

## How to tell if baby is teething



### What teething is and when it usually starts

Teething refers to the movement of primary teeth through the jaw and into the oral cavity. The tooth gradually approaches the gum surface, which can create localized gum inflammation during teething. This inflammation is why some babies have swollen gums in babies, tenderness over one small area, and a strong desire to chew.

The timing varies widely. Many babies get their first tooth around the middle of the first year, often a lower central incisor, but some erupt earlier and some later. A baby can also show mild gum discomfort before a tooth is visible. Because the baby tooth eruption timeline is variable, the calendar alone cannot confirm teething; behavior and mouth findings matter more.

It is also normal for symptoms to come and go. A baby may seem uncomfortable for a few days, improve, and then become fussy again when another tooth begins to erupt. That intermittent pattern can be frustrating, but it is common during the primary tooth eruption period.

### The most common signs baby is teething

The most reliable clues are physical findings in the mouth plus behavior that suggests oral discomfort. No single sign proves teething, but several occurring together make it more likely.

**Dropoling:** increased saliva can soak clothing and irritate the skin around the mouth or chin.

**Chewing behavior during teething:** babies may bite toys, fingers, fists, spoons, or the edge of a caregiver's shirt.

**Gum changes:** the gums may look puffy, red, or slightly swollen over the area where a tooth is moving upward.

**Fussiness or irritability:** discomfort may make a baby harder to settle, especially in the evening.

**Sleep difficulty:** a baby who usually sleeps longer stretches may wake more often when gum pressure is bothersome.

**Feeding changes:** some babies briefly nurse, bottle-feed, or eat solids less enthusiastically because sucking or spoon pressure irritates the gums.

You may also notice cheek rubbing, ear pulling, or biting during feeds. Ear pulling can occur because oral discomfort may be referred toward the jaw or ear region, but it can also occur with an ear infection. If ear pulling is accompanied by fever, persistent crying, poor sleep, drainage, or clear pain when lying down, ask a clinician for advice.

### **What the gums may look and feel like**

During tooth eruption, the gum over the emerging tooth may appear swollen, shiny, or slightly red. You might feel a firm ridge or small bump under the gum. Localized gum tenderness during teething is often most obvious when the baby bites down, pulls away from a bottle nipple, or resists a spoon touching that spot.

A visible tooth edge may appear as a small white line or point. Some babies have a small bluish swelling called an eruption cyst over an incoming tooth. Many eruption cysts resolve without treatment, but any mouth swelling that is large, bleeding, very painful, draining pus, associated with fever, or interfering with feeding should be assessed by a pediatrician or pediatric dentist.

A mild drool-related rash can develop on the chin, cheeks, neck folds, or upper chest. This is usually irritation from saliva rather than a primary infection. Gently patting the skin dry and using a simple barrier ointment recommended by your baby's clinician may help protect the skin. If the rash spreads, crusts, blisters, or looks infected, seek medical advice.

## **Teething versus infant illness**

One of the most important questions is whether symptoms are truly teething or an illness happening at the same time. Teething can cause mild discomfort, drooling, chewing, swollen gums, irritability, sleep disruption, and a modest appetite dip. It should not make a baby appear seriously ill.

High fever and diarrhea are not typical teething symptoms. A slightly elevated temperature may occur around teething, but a true fever, especially if high or persistent, deserves attention. Vomiting, significant diarrhea, a widespread rash, cough with breathing difficulty, dehydration, marked lethargy, stiff neck, persistent inconsolable crying, or refusal to drink should not be attributed to teething without professional guidance.

It is understandable to hope teething explains everything, especially during a difficult night. Still, teething symptoms versus illness can be subtle in babies because they cannot describe pain. When behavior feels out of proportion to teething, or your intuition says something is wrong, contacting a healthcare professional is appropriate.

## **Safe ways to comfort a teething baby**

Safe teething comfort measures focus on pressure, coolness, and soothing contact. A clean finger can be used to gently rub the sore gum for a short time. Many babies also like a firm rubber teething ring that has been chilled in the refrigerator, not the freezer. Cold can reduce discomfort, but frozen objects may be too hard and can injure the gums.

Offer safe objects designed for chewing, and supervise closely. Choose teethers that are solid, easy to clean, and in good condition. Avoid liquid-filled teethers because they can leak if punctured. Keep small objects and any item that could break into pieces away from the baby.

Feeding may need temporary flexibility. If your baby is old enough for solids, cool soft foods may feel soothing, but foods must be developmentally appropriate and prepared to reduce choking risk. Continue breast milk or formula as the main nutrition source for infants, and ask your clinician if pain seems to be interfering with hydration.

Extra holding, rocking, and responsive comfort are not spoiling a baby; they are supportive care during a painful developmental stage. If you are exhausted, take turns with another trusted adult when possible, and place the baby safely in a crib if you need a brief moment to regroup.

### **Products and remedies to avoid**

Some teething products are widely marketed but carry safety concerns. Avoid amber teething necklaces and other teething jewelry because of choking and strangulation risks. Jewelry also has no reliable role in treating tooth eruption discomfort in infants.

Benzocaine-containing teething products should be avoided unless a healthcare professional specifically directs otherwise. Topical numbing gels may wash away quickly, may not provide meaningful relief, and can carry serious risks in infants. Homeopathic teething tablets or gels should also be approached cautiously because ingredients and dosing may be unreliable.

Do not freeze teething rings or toys. Frozen items can become excessively hard and damage tender gum tissue. Also avoid dipping pacifiers or teethingers in sweet substances, as this can increase dental caries risk once teeth erupt and may create feeding habits that are difficult to change.

### **When to call a healthcare professional**

Call your baby's pediatrician, pediatric dentist, or another qualified healthcare professional if you are unsure whether symptoms fit teething, especially in a young infant or a baby with underlying medical conditions. It is better to ask than to miss dehydration, infection, or another cause of pain.

Seek guidance promptly for fever in a very young infant, high or persistent

fever at any age, poor fluid intake, fewer wet diapers, repeated vomiting, significant diarrhea, breathing difficulty, lethargy, a seizure, a concerning rash, mouth swelling with pus or bleeding, or crying that cannot be soothed. Also ask for help if your baby's feeding, sleep, or comfort is significantly disrupted for more than a short period.

A clinician can help decide whether observation is enough, whether an examination is needed, and whether any medication is appropriate based on age, weight, medical history, and symptoms. Do not use pain relievers, oral gels, or alternative remedies as a substitute for medical assessment when your baby appears unwell.