

When to call doctor for teething



Why teething can be confusing

Teething usually begins during infancy, although the timing varies widely. Some babies cut their first tooth around 6 months, while others start earlier or later. The discomfort comes from tooth movement through the gums and local inflammation around the eruption site. This may lead to drooling, chewing behavior, swollen or tender gums, flushed cheeks, mild fussiness, and shorter sleep stretches.

The difficulty is that many common childhood infections also appear during the same months. Babies explore with their mouths, lose some maternally transferred antibodies, and encounter more viruses. A baby may start teething and catch a respiratory or gastrointestinal infection at nearly the same time. That overlap makes it easy to attribute too much to teething.

A useful principle is this: teething may make a baby uncomfortable, but it should not make a baby look truly ill. If your baby seems markedly different from their baseline, has systemic symptoms, or is not feeding or hydrating well, it is reasonable to call the pediatrician rather than assume the tooth is the explanation.

Symptoms that can fit normal teething

Typical teething symptoms are usually mild, intermittent, and centered around the mouth. Your baby may want to chew on fingers, toys, or a cool washcloth. The gums may look puffy over the erupting tooth. Drooling may increase, and saliva can irritate the skin around the mouth or chin. Some babies become clingier, cry more easily, or wake more often because lying down and fatigue make discomfort harder to tolerate.

These changes can be frustrating, especially when they stretch over several nights. Still, the baby usually remains interactive, has periods of playfulness, and continues to drink enough breast milk, formula, or fluids appropriate for age. Wet diapers should remain reasonably normal for your child.

It is also common for appetite to fluctuate. Sucking may be uncomfortable for some babies, while others nurse or take bottles more often for comfort. Short-term changes are not automatically alarming, but persistent refusal to feed, signs of dehydration in infants, or a major drop in wet diapers should prompt medical advice.

Call the doctor for fever or signs of illness

Fever is one of the clearest reasons to pause before blaming teething. Tooth eruption may be associated with a slight temperature elevation in some babies, but a true fever, especially in a young infant, should be treated as possible illness until a clinician says otherwise. Call your baby's healthcare professional for fever in young babies, and follow the fever thresholds your pediatric practice has given you.

In general, medical sources advise contacting a doctor promptly for fever in infants under 3 months, and for older babies when fever is high, persistent, or accompanied by concerning symptoms. Fever lasting more than 24 hours, or fever with vomiting, diarrhea, rash, cough, breathing difficulty, poor feeding, or unusual drowsiness, deserves a call. If your baby appears seriously unwell, seek urgent care rather than waiting.

Also call if there is persistent vomiting or diarrhea. Teething does not cause significant gastrointestinal illness. Loose stools are sometimes casually

blamed on swallowed saliva, but true diarrhea, repeated vomiting, blood in stool, or reduced urination suggests another process and can lead to dehydration faster than many caregivers expect.

Behavior changes that should not be dismissed

Fussiness can be part of teething, but intensity matters. Call your doctor if your baby is inconsolable, cries for a prolonged period despite comfort measures, or has a cry that sounds unusual to you. Parents and caregivers often notice subtle but important changes: a baby may seem limp, unusually irritable, difficult to wake, uninterested in interaction, or simply "not right." Those observations are medically meaningful.

Unusual drowsiness with fever is especially concerning and should not be written off as a rough teething day. Similarly, a baby who cannot sleep at all because of apparent pain, or who has repeated episodes of severe distress, may need evaluation for ear infection, mouth injury, urinary tract infection, abdominal pain, or another condition that can mimic teething discomfort.

Trusting your pattern recognition is appropriate. You know how your baby usually feeds, cries, settles, and responds to touch. If the current episode feels out of proportion to prior teething symptoms, or if your baby cannot be soothed, calling the pediatrician is a cautious and reasonable step.

Feeding, drinking, and dehydration concerns

Teething discomfort can make feeding less smooth. A baby may latch briefly, pull away, bite, or prefer chilled foods if developmentally ready. Mild, short-lived feeding changes can be observed with supportive care. The threshold to call becomes lower when intake drops significantly or hydration may be compromised.

Contact your baby's clinician if your baby refuses multiple feeds, takes much less than usual, has fewer wet diapers, has a dry mouth, cries with few or no tears, seems weak, or has a sunken soft spot. These are possible dehydration signs and should be taken seriously, particularly if vomiting, diarrhea, fever, or heat exposure is also present.

For babies who have medical complexity, were born prematurely, have poor weight gain, or have a history of feeding difficulties, do not wait as long to ask for guidance. The doctor may want to review intake volumes, diaper counts, temperature, and behavior, or may recommend an in-person evaluation.

Safe ways to soothe sore gums while monitoring

While you are watching symptoms or waiting for advice, use low-risk comfort measures. Gently rub the gums with a clean finger. Offer a firm rubber teething ring that has been chilled in the refrigerator, not frozen solid. A clean, cool, damp washcloth can also help if your baby can use it safely under supervision. For babies already eating solids, age-appropriate chilled foods may be soothing, but avoid choking hazards.

Ask your healthcare professional before using pain relievers, especially in younger infants or if your baby has liver disease, kidney disease, dehydration, vomiting, or is taking other medications. When clinicians recommend acetaminophen or ibuprofen, dosing should be based on weight and age. Ibuprofen is not generally used in very young infants unless directed by a clinician.

Avoid numbing gels or liquids containing benzocaine unless specifically directed by a healthcare professional; these products can be dangerous for infants. Also avoid oral lidocaine for teething unless prescribed for a specific medical reason. Homeopathic teething tablets or gels are not recommended because some have raised safety concerns, including ingredients such as belladonna. Teething necklaces, bracelets, or anklets can pose choking, strangulation, or mouth-injury risks.

When an oral problem is not just teething

Sometimes the mouth itself needs medical or dental attention. Call a clinician if you see bleeding that does not stop, pus, a foul odor, significant swelling of the face or gums, mouth ulcers with fever, white patches that do not wipe away easily, or signs of trauma. If a baby or toddler loses a tooth due to injury, seek prompt dental or medical advice.

Teething can make gums look swollen over a new tooth, but it should not cause spreading facial swelling, difficulty swallowing, or trouble breathing. Those

symptoms require urgent evaluation. Likewise, if your baby refuses to open the mouth, drools because they cannot swallow, or seems to have severe pain when the jaw or neck is moved, do not assume normal tooth eruption.

Your pediatrician may direct you to a pediatric dentist, urgent care, or emergency services depending on the symptom pattern. Describing the exact location of swelling, whether a tooth is visible, and whether there was any fall or injury can help the triage team decide the safest next step.

How to make the call more useful

When you contact the office or after-hours pediatric triage line, clear details help the clinician assess urgency. Have your baby's age, weight if known, temperature and how it was measured, symptom start time, feeding amounts, wet diaper count, medications given, and any medical history nearby. Mention whether your baby is alert, making eye contact, consolable, and breathing comfortably.

If you are unsure whether to call, it is usually better to ask. Pediatric teams expect questions about fever, feeding, crying, and teething symptoms versus illness. You are not overreacting by seeking guidance when your baby is very uncomfortable or showing symptoms outside the typical teething pattern.

Emergency care is appropriate if your baby has breathing difficulty, blue or gray color, seizure, extreme lethargy, signs of severe dehydration, a non-blanching rash with fever, or any symptom that makes you feel your baby may not be safe waiting for a routine callback. Teething should never delay urgent care for a baby who looks seriously ill.