Teething pain in babies

What teething pain may feel like

Teeth usually begin erupting during the first year, although timing varies substantially between healthy children. As a tooth moves through the gum tissue, local pressure and inflammation may make the area tender. Some babies appear unaffected; others are temporarily more irritable, chew more often, or seek extra comfort. Discomfort may fluctuate over several days rather than remain constant.

Common observations include increased drooling, rubbing the face or ear, biting on safe objects, a desire to suck, slightly disrupted sleep, and reluctance to eat some textures. The gum over an emerging tooth may look red, swollen, or feel firmer. These signs are not diagnostic on their own, but a localized pattern that coincides with a visible or palpable tooth supports teething as one possible explanation.

Drooling can irritate skin around the mouth, chin, and neck. Patting saliva away rather than rubbing and changing damp bibs or clothing can reduce friction. A simple barrier ointment may be appropriate for some babies, but caregivers should ask a clinician or pharmacist if a rash is persistent, widespread, weeping, or appears infected.

It is understandable to connect every unsettled period to a new tooth. However, babies also change rapidly in feeding, sleep, and behavior for many other reasons. Treat teething as a possible contributor, not a catch-all explanation for significant or prolonged discomfort.

Teething symptoms versus illness

Careful attention to teething symptoms versus illness is essential because infections and other medical problems are common in infancy. Teething may coincide by chance with a viral illness, ear infection, gastrointestinal illness, or another cause of distress. The presence of a tooth near eruption does not rule out these conditions.

Current NHS guidance notes that teething generally causes no pain or only mild, short-lived symptoms. A mild temperature elevation may occur in some children, but a true fever should not automatically be blamed on teething. Fever is particularly important to assess in young infants because age changes the urgency and possible causes.

Seek timely medical advice for a baby who has a measured fever, is unusually sleepy or difficult to rouse, cries inconsolably, breathes with difficulty, repeatedly vomits, has significant diarrhea, develops a concerning rash, drinks much less than usual, or has fewer wet diapers. Contact a healthcare professional promptly for any infant younger than three months with a temperature of 38 C \(100.4 F\) or above.

Changes in feeding deserve context. A baby may briefly prefer a cooler bottle nipple, breastfeed differently, or reject a firmer food because the gums are sore. Persistent feeding refusal, painful swallowing, poor weight gain, or reduced urine output is not something to manage as routine teething. When uncertain, a pediatric clinician can assess hydration, ears, mouth, and overall wellbeing.

Safe teething comfort measures

Safe teething comfort measures are usually simple and do not require medication. Wash hands thoroughly, then use a clean finger to apply gentle,

steady pressure to the sore gum for a short period. Many babies find this counterpressure soothing. Stop if the baby pulls away, cries more, or seems distressed.

A firm teething ring that has been chilled in the refrigerator can provide cooling and something safe to bite. It should be clean, intact, and large enough that it cannot be swallowed. Do not freeze teething rings or other objects: a frozen item can become too hard and may injure sensitive gum tissue. A clean, cool damp washcloth can also be offered for supervised chewing.

For babies already eating complementary foods and developmentally ready for them, a cool soft food may be comforting. Food must match the child's established feeding skills and be offered seated upright with direct adult supervision. Avoid hard foods or pieces that could break off and cause choking. Do not use food-filled mesh feeders unless a clinician has advised their use and caregivers can clean them reliably.

Offer extra cuddling, rocking, or quiet time when the baby is unsettled.
Keep a familiar feeding and sleep routine as much as possible.
Wipe drool gently and protect irritated skin as advised by a healthcare professional.
Inspect teethers frequently and discard cracked, leaking, or damaged items.

These approaches can be repeated as needed. They also avoid exposing a baby to substances whose benefits are limited and whose potential harms can be substantial.

Medication and product safety

Teething medication safety matters because products marketed for sore gums can sound reassuring while carrying avoidable risks. Before using any medicine, discuss the baby's age, weight, medical history, current symptoms, and other medicines with a pediatric healthcare professional or pharmacist. A clinician may advise an age-appropriate oral pain reliever for short-term discomfort and will explain weight-based pain reliever dosing. Never estimate a dose, use an adult formulation, or give a medicine more often than instructed.

Do not give aspirin to babies or children. Aspirin has been associated with

Reye syndrome, a rare but serious condition. Avoid alcohol-containing remedies, teething powders, and unregulated treatments. Do not apply oral numbing gels or liquids containing benzocaine or lidocaine unless specifically directed by an appropriate clinician; these products can be dangerous if swallowed or absorbed and may numb the throat, increasing aspiration risk.

Benzocaine-containing teething products have been linked to methemoglobinemia in infants, a condition in which blood cannot carry oxygen effectively. Warning signs can include pale, gray, or blue skin or lips, shortness of breath, fatigue, confusion, or a fast heart rate. This is an emergency and requires immediate medical care.

Homeopathic teething tablets and gels should also be avoided because ingredients and concentrations may be inconsistent, and reported adverse effects have occurred. Teething necklaces, bracelets, and anklets, including amber products, create strangulation and choking hazards. They should not be worn by a baby or used during sleep, car travel, or unsupervised time.

Supporting feeding, sleep, and daily comfort

Teething can make ordinary routines feel more difficult, particularly when discomfort is worse in the evening or when a baby is tired. The goal is not to eliminate every wake-up or behavior change, but to help the child feel secure while maintaining safe routines. A predictable, low-stimulation bedtime sequence can be useful: feed as usual, offer a brief gum-comfort measure if needed, then settle the baby in their normal safe sleep space.

Avoid placing a teething ring, washcloth, bottle, pacifier coated in gel, or other object in the sleep space. Babies should sleep on their backs on a firm, flat surface without loose items. Even a familiar comfort object can become unsafe when a caregiver is asleep or not directly supervising.

Feeding patterns may become temporarily uneven. Continue breast milk or infant formula as the primary nutrition during the appropriate stage of infancy, and offer feeds responsively. If solids have already been introduced, choose familiar soft options rather than forcing foods the baby rejects. A brief reduction in interest in solids may occur, but a substantial decline in milk intake warrants professional advice.

Caregivers need support as well. Taking turns with another trusted adult, reducing nonessential demands, and documenting temperature, wet diapers, feeds, and medicines given can make a difficult night more manageable. Written observations are also useful if a clinician needs to evaluate whether the pattern is consistent with teething or another problem.

When to ask for professional help

Contact a pediatric healthcare professional when a baby’s pain seems severe, lasts beyond a short period, repeatedly disrupts feeding or sleep, or does not improve with basic comfort. It is also sensible to seek advice before using any pain medicine in a very young infant or when the child has chronic health conditions, was born prematurely, or takes other medications.

Urgent evaluation is appropriate for breathing difficulty, blue or gray lips or skin, a seizure, marked lethargy, signs of dehydration such as very few wet diapers or no tears when crying, persistent vomiting, bloody stool, or a rapidly spreading rash. Follow local emergency guidance for these signs. Parents and caregivers know their baby best; a child who seems distinctly unlike themselves deserves attention even if a tooth is emerging.

Dental advice can be useful if there is trauma to the mouth, a tooth erupts in an unusual position, gums bleed without an obvious cause, or there are concerns about tooth development. Establishing routine dental care in early childhood also supports prevention of tooth decay once teeth are present. A clinician or dentist can advise on fluoride exposure and brushing based on the child’s age and local recommendations.

Teething is a temporary phase, and most babies need only patience, close observation, and straightforward comfort. Seeking professional reassurance is appropriate whenever uncertainty is adding to the stress of caring for an uncomfortable infant.