What age babies get first teeth

When do babies usually get their first tooth?

For many infants, the first primary tooth erupts at approximately 6 to 8 months of age. Primary teeth are also called deciduous teeth or baby teeth. Eruption occurs when a developing tooth moves through the jaw and gum tissue into the mouth. This is a normal developmental event, but its timing is not identical for every child.

Some babies show a tooth slightly before 6 months, while others reach 9 or 10 months without a visible tooth and remain within a potentially normal range. A first birthday without an erupted tooth does not, by itself, establish a problem. A clinician considers the entire developmental picture, including growth, nutrition, medical history, family patterns, and whether the child was born early.

Parents often notice changes before they can see the tooth. The gum over an erupting tooth may look mildly swollen or feel tender. Increased drooling, mouthing, and chewing can also occur. These observations can suggest that eruption is approaching, but they do not predict an exact date. A baby may display teething behavior for a period of time and then have no tooth appear immediately.

Which teeth appear first?

The lower central incisors, located in the front of the lower jaw, are usually the first baby teeth to erupt. MedlinePlus places their typical eruption period at about 6 to 9 months. The upper central incisors generally follow, commonly erupting at approximately 8 to 10 months. This pattern is often called the primary tooth eruption sequence.

After the central incisors, the lateral incisors beside them commonly emerge. The first molars then tend to appear, followed by the canines and second molars. The exact order can vary modestly between children, and a tooth appearing somewhat earlier or later than a chart does not necessarily indicate disease.

A typical broad sequence is:

Lower central incisors: about 6 to 9 months
Upper central incisors: about 8 to 10 months
Upper and lower lateral incisors: often about 9 to 16 months
First molars: often about 13 to 19 months
Canines: often about 16 to 23 months
Second molars: often about 23 to 33 months

These ranges are approximate rather than deadlines. By about 30 months, all 20 primary teeth are generally expected to be in place, although eruption may be somewhat earlier or later. A pediatric dentist can interpret an individual eruption pattern more accurately than a chart alone.

Why the timing varies between babies

Tooth eruption is influenced by multiple biological factors. Genetic variation is one reason siblings can have different eruption schedules. General growth and development also matter, although tooth timing should not be used as a stand-alone measure of a baby’s overall health.

Birth timing is particularly relevant. For a premature infant, chronological age is counted from the date of birth, whereas corrected age adjusts for the

weeks of prematurity. Research in children born with very low birth weight found that the first tooth erupted at an average chronological age of 11.0 months, or 9.6 months when corrected for prematurity. This finding illustrates why later eruption may be expected in some infants who were born early or had very low birth weight.

Other medical factors can affect dental development, but a delayed tooth is rarely interpreted in isolation. Healthcare professionals may ask about prenatal and neonatal history, feeding, growth, medications, and other developmental milestones. They may examine the gums and mouth and decide whether observation is appropriate or whether a dental assessment is warranted.

There is no reliable home method for making a tooth erupt sooner. Avoid comparing a baby too closely with another child of the same age. A range-based approach is more clinically appropriate, and keeping a record of visible teeth can help during routine appointments.

What teething may look and feel like

As a tooth moves through the gum, a baby may have localized gum tenderness or pressure. Common behaviors include chewing on fingers or toys, increased drooling, mild irritability, and changes in sleep or feeding patterns. The skin around the mouth may become irritated from persistent saliva, and a baby may seek firm but safe pressure against the gums.

Teething discomfort is usually temporary and may fluctuate as different teeth erupt. A clean finger can be used to gently massage the gums, and a chilled, not frozen, teething ring may provide relief. Products should be selected and used according to age and safety instructions. Anything offered for chewing should be large enough not to become a choking hazard and should be inspected regularly for damage.

Teething does not explain every symptom that occurs during the same months. A mild temperature increase may occur, but a true fever, respiratory symptoms, repeated vomiting, significant diarrhea, a widespread rash, lethargy, or reduced urine output should be assessed as possible illness rather than assumed to be teething. This distinction matters because infants commonly encounter infections during the period when teeth are erupting.

Do not place aspirin, alcohol, or unapproved substances on the gums. Avoid products that can numb the mouth unless a healthcare professional specifically advises their use. Some topical anesthetics and unregulated teething products can cause serious adverse effects. Ask a pediatrician or pharmacist about any medication before giving it to an infant.

When delayed eruption deserves a professional review

Most variation in first-tooth timing is benign, but parents should mention concerns at a routine pediatric or dental appointment. A review is especially useful if there are no signs of tooth eruption well beyond the usual range, if the eruption pattern is markedly unusual, or if teeth appear malformed, discolored, or unusually fragile.

Professional assessment may also be appropriate when a baby has other concerns involving growth, nutrition, skeletal development, or general development. These associated findings do not mean that a dental disorder is present; they simply provide context that can help a clinician decide whether further evaluation is needed.

Parents should seek prompt medical advice when oral findings are accompanied by facial swelling, pus, bleeding that does not settle, difficulty swallowing, breathing difficulty, severe pain, dehydration, or a baby who is unusually difficult to rouse. These findings are not typical uncomplicated teething features.

A clinician may recommend monitoring rather than testing when the infant is otherwise well. If an examination is indicated, a pediatric dentist can assess the gums, erupted teeth, tooth structure, and oral hygiene needs. Delayed eruption should not be treated with supplements or prescription products unless a qualified professional has identified a reason and provided specific instructions.

Caring for the first teeth

Once the first tooth breaks through, begin cleaning it regularly. Use a small, soft-bristled infant toothbrush and a very small amount of fluoride toothpaste,

following local dental guidance. Fluoride helps reduce the risk of dental caries, but the appropriate amount and source of fluoride depend on the child’s age, drinking water, and other exposures.

Brushing twice daily is a useful routine, with the evening cleaning particularly important. An adult should perform or closely supervise brushing because infants cannot clean their teeth effectively. As more teeth erupt, gently brush all accessible surfaces, including along the gumline. Do not share toothbrushes or use an infant’s spoon after it has been in an adult’s mouth, since saliva can transmit cavity-associated bacteria.

Feeding habits also influence oral health. Avoid putting a baby to sleep with a bottle containing milk, formula, juice, or another sugary drink. Frequent exposure to fermentable carbohydrates can contribute to early childhood caries, even in primary teeth. Water may be appropriate between feeds depending on age and feeding guidance, but parents should follow advice from their pediatric healthcare professional.

Arrange a dental visit according to recommendations in your region, commonly by the first birthday or within a defined period after the first tooth appears. Primary teeth support chewing and speech and help maintain space for permanent teeth. Early preventive care allows a dentist to discuss fluoride exposure, brushing technique, diet, and any unusual eruption findings before problems become painful.