SYMPTOM

Bleeding gums

Bleeding gums means blood appears along the gumline, often during brushing or flossing.

WHAT IT FEELS LIKE
My gums bleed when I brush, floss, or eat

WHERE IT IS FELT
Along the gumline around one or more teeth

MOST COMMON CAUSES
Plaque-related inflammation, vigorous brushing, new flossing routine

WHEN IT IS URGENT
Bleeding not stopping after 10 minutes of firm pressure

USUALLY LASTS
Until irritation or the underlying cause improves

SEE A DOCTOR IF
Bleeding recurs for two weeks or gums stay swollen

Overview

Bleeding gums are usually noticed while brushing, flossing, or eating firm foods. Blood may appear on your toothbrush, dental floss, food, or saliva.

A common cause is gingivitis, or gum inflammation. This often develops when plaque, a sticky film containing bacteria, collects around the teeth. Bleeding can also follow minor injury or a change in your dental-cleaning routine.

Less often, bleeding gums are linked to medication or a condition affecting blood clotting. The pattern, duration, and other symptoms help determine what care you may need.

What it may feel or look like

You may notice bright red or pink blood around one tooth or along the gumline. Your gums may look red, puffy, or shiny.

Mild inflammation is not always painful. Other symptoms can include tenderness, persistent bad breath, a bad taste, receding gums, or sensitivity.

Bleeding after an injury may come from a visible cut or sore. Heavier bleeding may fill the

mouth, form clots, or continue despite steady pressure and needs urgent attention.

Common causes

Plaque-related gingivitis is one of the most common causes. Plaque irritates the gums, making them swollen and likely to bleed. Plaque that hardens into tartar cannot be removed with a toothbrush and may require professional cleaning.

Brushing or flossing irritation can cause temporary bleeding, especially if you brush forcefully, use a hard-bristled brush, or recently started cleaning between your teeth. Regular, gentle cleaning usually causes less irritation than occasional aggressive cleaning.

Periodontitis is a deeper form of gum disease that damages the tissues and bone supporting the teeth. Signs include receding gums, loose teeth, new spaces between teeth, or pus near the gumline.

Other causes include a sharp piece of food, a poorly fitting dental appliance, dry mouth, or hormonal changes during pregnancy. Smoking contributes to gum disease, although it may reduce visible bleeding by changing blood flow to the gums.

Anticoagulant and antiplatelet medicines can make minor bleeding more noticeable. Do not stop prescribed medicine without advice from the clinician managing it.

Vitamin deficiencies are uncommon with a varied diet. Conditions affecting platelets, the liver, bone marrow, or clotting can also cause bleeding. These are more concerning when bleeding occurs with unexplained bruises, pinpoint red or purple spots, frequent nosebleeds, or blood elsewhere.

When to seek medical care

Call emergency services if bleeding is severe and uncontrolled, or occurs with trouble breathing or swallowing, fainting, confusion, marked weakness, or signs of major blood loss.

Seek same-day medical or urgent dental care if:

Book a dental appointment if bleeding keeps returning or lasts longer than about two weeks despite gentle daily cleaning. Arrange care sooner for loose teeth, receding gums, persistent swelling, pain, or bad breath.

A medical appointment may also be appropriate if you bleed from several parts of the body, recently started a medicine, or have a condition affecting clotting.

- Bleeding continues after 10 minutes of uninterrupted firm pressure
- Bleeding is heavy, repeatedly fills your mouth, or follows dental treatment
- You also have unexplained bruising, frequent nosebleeds, or blood in urine or stool
- You have fever, facial swelling, pus, or feel significantly unwell
- You take a blood-thinning medicine and the bleeding will not stop

How the cause is found

A dentist will ask when bleeding began, what triggers it, how you clean your teeth, and about smoking, pregnancy, medical conditions, recent dental work, and medicines or supplements.

The examination checks for plaque, tartar, inflammation, sores, and damaged teeth. The dentist may measure the spaces between your gums and teeth. Deep periodontal pockets can indicate periodontitis. Dental X-rays may check for bone loss.

If the pattern suggests a problem beyond the mouth, a doctor may arrange blood tests to assess blood cells, platelets, clotting, liver function, or possible nutritional deficiencies.

Treatment and self-care

For active bleeding, place clean gauze or a clean folded cloth against the area. Hold firm, steady pressure for 10 minutes without lifting it to check. Seek urgent care if bleeding does not stop.

Continue cleaning your teeth unless a dental professional advises otherwise. Use a soft-bristled toothbrush with gentle pressure twice daily. Clean between the teeth carefully with floss or another suitable device, without snapping it into the gums.

Gingivitis may improve after plaque and tartar are removed and daily cleaning becomes more effective. Periodontitis may require deeper cleaning below the gumline and ongoing care.

A dentist can treat a sharp tooth, adjust an appliance, or assess a sore. If medicine contributes to bleeding, the prescribing clinician and dentist can plan care safely. Do not change the dose yourself.

Avoid high-dose vitamin supplements unless a deficiency has been identified or a clinician recommends them. They do not treat plaque-related gum disease and can cause harm.

What to expect

Bleeding from a small injury should settle as it heals. Irritation after starting flossing may improve as inflammation decreases and your technique becomes gentler.

Plaque-related gingivitis often improves with professional cleaning and consistent home care. Hardened tartar will not brush away, so bleeding may continue until it is removed.

Periodontitis usually needs ongoing treatment. Regular dental reviews can monitor gum pockets, tooth stability, and bone support. Bleeding that returns after improving is a reason to review your cleaning technique and arrange another assessment.

Common questions

Should I stop flossing if my gums bleed?

Usually not. Gentle daily cleaning removes plaque that often causes inflammation. Stop and seek advice if flossing causes a cut, severe pain, or bleeding that does not settle.

Can brushing too hard cause bleeding?

Yes. Forceful brushing can injure the gumline and contribute to recession. Use a soft-bristled brush and light pressure.

Are bleeding gums normal during pregnancy?

Hormonal changes can make gums more sensitive to plaque. Discuss persistent bleeding, swelling, or pain with a dentist.

Can a blood-thinning medicine cause bleeding gums?

It can make bleeding from inflamed or injured gums easier to notice or harder to stop. Keep taking prescribed medicine unless the clinician managing it advises a change.

Sources

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