

Signs baby is teething



What teething is and when it usually starts

Teething is the process by which a baby's primary teeth move through the jaw and emerge through the gingiva, or gum tissue. Many babies begin teething around 6 months of age, but timing varies widely. Some infants show early gum changes before a visible tooth appears, while others do not erupt their first tooth until later in the first year. Variation alone is usually not a problem, especially if growth, feeding, and development are otherwise on track.

The lower central incisors are often among the first teeth to appear, followed by upper incisors and then additional primary teeth over the next couple of years. The gum over an erupting tooth may look slightly swollen, pale, red, or bumpy. Some babies have several uncomfortable days before a tooth breaks through; others seem minimally affected.

It is also common for teething signs to come and go. A baby may drool heavily and chew for days, then appear calmer before the tooth is visible. This fluctuating pattern can be frustrating, but it reflects that tooth movement and gum pressure are gradual rather than a single moment.

Oral signs: drooling, gum tenderness, and chewing

The most characteristic signs baby is teething are centered in and around the mouth. Increased drooling is very common. Babies may soak bibs, clothing, or bedding, and saliva can irritate the skin around the mouth, chin, or neck folds. This irritation is usually from moisture and friction, not from teething causing a systemic rash.

Gums may appear swollen or feel firmer where a tooth is near the surface. Your baby may respond to gentle pressure on that area by calming, or may pull away if the gum is especially tender. Chewing on fingers, toys, pacifiers, washcloths, or the caregiver's hand is another classic sign. The pressure can counter the discomfort from the erupting tooth.

Frequent hand-to-mouth behavior may increase.

Your baby may rub their cheek or ear on the same side as gum discomfort, though ear-pulling alone can also occur with ear infection.

Drooling may increase before any tooth is visible.

Mild gum redness or a small raised area over the tooth can occur.

Because babies explore the world with their mouths, chewing by itself does not prove teething. The pattern matters: chewing plus drooling, localized gum swelling, and short-lived fussiness is more suggestive than chewing alone.

Behavioral changes: fussiness, sleep disruption, and needing extra comfort

Teething discomfort can make a baby more irritable than usual. This may look like shorter tolerance for play, more clinginess, crying when put down, or needing extra soothing at naps and bedtime. Sleep can be disrupted because gum pressure is more noticeable when a baby is lying quietly and has fewer distractions.

However, teething-related fussiness is usually mild to moderate and intermittent. A baby may still have periods of normal interaction, eye contact, play, feeding, or settling with comfort. Persistent inconsolable crying in babies deserves a broader assessment, particularly if it is intense, sudden, or accompanied by fever, vomiting, abdominal distension, breathing difficulty, or reduced responsiveness.

Caregivers often know their baby's baseline best. If the crying feels different in quality, severity, or duration, it is reasonable to contact a healthcare professional rather than waiting for a tooth to appear. Teething is common, but it should not become a catch-all explanation for significant distress.

Feeding changes and appetite

Sore gums can make feeding feel uncomfortable. Breastfeeding babies may latch, pull away, relatch, or seem distracted. Bottle-fed babies may chew on the nipple or take smaller volumes more frequently. Older babies eating solids may prefer softer, cooler foods for a short period. This kind of feeding-related infant discomfort can occur because sucking and chewing change pressure across tender gum tissue.

Even so, teething should not cause prolonged poor intake. A baby who refuses most feeds, has fewer wet diapers, seems weak, has a dry mouth, cries without tears, or is difficult to wake needs prompt medical guidance. Regular wet diapers remain one of the practical signs that fluid intake is adequate, although diaper patterns vary with age and feeding method.

If your baby is old enough for complementary foods, chilled purees or cool soft foods may feel soothing, but avoid hard foods that can break into choking hazards. Never tie a teething object around a baby's neck or wrist, and supervise any chewing item closely.

What teething does not usually cause

One of the most important safety points is that teething causes localized oral discomfort, not a full-body illness. Medical sources consistently caution that fever, diarrhea, colds, and significant rashes should not be attributed to teething. A temperature above 100.4°F is not considered a normal teething symptom and should prompt consideration of infection or another medical cause, especially in young infants.

Teething also should not cause repeated vomiting, severe cough, wheezing, dehydration, lethargy, or a baby who is persistently difficult to console. Loose stools are sometimes reported by parents during teething periods, possibly because babies swallow more saliva or put more objects in their

mouths, but true diarrhea or signs of dehydration require medical advice.

Skin irritation from drool can appear around the mouth, chin, cheeks, neck, or upper chest. Widespread rash, blistering, hives, or rash with fever is different and should be assessed. Similarly, ear rubbing may occur with jaw or gum discomfort, but ear pain with fever, poor sleep, or marked irritability may indicate otitis media rather than teething.

Safe ways to comfort a teething baby

Comfort measures should reduce gum pressure without adding avoidable risk. A clean finger can be used to gently massage the sore gum for a short time. A firm rubber teething ring chilled in the refrigerator may help; it should be cool, not frozen solid, because very hard frozen objects can injure delicate gum tissue. A clean, damp, chilled washcloth can also be useful for babies who can safely mouth it under supervision.

Offer extra cuddling, calm routines, and patience during fussy periods.

Keep the chin and neck dry to reduce drool-related irritation.

Use age-appropriate teething toys that are intact, easy to clean, and free from small detachable parts.

For babies eating solids, consider cool soft foods if developmentally appropriate.

Ask a clinician before using any medication for pain relief, especially in younger infants or babies with medical conditions.

Avoid teething necklaces, bracelets, or anklets because of choking and strangulation risks. Avoid applying alcohol to the gums. Do not use topical numbing gels or homeopathic teething products unless your child's healthcare professional specifically recommends a safe option; some products have been associated with serious adverse effects in infants.

When to call a healthcare professional

You do not need to call for every drooly day or every swollen gum, but you should seek medical advice when symptoms fall outside the expected teething pattern. This is especially important for young infants, babies with chronic medical conditions, premature infants, or any baby whose symptoms are

escalating.

Contact a pediatrician, pediatric dentist, nurse advice line, or urgent care service if your baby has a temperature above 100.4°F, persistent feeding refusal, signs of dehydration, repeated vomiting, diarrhea, a spreading rash, difficulty breathing, unusual sleepiness, or inconsolable crying. Also call if you are unsure whether a mouth finding is a tooth, ulcer, injury, thrush, or another oral condition.

Parents and caregivers sometimes feel pressure to wait because teething is considered normal. Your concern is still valid. A clinician can help distinguish normal eruption discomfort from infection, trauma, oral lesions, gastrointestinal illness, or other causes of pain.