CONDITION

Natal teeth

Natal teeth are teeth that are already present in a baby's mouth at birth.

WHAT IT IS
Teeth present in a baby's mouth at birth

BODY SYSTEM
Mouth and teeth

MAIN SYMPTOMS
Visible tooth, looseness, tongue sore, feeding discomfort

WHAT CAUSES IT
Usually unknown, sometimes inherited

HOW IT IS DIAGNOSED
Mouth examination, sometimes a dental X-ray

MAIN TREATMENT
Monitoring, smoothing sharp edges, or removal

CAN IT BE CURED?
Yes - removal resolves tooth-related problems

IS IT AN EMERGENCY?
Sometimes - breathing trouble from a dislodged tooth

LONG-TERM OUTLOOK
Usually normal development after monitoring or treatment

Overview

Natal teeth are teeth that are present when a baby is born. Teeth that appear during the first 30 days after birth are called neonatal teeth. The two terms describe when the teeth appeared, not a different type of tooth.

Most natal teeth are early primary teeth, also called baby or milk teeth. They are most often the two lower front teeth. Less often, a natal tooth is an extra tooth that is not part of the usual set.

A natal tooth may be smaller than expected, discoloured, or shaped differently. Its enamel, the hard outer covering, may be thin. Its root may also be poorly developed, making the tooth loose.

Many natal teeth do not cause serious problems. A stable tooth may be left in place and checked as the baby grows. Treatment becomes more important if the tooth is very loose,

injures the tongue, or interferes with feeding.

Do not try to pull out or file down a natal tooth at home. A loose tooth can break, cause bleeding, or enter the airway.

Symptoms

The main sign is a tooth-like structure in the mouth at birth. It may look like a small white or yellow tooth, although some are brownish or have an irregular surface.

A natal tooth may be:

Some babies have no discomfort and feed normally. Others develop a sore on the underside of the tongue where it rubs against the tooth. This is called a Riga-Fede ulcer. It can look raw, red, or yellowish and may bleed slightly.

Feeding can become difficult if the baby's tongue hurts. Signs may include pulling away from the breast or bottle, crying during feeds, feeding for less time, or taking less milk than usual.

A breastfeeding parent may have nipple soreness or injury, although a natal tooth does not always cause this. During an effective latch, the baby's tongue normally covers the lower gum and teeth.

A very loose tooth may wobble noticeably. Rarely, it can detach. The main concern is not swallowing the tooth, which will usually pass through the digestive system, but inhaling it into the airway.

- Firmly attached or unusually mobile
- Sharp-edged or cone-shaped
- Smaller than a typical primary tooth
- Surrounded by irritated gum tissue

Causes and risk factors

The exact reason natal teeth erupt so early is usually unknown. The developing tooth may sit closer to the surface of the gum than usual, allowing it to emerge before birth.

Natal teeth sometimes occur in more than one person in a family, suggesting that inherited factors can contribute. However, most babies with a natal tooth do not have an affected parent or sibling.

Natal teeth have been reported with some uncommon genetic conditions and developmental

syndromes. Most babies with natal teeth do not have one of these conditions. A clinician will look at the baby's overall growth, examination, and family history rather than treating the tooth alone as evidence of a syndrome.

There is no good reason to assume that a natal tooth was caused by something a parent ate, did, or did not do during pregnancy.

Diagnosis

Natal teeth are usually identified by examining the baby's mouth. The clinician checks:

A paediatric dentist may use a dental X-ray if more information is needed. An X-ray can show whether the tooth has a root and whether it is part of the normal primary set or an extra tooth. Imaging is not necessary in every case.

Other small structures can sometimes resemble natal teeth. These include harmless gum cysts, which are small white or yellow bumps that usually disappear on their own. A careful mouth examination often distinguishes them from a true tooth.

The baby's feeding and hydration may also be assessed. If there is a tongue ulcer, the clinician will check whether it is caused by rubbing against the tooth or whether another problem needs consideration.

- Where the tooth is located
- Whether it looks like a normal primary tooth
- How firmly it is attached
- Whether it has a sharp edge
- Whether the tongue or gums are injured
- Whether feeding is affected

Treatment and management

Management depends on the tooth's stability, shape, position, and effect on feeding. A stable tooth that is not causing injury can often remain in place. It should be monitored during routine dental and child health visits.

A sharp edge may sometimes be gently smoothed by a dental professional. In selected cases, a dentist may place a small amount of tooth-coloured material over the edge. The aim is to protect the tongue without removing a useful primary tooth.

Feeding support can help if positioning or attachment is contributing to discomfort. A midwife, health visitor, lactation specialist, or other trained professional can watch a feed and suggest adjustments. Expressed milk or another temporary feeding plan may be considered if a painful tongue ulcer is interfering with intake.

Removal may be recommended when a tooth is extremely loose and could detach, or when persistent injury and feeding problems cannot be managed another way. A dentist or medical team will first consider whether it is a normal primary tooth or an extra tooth.

Newborns can have a higher risk of bleeding if they have not received enough vitamin K, which helps blood clot. Before removing a natal tooth, the clinical team may check the baby's vitamin K history and general health. The procedure should only be performed by an appropriately trained professional.

Pain relief and aftercare are discussed with the baby's parent or caregiver. The area may need review to make sure it is healing and that no tooth-forming tissue remains.

