

## Teething and fever myths



### Why teething gets blamed for fever

Teething usually begins around the second half of infancy, though timing varies widely. This is also when babies are mouthing objects, exploring more environments, meeting other children, and gradually losing some maternally transferred antibodies. In practical terms, tooth eruption and viral infections often occur in the same months. When a baby becomes fussy and a tooth appears soon afterward, it is very easy to connect the two events.

The belief is reinforced by lived experience. A baby may have swollen gums, drool heavily, sleep poorly, and feel warm to the touch. Caregivers may also hear advice from relatives or online groups that fever, diarrhea, rash, and major sleep disruption are all normal teething. Studies of parental beliefs show that these myths are common. The concern is not that parents are overreacting; the concern is that a true illness can be under-recognized if every symptom is assigned to a tooth.

A systematic review of the literature found that teething may be associated with mild local symptoms and a slight increase in body temperature, but not with high fever. That distinction matters. A baby can be uncomfortable from teething and also have a viral infection, ear infection, urinary tract

infection, or another medical problem at the same time.

### **What teething can realistically cause**

Typical teething symptoms are usually mild and centered around the mouth. They may come and go over several days as a tooth moves through the gum. Many babies remain generally alert and interested in comfort, play, or feeding, even if they are crankier than usual.

Gum tenderness, mild swelling, or rubbing at the mouth.

Increased chewing, biting, or sucking on safe objects.

Drooling, sometimes with mild skin irritation around the chin or mouth.

Brief fussiness, especially around sleep or feeding.

A slight temperature elevation that does not reach fever range.

Low-grade fever in babies is a phrase caregivers often use for any warm reading, but medically it can be confusing. Some babies have minor temperature variation from crying, overdressing, warm rooms, or recent activity. A true fever threshold is generally 100.4 °F or 38 °C. If the temperature reaches that level, teething should not be assumed to be the explanation.

### **What teething should not explain**

Teething is not expected to cause a baby to look seriously ill. It should not cause a high fever, prolonged fever, severe diarrhea, repeated vomiting, breathing difficulty, or marked lethargy. These symptoms deserve a broader medical lens because they may reflect infection, dehydration, or another condition needing assessment.

Persistent vomiting or diarrhea is a particularly important example. Some families are told that loose stools happen because babies swallow extra saliva. While drool can irritate the skin or slightly change stool appearance for some babies, significant diarrhea or repeated vomiting should not be labeled as teething. Babies can lose fluid quickly, and signs of dehydration may be subtle at first.

Similarly, a cough, wheeze, fast breathing, blue or gray color, or increased work of breathing is not a tooth problem. Breathing difficulty in infants

should be taken seriously, regardless of whether a tooth is erupting. The same applies to unusual drowsiness, inconsolable crying, a non-blanching rash, seizures, or a baby who is difficult to wake.

### **Temperature: why the number matters**

Accurate baby temperature measurement helps separate a baby who feels warm from a baby with fever. Forehead, ear, pacifier, and armpit readings can be convenient, but their accuracy varies by age, technique, device, and environment. Rectal temperature is often considered the most accurate method for infants when a precise measurement is needed, though caregivers should follow clinician guidance and device instructions.

Several practical details can affect the reading. A baby who has been bundled, crying hard, or held against an adult may feel hot without having a fever. On the other hand, a baby can have a clinically important fever even if their forehead does not feel very warm. When the reading is near 100.4°F or 38°C, repeating it with an appropriate method and documenting the number, time, and method can help a pediatric clinician interpret the situation.

Fever in young babies deserves special caution. Many pediatric guidelines treat fever in infants under 3 months as urgent because serious bacterial infections may present with few symptoms. If a very young baby has a temperature of 100.4°F or 38°C or higher, caregivers should seek prompt medical guidance rather than waiting to see whether a tooth appears.

### **The risk of the myth**

The main danger of the teething-fever myth is delay. A caregiver may wait through a night of fever, poor intake, vomiting, or unusual sleepiness because they have been reassured that these are normal teething signs. Most childhood fevers are caused by common infections and many are self-limited, but some require timely evaluation. The safest approach is not panic; it is pattern recognition.

Consider the whole baby, not just the gums. Is the baby alert between crying spells? Are wet diapers normal? Is breathing comfortable? Is the fever persistent or rising? Is there a rash, stiff neck, repeated vomiting, or poor

feeding? Baby fever red flags are especially important when a baby is very young, has underlying medical conditions, is immunocompromised, or has recently had a procedure or significant exposure to illness.

It is also possible for teething and infection to coexist. A visible tooth does not rule out a virus, ear infection, urinary tract infection, or other illness. When symptoms seem disproportionate to gum discomfort, it is reasonable to contact a pediatric office, urgent care service, or after-hours pediatric triage line for individualized advice.

### **Comforting a teething baby safely**

Supportive care can make teething easier without masking concerning illness. Many babies respond to gentle gum massage with a clean finger, a chilled but not frozen teething ring, or extra soothing during feeds and sleep routines. Keeping the chin dry and using a clinician-approved barrier ointment may help if drool irritates the skin.

Avoid teething necklaces, bracelets, or anklets because they can pose choking or strangulation hazards. Avoid cutting the gums, using alcohol on the gums, or using numbing gels unless specifically directed by a healthcare professional; some topical anesthetic products have safety concerns in infants. Homeopathic teething products have also raised safety concerns in some settings and should not be assumed harmless.

If a baby seems significantly uncomfortable, caregivers often wonder about pain medicine. Dosing depends on age, weight, medical history, and the specific medication, so it is best to ask a pediatric clinician or pharmacist.

Fever-reducing medicine should not be used to make a persistent or unexplained fever easier to ignore, especially in very young infants.

### **How to talk with a clinician about fever and teething**

When you call a clinician, clear details help. Share the baby's age, temperature, how it was measured, how long it has been elevated, and whether any medicine was given. Mention feeding, wet diapers, stool pattern, vomiting, rash, breathing, alertness, and exposure to sick contacts. If a tooth is erupting, say so, but frame it as one detail rather than the diagnosis.

You do not need to prove that something is wrong before asking for help. Parents often know when a baby is "not themselves," and that observation has value. At the same time, medical teams use age, vital signs, exam findings, and risk factors to decide whether home care, same-day evaluation, or urgent assessment is appropriate.

A balanced rule is this: mild gum symptoms with a normal temperature can usually be managed with comfort care, while true fever or systemic symptoms deserve attention beyond teething. That approach respects both realities: teething can be uncomfortable, and babies can become ill during the teething months.