likely than teething.

## **Temperature rise versus true fever**

One reason this topic causes confusion is that families and clinicians may use the word "fever" differently. In everyday language, a baby who feels warm may be described as feverish. Medically, fever is defined by measured body temperature, usually using a reliable thermometer and an age-appropriate method. A digital thermometer for infants is more dependable than touch alone.

Clinically, a small temperature increase can occur during teething, but teething and true fever are not the same. A true fever suggests the body is

mounting an inflammatory or immune response, often to infection. The exact threshold and urgency depend on age, measurement site, medical history, and associated symptoms. Young infants, especially those under 3 months, require particular caution because fever can be the only early sign of a serious infection.

Measurement technique matters. Rectal temperatures are often used in medical settings for infants because they approximate core temperature, but caregivers should follow local guidance and their pediatrician's instructions. Ear, forehead, oral, and underarm readings can differ. Whatever method is used, the number should be considered alongside the baby's behavior: alertness, breathing comfort, feeding, wet diapers, skin color, and consolability.

The key message is not that every fever is an emergency. Rather, it is that fever deserves its own assessment. If a baby is teething and also has a significant fever, worsening symptoms, or parental concern, it is safer to ask a healthcare professional than to assume the tooth explains everything.

### **Symptoms that should not be blamed on teething**

Many childhood illnesses overlap with teething season. Babies put fingers and toys in their mouths, spend time around other children, and experience frequent viral exposures. Because of this overlap, symptoms can be mistakenly grouped under the teething label.

Symptoms that are less consistent with simple teething include sustained high fever, repeated vomiting, significant diarrhea, cough with breathing difficulty, wheezing, ear drainage, widespread rash, marked sleepiness, stiff neck, signs of pain that are not relieved by comfort, or fewer wet diapers. Persistent refusal of fluids, dry mouth, no tears with crying, or a sunken soft spot may suggest dehydration and should be taken seriously.

Systemic symptoms during teething are a common source of confusion. A baby may be fussy and sleep poorly during tooth eruption, but severe lethargy, a toxic appearance, or a baby who is difficult to wake is not typical teething behavior. Similarly, a mild change in stool from swallowed saliva is sometimes discussed by parents, but pronounced diarrhea should prompt consideration of infection or another cause.

It is also important to avoid anchoring bias, a term clinicians use when one explanation becomes so dominant that other possibilities are overlooked. Seeing a swollen gum ridge or a newly erupted tooth may be relevant, but it should not erase the need to evaluate fever, respiratory symptoms, hydration, or behavior. Parents know their babies well; if something feels different from ordinary teething discomfort, that concern is valid.

### **When to seek medical advice**

Because recommendations vary by country and by a child's age and medical history, families should follow their local pediatric guidance. In general, fever in young babies deserves prompt attention, and any fever in an infant under 3 months should be discussed urgently with a healthcare professional. Older babies should be assessed based on the height and duration of fever, associated symptoms, and overall appearance.

Contact a clinician if a baby has a high temperature, seems unusually drowsy, has trouble breathing, has a seizure, is persistently inconsolable, has a non-blanching rash, shows signs of dehydration, or is not feeding enough to maintain wet diapers. Caregivers should also seek advice when fever persists, returns after improving, or is accompanied by ear pain, painful urination, significant cough, vomiting, or diarrhea.

It is reasonable to mention teething during the conversation. A clinician may ask about drooling, chewing, gum swelling, sleep, intake, urine output, stool pattern, respiratory symptoms, and exposure to illness. This broader picture helps distinguish safe teething discomfort from a problem that needs examination or testing.

Parents sometimes worry they are overreacting. In reality, calling for guidance is part of safe infant care. Healthcare professionals would rather help a family sort out fever during apparent teething than have a baby's infection missed because everyone assumed a tooth was to blame.

### **Safe teething comfort measures**

Most teething discomfort can be managed with simple, low-risk strategies. Offer

a clean, firm teething ring that has been chilled in the refrigerator, not frozen solid. Gentle gum massage with a clean finger can also help. Some babies like chewing on a cool, damp washcloth while supervised. Keeping the chin dry and using a protective barrier recommended by a clinician can reduce drool-related skin irritation.

Safe teething comfort measures also include maintaining normal fluids and responding to the baby's cues. If feeding is uncomfortable, smaller and more frequent feeds may be easier for some babies. Extra cuddling, calm routines, and reducing overstimulation can help an unsettled baby cope.

Avoid teething necklaces, bracelets, or anklets because of choking and strangulation risk. Avoid cutting the gum, placing alcohol on the gums, or using unregulated teething remedies. Products containing local anesthetics, such as benzocaine, are not appropriate for infants unless specifically advised by a healthcare professional; some have been associated with serious adverse effects. Homeopathic teething tablets or gels may also carry safety concerns and should not be assumed harmless.

If pain relief medicine is being considered, caregivers should speak with a healthcare professional or follow official pediatric dosing guidance based on the child's age and weight. Medication should not be used to mask a fever that may require evaluation, and aspirin should not be given to children unless a clinician specifically directs it.

## **A balanced way to think about teething and fever**

The most useful message is balanced: teething can be uncomfortable, but it should not be blamed for everything. A baby can be teething and have a viral infection at the same time. A new tooth can explain gum rubbing and drooling, while fever may still point to another process.

Families can use a simple mental checklist. First, measure the temperature rather than relying only on touch. Second, look at the whole baby: breathing, alertness, feeding, wet diapers, rash, crying pattern, and comfort. Third, consider age and medical risk. Fourth, seek medical advice when the fever is significant, the baby is very young, symptoms are concerning, or caregiver intuition says something is not right.

This approach avoids both extremes. It does not dismiss parental observations about tooth eruption, and it does not let the teething label delay care. With supportive comfort measures and appropriate caution, caregivers can help babies through teething while staying alert to signs of illness.