What is normal teething schedule

The normal teething schedule at a glance

A normal teething schedule is best understood as a range, not a deadline. Primary tooth eruption is biologically variable and influenced by genetics, gestational age, nutrition, overall health, and individual growth patterns. In many babies, the first tooth appears at about 6 months. However, earlier or later eruption can still be normal if the baby is otherwise growing and developing well.

The most common first teeth are the lower central incisors, the two small front teeth in the lower jaw. These are often followed by the upper central incisors. Over the next many months, additional incisors, first molars, canines, and second molars erupt. By age 2 to 3 years, most children have all 20 primary teeth: 10 in the upper jaw and 10 in the lower jaw.

Teething does not happen continuously every day. A baby may have several weeks of drooling and chewing, then a quieter period, then another wave of symptoms when the next teeth move toward eruption. This stop-start pattern can be frustrating for caregivers, especially because teething overlaps with feeding changes, infections, sleep maturation, separation anxiety, and normal baby routines.

Typical order of baby tooth eruption

The eruption sequence is more predictable than the exact timing. While individual children vary, the usual order is:

Lower central incisors: often around 6 to 10 months.
Upper central incisors: often around 8 to 12 months.
Upper lateral incisors: often around 9 to 13 months.
Lower lateral incisors: often around 10 to 16 months.
First molars: often around 13 to 19 months in the upper jaw and 14 to 18 months in the lower jaw.
Canines: often around 16 to 23 months.
Second molars: often around 23 to 33 months.

These ranges are approximate. A baby may cut an upper tooth before a lower tooth, erupt teeth in pairs, or have several teeth come in close together. The exact month is usually less important than whether the mouth, gums, and tooth shape appear healthy and whether eruption progresses over time.

What symptoms can be part of teething

Teething can cause local gum discomfort because the tooth crown moves through the gingival tissue. Babies may respond by chewing on fingers, toys, or feeding equipment. Increased saliva is common, and drool can irritate the skin around the mouth, chin, or neck folds.

Common teething-associated behaviors include gum rubbing, biting, mild fussiness, wanting extra comfort, flushed cheeks, and a slightly reduced interest in feeding for short periods. Some babies have looser stools or diaper irritation around the same time, but significant diarrhea should not be automatically attributed to teething.

Sleep may also be affected. Normal infant sleep patterns are already variable, and a tender gum area can make settling harder for a few nights. However, prolonged sleep disruption may have several causes, including illness, hunger, developmental transitions, or changes in routine. Similarly, crying can increase during teething, but severe, persistent, or unsoothable crying needs a

broader assessment rather than being labeled as tooth pain alone.

What is not usually explained by teething

One of the safest principles in infant care is not to over-attribute illness to teething. Teething may make a baby uncomfortable, but it should not cause a high fever, marked lethargy, dehydration, breathing difficulty, persistent vomiting, blood in the stool, or a baby who is difficult to wake. These signs deserve medical advice.

A mild temperature can occur around the same age as teething, but clinically significant fever is more often due to infection or another medical issue. Babies explore the world with their mouths at this stage, which increases exposure to common viruses. Teething and infection can therefore happen at the same time, making it easy to confuse association with causation.

Contact a healthcare professional if your baby is younger than 3 months and has a fever, has reduced wet diapers, refuses fluids, has persistent diarrhea, seems unusually drowsy, or has symptoms that feel out of proportion to ordinary teething discomfort. Trusting your concern is appropriate; caregivers often recognize when a baby is not behaving like themselves.

How to comfort a teething baby safely

Supportive measures focus on gentle pressure, cooling, skin care, and reassurance. Many babies find relief from a clean finger rubbed over the gum, a chilled but not frozen teething ring, or a clean, cool washcloth to chew while supervised. Cold reduces local discomfort, and pressure gives counter-stimulation to the tender gum tissue.

Keep drool-prone skin dry when possible, and consider a protective barrier recommended by your child’s clinician if the chin or neck becomes irritated. Continue offering normal feeds, but do not force feeding if the baby is temporarily less interested. If feeding refusal persists or hydration seems reduced, seek medical guidance.

Avoid teething necklaces, bracelets, or anklets because they can create choking or strangulation risks. Avoid applying alcohol to the gums. Use caution with

topical numbing gels or medicated products unless specifically advised by a healthcare professional, because some ingredients are not appropriate for infants or may be unsafe if swallowed. If you think your baby needs pain relief medicine, ask a pediatrician, pharmacist, or other qualified clinician for age-appropriate advice rather than guessing a dose.

Oral care during the teething years

Dental care begins before the first tooth appears. Wiping the gums with a clean, damp cloth helps remove milk residue and builds familiarity with mouth care. Once the first tooth erupts, brush gently with a soft infant toothbrush. Your pediatric dentist or pediatrician can advise on fluoride toothpaste amount based on your child's age, local guidance, and cavity risk.

A first dental visit is commonly recommended by the time the first tooth appears or around the first birthday, depending on local guidance and access. This visit is not only about checking teeth; it also covers feeding habits, fluoride exposure, enamel development, brushing technique, injury prevention, and early caries risk.

Try not to put a baby to bed with a bottle containing milk, formula, juice, or sweet drinks, because prolonged exposure to carbohydrates can increase dental caries risk. If night feeds are still developmentally appropriate, oral hygiene and dental advice can be tailored to the child's age and feeding needs.

Early, late, or unusual tooth eruption

Some babies are born with a tooth, called a natal tooth, or develop one in the first month of life, called a neonatal tooth. These teeth should be assessed by a clinician or pediatric dentist because they may be loose, irritate the tongue, or interfere with feeding. Do not try to remove or manipulate them at home.

Late first tooth eruption can still be normal, especially if family members also teethed later. However, if no teeth have erupted by around 12 to 18 months, or if there are concerns about growth, nutrition, endocrine disorders, genetic conditions, or enamel abnormalities, a dental or medical review is reasonable. Premature infants may also follow a slightly shifted timeline when

corrected age and overall development are considered.

Asymmetry, swollen gums, bluish eruption cysts, or teeth that appear unusually shaped may be benign, but they are worth mentioning at a dental visit. A pediatric dentist can distinguish normal eruption variation from problems requiring monitoring or treatment.