When teething starts baby

When Teething Usually Begins

For many infants, teething begins around 6 months of age. MedlinePlus describes the usual onset as between 6 and 8 months, while Mayo Clinic notes that many babies start around 6 months and some begin a few months later. This means the baby tooth eruption timeline has a broad normal range, and the first visible tooth is not expected on a single exact date.

Parents often notice chewing, drooling, or unsettled sleep before they see a tooth. That can be frustrating because gum activity and tooth movement may be uncomfortable without producing an obvious white edge at the gumline. In practical terms, teething is best understood as a gradual eruption process rather than a one-day event.

A baby who is 7, 8, or even somewhat older without a visible tooth is not automatically delayed in a medical sense. MedlinePlus specifically notes that some children do not show teeth until later and that this is not necessarily a disease. Growth patterns, family traits, gestational age at birth, and normal biological variation can all influence timing. If the baby is otherwise growing, feeding, and developing well, clinicians often monitor rather than intervene.

The First Teeth To Expect

The primary tooth eruption sequence usually starts with the lower central incisors, the two small front teeth on the bottom gum. These are commonly followed by the upper central incisors. After that, the remaining incisors, first molars, canines, and second molars erupt over time, although the exact order can vary slightly from child to child.

By about age 3, most children have the full set of 20 primary, or baby, teeth. That long timeline matters: teething is not a single short phase but a recurring developmental process across infancy and toddlerhood. A family may go through several cycles of gum tenderness, drooling, and chewing as different teeth approach the surface.

Lower central incisor eruption is often the first milestone caregivers watch for because it is visible during feeding, smiling, or crying. The gum may look slightly swollen or feel firmer in that localized area. Sometimes a bluish or raised area appears over an erupting tooth; this should be assessed by a healthcare professional if it seems large, painful, bleeding, or unusual, but mild localized gum changes can occur as teeth press upward.

Why Timing Varies

Teething age is variable because tooth eruption depends on developmental biology rather than a fixed calendar. The tooth forms below the gum, gradually moves through the jaw, and eventually breaks through the gum tissue. The visible eruption date is only the final part of a longer process that started earlier.

Some infants appear to teethe early, while others have no visible teeth until later in the first year. A baby who has mild symptoms at 4 or 5 months may not necessarily be getting a tooth immediately; babies also chew and drool more as oral exploration increases. Likewise, a baby with no obvious symptoms may suddenly reveal a tooth with little warning.

It is reasonable to raise teething timing during routine well-child visits, especially if caregivers are concerned about feeding, growth, oral anatomy, or

delayed eruption. A clinician can examine the mouth, review the child's overall development, and decide whether simple observation is enough. In most cases, timing variation alone is less concerning than the larger clinical picture: growth pattern, nutrition, developmental progress, and signs of illness.

Signs Baby Is Teething

Signs baby is teething can include biting, chewing on hands or safe objects, drooling, gum rubbing, mild irritability, and disrupted comfort routines. A prospective study of teething symptoms found that biting, drooling, gum rubbing, irritability, and mild temperature elevation were associated with the short period around tooth emergence. These findings support what many caregivers observe: teething can make a baby uncomfortable, but the pattern is usually mild and localized.

Localized gum tenderness during teething often shows up as a baby wanting pressure on the gums. They may gnaw during feeds, pull off the breast or bottle briefly, or become more interested in textured teething toys. Drool-related skin irritation may also appear around the chin, cheeks, or neck folds because excess saliva sits on the skin.

Mild fussiness can happen, especially when the tooth is close to erupting. Chewing behavior during teething is often persistent but should not interfere with breathing or safe feeding.
Swollen gums in babies may be localized near the emerging tooth rather than generalized throughout the mouth.
A slight temperature rise may occur, but this is different from a true high fever.

Teething Symptoms Versus Illness

Teething symptoms versus illness is an important distinction because babies can become sick at the same age that teeth are emerging. The PubMed prospective study found that higher fever, vomiting, cough, and several more serious symptoms were not significantly associated with teething. In other words, teething may explain mild discomfort near the mouth, but it should not be used as a catch-all explanation for systemic illness.

Caregivers should be cautious about attributing fever, poor feeding, dehydration, lethargy, persistent diarrhea, repeated vomiting, breathing symptoms, or inconsolable crying to teething. These symptoms deserve medical attention based on the baby's age, severity, and overall appearance. Young infants, especially those under 3 months with fever, need prompt clinical guidance.

A helpful clinical frame is to ask whether the symptoms are localized and mild or whole-body and significant. Mild drooling and gum chewing fit typical teething. A baby who is unusually sleepy, has fewer wet diapers, refuses feeds, has a high fever, or seems difficult to console needs evaluation rather than teething reassurance alone. When in doubt, contacting the pediatrician is appropriate and never an overreaction.

Safe Comfort Measures

Safe teething comfort measures are usually simple, low-risk, and focused on pressure or coolness. Mayo Clinic recommends rubbing the baby's gums with a clean finger, offering a chilled teething ring, or using a cool damp washcloth. These measures can reduce discomfort by providing gentle counterpressure and soothing the inflamed gum tissue.

Use cold, not frozen, items. Frozen objects can become too hard and may irritate or injure delicate gums. Teething rings should be solid, intact, and easy to clean. Any object placed in a baby's mouth should be large enough to avoid choking, free of broken parts, and used with attentive supervision.

Medication decisions should be individualized and discussed with a healthcare professional, especially for young infants or babies with medical conditions. Avoid benzocaine-containing teething products, lidocaine teething preparations, and homeopathic teething tablets unless a clinician specifically advises otherwise; Mayo Clinic warns that some teething remedies can be harmful. Teething necklaces, bracelets, and anklets are also risky because they can create choking, strangulation, or injury hazards.

When To Ask A Professional

Most teething is managed at home, but professional guidance is valuable when

timing, symptoms, or feeding patterns raise concern. Ask a pediatrician or pediatric dentist if no teeth have appeared well beyond the expected range, if the gums look infected or severely swollen, or if pain seems disproportionate. Also seek care if symptoms look more like illness than tooth eruption.

Feeding difficulty with teething can be brief, but persistent refusal, fewer wet diapers, weight concerns, or signs of dehydration should be reviewed promptly. A baby who cannot be comforted, has a high fever, vomits repeatedly, develops respiratory symptoms, or seems unusually weak or drowsy needs medical assessment.

It can help to track the timing of symptoms, temperature readings, feeding volume, wet diapers, and any visible gum changes. This gives the clinician a clearer pattern to interpret. Supportive care and careful observation are often enough, but families should feel empowered to ask for help when the picture does not fit typical teething.