Why teething causes discomfort

What happens biologically during teething

Teething, or dental eruption, is the process by which a primary tooth moves from its developing position in the jaw toward and through the gingiva, the gum tissue. The tooth does not simply puncture the gum in one sudden event. It advances gradually, with remodeling of bone and soft tissue around it. As the crown of the tooth approaches the surface, the overlying gum may look slightly raised, pale, red, or swollen.

The discomfort is thought to come from a combination of mechanical pressure and local inflammatory signaling. Gum tissue contains sensory nerve endings, blood vessels, and immune cells. When the erupting tooth stretches and compresses this tissue, inflammatory mediators can increase local sensitivity. This makes ordinary sensations, such as sucking, chewing, or a spoon touching the gum, feel more intense.

For a medically literate reader, it may help to think of teething pain as a localized nociceptive phenomenon rather than a whole-body illness. The tissues around the erupting tooth become more reactive, and the baby experiences that as soreness, tenderness, or an urge to press against the area. The process is real, but it is usually limited in severity and duration.

Why swollen gums make babies want to chew

Many babies instinctively chew, bite, or gnaw during teething. This behavior often makes sense physiologically. Counterpressure on the gum can temporarily modulate pain signals and may feel relieving in the same way that pressing on a sore muscle can feel soothing. Chewing also gives the baby sensory input in a mouth that suddenly feels different.

The gums around an erupting tooth may be visibly fuller or more tender than usual. A caregiver may notice that the baby brings fingers, toys, or a clean teething object to the same side of the mouth repeatedly. Some babies refuse a bottle, breast, or spoon briefly because sucking or feeding changes pressure in the mouth. Others feed more often for comfort, especially if nursing or close holding helps regulate distress.

This chewing phase can create practical challenges. Babies explore with their mouths even when they are not teething, so all teething items should be clean, durable, and safe for the child’s age. Objects that are too hard, breakable, liquid-filled, or small enough to pose a choking hazard should be avoided.

Drooling, skin irritation, and oral sensitivity

Drooling is commonly reported during teething. The timing can overlap with normal maturation of salivary glands and oral motor skills, so drooling is not proof that a tooth is about to appear. Still, many caregivers see more saliva, wet clothing, and chin irritation during periods of gum tenderness.

Extra saliva can irritate the skin around the mouth, chin, and neck folds, especially when it remains in contact with the skin for long periods. This irritation is not caused by the tooth itself but by moisture, friction, and repeated wiping. A soft cloth, gentle patting rather than rubbing, and routine skin protection recommended by a clinician can help reduce secondary discomfort.

Oral sensitivity can also affect mood. Babies cannot explain that one small area of gum is sore. Instead, they may cry, seek more holding, resist naps, or become frustrated during feeding. This is one reason teething is often discussed alongside Common reasons babies cry, even though teething is only one

possible explanation for fussiness.

Why discomfort can seem worse at night

Caregivers often report that teething seems more disruptive in the evening or overnight. The tooth is not necessarily erupting faster at night. Rather, babies may have fewer distractions, lower tolerance for discomfort when tired, and more difficulty settling when a tender gum is repeatedly stimulated by sucking, pacifier use, or normal mouth movements.

Sleep disruption can also create a feedback loop. A baby who sleeps poorly becomes overtired; overtired babies often cry more intensely and have a harder time calming. The caregiver may also become sleep-deprived, which makes the situation feel more urgent and emotionally draining. A supportive response matters: comfort, consistency, and safe soothing are usually more helpful than trying many new products at once.

It is worth remembering that teething can coincide with other developmental changes, infections, changes in feeding, or gastrointestinal discomfort. If nighttime crying is severe, prolonged, or accompanied by concerning signs, it is safer to seek professional guidance rather than attribute everything to teeth.

What is typical and what is not

Typical teething symptoms are usually mild and localized. They may include swollen or tender gums, increased chewing, drooling, mild irritability, and brief changes in sleep or appetite. Some babies have flushed cheeks or seem more clingy. These patterns can come and go as different teeth approach the gum surface.

Teething is often blamed for symptoms that may have another cause. Medical sources caution that high fever, significant diarrhea, persistent vomiting, a widespread rash, lethargy, dehydration, or inconsolable crying should not be dismissed as teething. Babies can develop viral infections, ear infections, urinary tract infections, feeding problems, or other illnesses at the same age that teeth are erupting.

Caregivers can use the overall clinical picture. A baby with localized gum tenderness who is otherwise alert, drinking adequately, and consolable is different from a baby who is difficult to wake, breathing abnormally, refusing fluids, or producing fewer wet nappies. If the picture is unclear, contacting a pediatrician is appropriate. No article can determine whether an individual baby is teething, ill, or experiencing another source of pain.

Safe ways to soothe sore gums

Comfort measures work best when they are simple, supervised, and age-appropriate. The goal is not to stop tooth eruption but to reduce gum tenderness and help the baby regulate. A clean finger can be used to gently rub the gum if the baby tolerates it. Many babies also like a firm rubber teething ring that has been chilled in the refrigerator, not frozen hard.

Chilled items may reduce discomfort by providing cool counterpressure, but they should not be so cold or rigid that they injure delicate gum tissue. Caregivers should inspect teething toys for cracks, leaks, or loose parts and follow manufacturer age guidance. Liquid-filled teething rings may break and are commonly discouraged by medical organizations.

If a baby seems very uncomfortable, caregivers sometimes wonder about medicines. Decisions about pain relief should be discussed with a pediatrician or pharmacist, especially for young infants, babies with medical conditions, or situations involving other medications. Products containing benzocaine or other topical numbing agents are not recommended for infants because of safety concerns, including rare but serious blood oxygen problems. Teething necklaces, bracelets, and anklets also create choking, strangulation, or injury risks and should not be used as medical treatment.

Teething, feeding, and other discomforts

Teething can temporarily change feeding behavior. A baby may latch and unlatch, bite, prefer cooler foods if developmentally appropriate, or take smaller feeds more often. However, feeding changes can have many causes, including nasal congestion, oral thrush, reflux-like symptoms, milk flow changes, constipation, or gas-like discomfort in babies. Context matters.

For breastfed babies, biting during teething is often exploratory or related to gum pressure rather than a sign of rejection. For bottle-fed babies, nipple flow, positioning, and congestion can influence comfort. For babies eating solids, acidic foods may sting irritated skin around the mouth, while very hard foods can be unsafe. Whole pieces of hard food used as teething objects can break and pose choking risks.

If feeding refusal is persistent, weight gain is a concern, swallowing seems difficult, or the baby shows signs of dehydration, professional assessment is important. Teething may coexist with another issue, and assuming a single cause can delay useful care.

How caregivers can cope during teething

Teething can test patience because it is intermittent, sleep-disrupting, and emotionally hard to watch. A baby who is usually settled may become clingy and irritable, and caregivers may feel unsure whether they are missing something more serious. That uncertainty is normal.

A practical approach is to observe patterns: which gum area seems tender, whether a tooth edge is visible, how feeding and wet nappies are going, whether the baby is consolable, and whether any symptoms point away from teething. This information can be useful if you contact a clinician. It also prevents every cry from being automatically labeled as teething.

Caregiver wellbeing matters too. If crying becomes overwhelming, place the baby safely on their back in a crib or bassinet and take a brief pause if needed. Ask another trusted adult for help when possible. Safe soothing and caregiver coping are part of infant care, not a sign that you are failing.