Complications

The most common complication is repeated rubbing against the tongue. A Riga-Fede ulcer can become painful enough to reduce feeding. It usually heals after the source of irritation is managed.

Poor feeding can lead to inadequate milk intake and dehydration. Warning signs include fewer wet nappies than expected, unusual sleepiness, a dry mouth, or difficulty waking the baby for feeds.

A natal tooth may injure a breastfeeding parent's nipple, potentially making feeds painful. This does not mean breastfeeding must stop. Treating the sharp edge, improving attachment, or temporarily changing how milk is given may help.

A very loose tooth can fall out. Most detached teeth that are swallowed pass without causing harm. Inhalation into the airway is uncommon but requires immediate attention because it can cause coughing, wheezing, choking, or breathing difficulty.

Removal can cause bleeding, pain, or infection, as with other dental procedures. These risks are reduced by assessing the baby beforehand and providing appropriate aftercare.

If a normal primary tooth is removed, another baby tooth will not grow in its place. The gap usually remains until the permanent tooth appears years later. The child's dental team can monitor later tooth development.

Prevention

Natal teeth generally cannot be prevented. They develop before birth, and their cause is usually unknown.

There is no proven food, supplement, dental product, or pregnancy behaviour that prevents them. Their presence does not mean that prenatal care was inadequate.

Complications may sometimes be prevented through early assessment. Checking whether the tooth is loose or sharp, protecting an injured tongue, and addressing feeding problems can reduce further irritation.

Living with it and what to expect

A stable natal tooth may continue to function as the child's primary tooth. It can become easier to care for as the mouth grows, although its enamel or shape may remain different. Some natal teeth loosen and fall out earlier than other primary teeth.

Clean the tooth gently once it is exposed. A healthcare or dental professional can explain age-appropriate mouth care. Because poorly formed enamel may be easier to damage, regular dental follow-up can help identify decay or surface breakdown.

If the tooth is removed, the gum generally heals over. There may be a visible gap during early childhood if the tooth belonged to the normal primary set. A permanent replacement is not expected until the usual age for permanent tooth eruption.

Most children with an isolated natal tooth grow and develop normally. It does not usually predict widespread dental problems. Follow-up may focus on feeding at first, then shift to routine checks of tooth eruption, enamel, and spacing.

The course is less predictable when natal teeth are one feature of an underlying genetic or developmental condition. In that situation, the child's outlook is shaped more by the underlying condition than by the tooth itself.

When to get medical help

Arrange a prompt, non-emergency assessment after a natal tooth is noticed. A paediatrician, newborn care clinician, or paediatric dentist can check whether it is stable and whether it is affecting the tongue or feeding.

Seek urgent same-day advice if:

Call emergency services if the baby is choking, struggling to breathe, cannot cry normally, or develops blue or grey lips or skin. These signs could mean that an object has entered the airway.

Mild nipple discomfort, a small stable tooth, or a baby who is feeding well can usually be discussed during routine follow-up. Do not wait for a routine appointment if the tooth becomes highly mobile or feeding deteriorates.

- The tooth is very loose or suddenly disappears
- The baby coughs or wheezes after the tooth detaches
- Feeding has dropped noticeably
- A tongue sore is worsening or repeatedly bleeding
- The baby has fewer wet nappies, a dry mouth, or unusual sleepiness
- There is persistent bleeding, swelling, pus, or fever after removal

Common questions

Are natal teeth real teeth?

Usually, yes. Most are primary teeth that erupted earlier than expected. A smaller number are extra teeth. An examination and, when useful, a dental X-ray can help tell the difference.

Does every natal tooth need to be pulled?

No. A stable tooth that is not sharp and does not interfere with feeding may be kept and monitored. Removal is mainly considered for severe looseness, risk of detachment, or ongoing injury that cannot be managed conservatively.

Can my baby breastfeed with a natal tooth?

Many babies can. The tongue often covers the lower teeth during a good latch. If feeding hurts the baby or injures the nipple, early feeding support and dental assessment may help. A natal tooth alone is not a reason to stop breastfeeding.

Will another baby tooth grow if this one is removed?

Not if the natal tooth was part of the normal primary set. The space may remain until the permanent tooth erupts years later. If the natal tooth was an extra tooth, the normal primary tooth may still appear.

Did something during pregnancy cause the tooth?

Usually not. The cause is often unknown, and there is no evidence that ordinary food choices or

activities during pregnancy are responsible. Natal teeth may sometimes run in families.

Does a natal tooth mean my baby has a genetic condition?

Usually not. Natal teeth have been reported with some rare inherited conditions, but most babies with an isolated natal tooth do not have a syndrome. Further assessment is guided by the baby's full examination and development.

Sources

- American Academy of Pediatric Dentistry. Management Considerations for Pediatric Oral Surgery and Oral Pathology . In: The Reference Manual of Pediatric Dentistry , 2025-2026.
- Cunha RF, Boer FAC, Torriani DD, Frossard WTG. "Natal and neonatal teeth: review of the literature." Pediatric Dentistry . 2001;23(2):158-162.
- Mhaske S, Yuwanati MB, Mhaske A, Ragavendra R, Kamath K, Saawarn S. "Natal and neonatal teeth: an overview of the literature." ISRN Pediatrics . 2013;2013:956269.
- Leung AKC, Robson WLM. "Natal teeth: a review." Journal of the National Medical Association . 2006;98(2):226-228.