

When ear infection needs doctor



Why babies need a lower threshold for medical review

In babies, an ear infection may involve the middle ear, the air-filled space behind the eardrum. It commonly follows a viral upper respiratory infection, when congestion interferes with drainage through the eustachian tube. Pressure and inflammation can produce pain, fever, irritability, and disrupted sleep. However, these findings overlap with teething, a common cold, hunger, fatigue, and other illnesses.

Because a baby cannot reliably localize pain or report hearing loss, a clinician generally needs to examine the eardrum with an otoscope. Pulling or rubbing the ear alone does not establish an ear infection. Babies may touch their ears because of referred discomfort, congestion, skin irritation, or normal exploration.

Age matters. The NHS advises arranging a general practitioner assessment when a child is under 12 months and an ear infection is suspected. Younger infants can deteriorate more quickly, may have less specific symptoms, and require careful evaluation of fever, hydration, feeding, and overall appearance.

Symptoms that should prompt a routine appointment

Contact your baby's pediatrician, family doctor, or another qualified healthcare professional when ear-related symptoms are persistent, recurrent, or interfering with normal care. A medical review is particularly appropriate when:

Earache, marked irritability, or unsettled behavior continues for more than 2 to 3 days.

Symptoms are becoming more severe rather than gradually improving.

Your baby develops a fever, especially if the baby is very young or appears unwell.

There is fluid, pus, blood, or another discharge from the ear.

You notice a change in responsiveness to voices or sounds, or concern about hearing.

Repeated episodes of ear infection are affecting sleep, feeding, hearing, or daily behavior.

The Mayo Clinic identifies symptoms lasting more than 2 to 3 days, worsening symptoms, fever, ear drainage, and hearing loss as reasons to seek medical attention. Recurrent infections also deserve assessment because a clinician may need to review contributing factors, the appearance of the eardrum, and whether hearing or language development could be affected.

Arrange review sooner if your baby has a weakened immune system, a significant chronic illness, a craniofacial condition, a history of ear surgery, or another factor that increases infection-related risk. These situations may change the appropriate threshold for assessment.

When fever and general illness are concerning

Fever can accompany an ear infection, but temperature is only one part of triage. Consider how your baby looks and behaves between episodes of crying. A baby who is difficult to wake, unusually floppy, persistently inconsolable, or unable to feed needs prompt professional advice, regardless of the suspected source of illness.

Call for urgent guidance when fever is high, persistent, or occurring in a very young infant. Fever in young babies is managed cautiously because serious bacterial and viral infections may initially resemble a minor illness. Do not

rely on ear symptoms to explain a fever without an examination, particularly when there is no clear cold or when your baby's condition is changing.

Feeding and urine output are important indicators. Pain, fever, nasal congestion, and general illness can reduce intake. Watch for signs of dehydration in infants, including substantially fewer wet diapers, a dry mouth, no tears when crying, sunken eyes or fontanelle, marked sleepiness, or inability to keep fluids down. These findings need urgent medical advice.

Vomiting, dizziness, poor balance, or pronounced lethargy can occur with more significant illness and should not be dismissed as ordinary ear discomfort. A healthcare professional can determine whether the symptoms fit an ear problem or indicate another condition requiring different care.

Red flags requiring urgent assessment

Some findings require urgent evaluation through an emergency department, urgent care service, or local emergency number, depending on severity and local guidance. Seek urgent help if your baby has:

Swelling, redness, or significant tenderness behind the ear, especially if the ear appears pushed forward.

Severe or rapidly worsening pain, marked distress, or a baby who cannot be consoled.

New facial weakness, abnormal eye movements, a seizure, confusion, extreme drowsiness, or other neurological changes.

Repeated vomiting, severe dizziness, difficulty walking when developmentally expected, or a sudden major change in coordination.

Breathing difficulty, blue or gray coloration, collapse, or unresponsiveness.

Severe dehydration, inability to feed, or very little urine.

Swelling behind the ear is particularly important because it can signal inflammation involving tissues around the mastoid bone, a complication that requires prompt assessment. Neurological or facial symptoms are also not typical features to watch at home.

MedlinePlus notes that high fever, severe pain, swelling behind the ear, worsening despite treatment, and neurological or facial symptoms warrant

medical attention. It also describes a pattern in which sudden pain relief is followed by drainage: this may occur if pressure causes the eardrum to perforate. Pain relief does not necessarily mean the infection has resolved, so arrange prompt medical review when drainage appears.

What to do while arranging care

Keep your baby comfortable and observe the overall pattern of illness. Offer breast milk or formula frequently, unless a clinician has given different instructions, and monitor wet diapers. Keep the outer ear clean and dry. Do not insert cotton swabs, fingers, drops, oil, or other substances into the ear canal unless specifically advised by a healthcare professional. Safe outer-ear cleaning means gently wiping visible material from the outside only.

Do not use leftover antibiotics or someone else's prescription. Antibiotics are not appropriate for every earache, and the correct choice depends on the diagnosis, age, severity, examination findings, allergy history, and local clinical guidance. Ear drops may also be unsafe if the eardrum is perforated, so medication should be discussed with a clinician.

For fever or pain relief, ask a healthcare professional or pharmacist about the product and dose appropriate for your baby's age and weight. Avoid aspirin in children. Do not give an infant medication intended for an older child unless a qualified professional has confirmed that it is suitable.

When you call, report your baby's age, temperature and how it was measured, when symptoms began, feeding and wet-diaper patterns, sleep and behavior changes, any drainage, recent respiratory symptoms, medication already given, and relevant medical conditions. This information helps the clinician decide how quickly an examination is needed.

Why an examination matters

Symptoms alone cannot reliably distinguish acute otitis media from fluid behind the eardrum, an outer-ear problem, teething-related distress, a viral infection, foreign material, or another cause of crying. The clinician will consider the history and examine the ear, including the eardrum's color, position, mobility, and visible fluid when assessment conditions allow.

Management may range from observation and comfort measures to prescription treatment, depending on the baby's age, severity, laterality, duration, and examination findings. A clinician may also recommend follow-up if fluid remains or hearing appears reduced. Persistent middle-ear fluid can temporarily affect sound transmission, which is why ongoing hearing or communication concerns deserve attention.

Recurring infections should be documented with dates, symptoms, treatment, and recovery. This record can help the pediatrician assess whether episodes are truly recurrent infections and whether additional hearing assessment or specialist referral is appropriate. Repeated ear infections should not be self-managed indefinitely, especially in a baby under 12 months.