## Drooling and teething

### Why drooling increases during teething

Drooling is common in infancy and may increase during teething. Saliva production can rise before a primary tooth penetrates the gingiva, while oral motor control is still developing. Infants also spend more time chewing, mouthing objects, and rubbing their gums; these behaviors stimulate saliva and make it more visible around the mouth, chin, clothing, and hands.

Tooth eruption involves movement of a developing tooth through the gum tissue. The resulting localized pressure and inflammation may make an infant seek counterpressure by biting or chewing. Saliva itself is not harmful, but persistent moisture can macerate the skin and contribute to redness, chapping, or a small irritant rash around the lips and chin. This is drool-related skin irritation rather than proof of a systemic infection.

Drooling alone does not establish that a tooth is erupting. Many infants drool substantially for developmental reasons even when no tooth is close to appearing. The timing and pattern matter: teething-related changes tend to be localized and short-lived, whereas persistent or progressive symptoms may need another explanation.

## Common signs and what the evidence supports

Teething symptoms in babies can vary considerably. In a prospective study, increased drooling, biting, gum rubbing, irritability, wakefulness, facial rash, and reduced intake of solid foods were statistically associated with tooth eruption. These findings are useful because they describe observable changes without implying that every new behavior is caused by teething.

An infant may have tender, swollen, or slightly reddened gums over the area of eruption. The child may be more clingy, settle less easily, or wake more often. Appetite can fluctuate, particularly for textured or solid foods that press against sensitive gingiva. Breast milk or formula intake may remain more acceptable than foods requiring chewing, but a marked reduction in overall fluid intake is not a routine teething feature.

Symptoms may occur in the days around eruption and then improve. They may also recur as different teeth emerge. The presence of several mild, localized signs is more consistent with teething than a single severe or generalized symptom. Caregivers should consider the infant’s baseline behavior, hydration, feeding, temperature, stool pattern, and overall responsiveness.

## What teething usually does not explain

Evidence-based descriptions place limits on the teething label. A review reported associations with drooling, gum rubbing, thumb sucking, restlessness, and temporary appetite loss, but not diarrhea, fever, rashes, seizures, or bronchitis. A small temperature elevation may occur in some infants, but a measured fever, especially when substantial or persistent, should be assessed as a possible sign of infection or another condition.

Teething symptoms versus illness is an important distinction because infections commonly begin during the same developmental period. Viral illnesses, for example, may cause fever, nasal symptoms, cough, vomiting, diarrhea, reduced feeding, or generalized rash. Those findings should not be dismissed because a tooth is also visible. Likewise, unusual sleepiness, inconsolable crying, breathing difficulty, repeated vomiting, or a child who appears acutely unwell requires clinical attention.

There is no reliable way to diagnose teething from drooling alone. Observe the whole infant rather than focusing only on the gums. If symptoms are intense, prolonged, worsening, or difficult to interpret, contact a pediatrician, family physician, nurse, or other qualified healthcare professional.

**Comfort measures for drooling and gum discomfort**

Simple, low-risk measures are usually the first approach. Wash your hands, then offer a clean, firm teething object that has been cooled in the refrigerator. A cool damp washcloth may also provide gentle counterpressure when supervised. Avoid freezing objects, because very hard or frozen materials can injure delicate gum tissue. Inspect teethers regularly and discard any item that is cracked, torn, or small enough to become a choking hazard.

Gentle gum rubbing with a clean finger can be soothing for some infants. Use light pressure and stop if the baby resists or seems more distressed. Continue normal feeding practices, offering breast milk, formula, or age-appropriate foods according to the infant's usual developmental plan. If chewing is uncomfortable, softer textures may be temporarily easier, but do not force food.

For safe teething comfort measures, supervision is essential. Keep the infant upright and nearby while using a teether or washcloth. Avoid necklaces, bracelets, anklets, or cords marketed for teething; they can create choking, strangulation, or aspiration risks. Do not place alcohol, essential oils, aspirin, or unapproved topical substances on the gums. Medication decisions, including whether an analgesic is appropriate, should be discussed with a healthcare professional and based on the child's age, weight, medical history, and local product guidance.

**Protecting the skin and managing heavy drooling**

Frequent, gentle wiping can reduce moisture without worsening irritation. Pat rather than scrub the skin, and change wet bibs or clothing when needed. A healthcare professional or pharmacist can advise whether a bland protective barrier is suitable for the infant's skin. Keep products away from the mouth and follow the label carefully, particularly if the baby can lick the area.

Drooling may spread to the cheeks, neck folds, and upper chest. Check these

areas during clothing changes, because friction and trapped moisture can intensify inflammation. Use soft fabrics and avoid fragranced products if the skin is sensitive. A rash that becomes widespread, blistered, crusted, swollen, painful, or associated with fever should not be assumed to be a teething rash.

Caregivers may also find it helpful to track the timing of drooling, gum changes, temperature, feeding, urine output, stool pattern, and sleep. A brief record can clarify whether symptoms are improving around eruption or following a different pattern. It also gives a clinician more useful information if an evaluation becomes necessary.

**Dental care and when to seek advice**

Oral care should begin with the first tooth, or earlier if recommended by the child’s dental professional. Wipe the gums gently with a clean, damp cloth before teeth erupt. Once a tooth appears, use an age-appropriate soft toothbrush and follow local guidance on fluoride toothpaste. Arrange an early dental visit according to regional recommendations, especially if there are concerns about enamel, eruption, feeding, or oral anatomy.

Seek prompt medical advice for a measured fever in a young infant according to local pediatric guidance, difficulty breathing, a seizure, signs of dehydration, repeated vomiting, bloody stool, marked lethargy, or an infant who is difficult to console and appears seriously ill. Contact a clinician when the baby is taking much less fluid, producing fewer wet diapers, has persistent diarrhea, or has symptoms that are not settling.

Professional assessment is also appropriate when drooling is accompanied by difficulty swallowing, choking, facial swelling, significant mouth trauma, or suspected ingestion of a teething product. These problems may require urgent evaluation and should not be managed as ordinary tooth eruption. When uncertainty remains, the safest course is to describe the symptoms and obtain individualized guidance.