

Changes in smell and taste during pregnancy



What changes are actually reported?

Pregnant people often describe a heightened or distorted sense of smell, but the scientific picture is more nuanced. A recent systematic review and meta-analysis found that odor identification tends to be poorer during pregnancy, while odor intensity is rated as stronger in the second and third trimesters. The same review found only a slight decline in odor pleasantness in the second trimester, which suggests that pregnancy does not simply make all smells universally stronger or worse; instead, specific aspects of olfaction change in different ways.

Self-reported experience can be striking. In one longitudinal study, 76% of pregnant participants reported some abnormal smell and/or taste perception. Increased smell sensitivity was most common early in pregnancy, while abnormal taste sensitivity was reported by about 26%. These changes were much less common later in pregnancy and after delivery. That pattern fits the common clinical impression that the first trimester is often the most intense period for sensory change.

It is also important to recognize the difference between measurable sensory performance and lived experience. A person may not score as having dramatic

smell hypersensitivity on testing, yet still feel overwhelmed by the odor of a refrigerator, public transit, or a specific cooking smell. The symptom is real even when it does not fit a simple universal model.

Why smell often feels more affected than taste

Smell and taste are closely linked, but they are not the same sense. What we call "taste" in everyday language often depends heavily on retronasal olfaction, the aroma that travels from the mouth to the nose during eating. That is one reason a person may say food tastes wrong when the main change is actually in smell perception. Pregnancy can alter both pathways, which makes meals feel less predictable.

The review literature suggests that a broad, universal increase in smell sensitivity is not strongly supported. Instead, pregnancy may produce specific, idiosyncratic alterations in odor perception. One person may be newly bothered by cleaning products, another by meat cooking smells, and another by perfume or smoke. This individual variability is part of why some people feel validated by the label "pregnancy nose" while others do not recognize it at all.

Taste changes appear to be less prominent overall. The meta-analysis found little evidence of major gustatory change, except for increased sweet pleasantness in the first trimester. That means the idea that pregnancy universally causes major changes in all five basic tastes is too simplistic. Still, subtle shifts can matter a great deal if they reduce enjoyment of food or reinforce aversions that are already present because of nausea.

How trimester patterns can shape the experience

Timing matters. Many people notice sensory changes early in pregnancy, often alongside nausea, vomiting, or generalized food aversions. In the first trimester, a heightened response to odors may make previously neutral smells feel intrusive or nauseating. That can create a feedback loop: smell triggers queasiness, queasiness makes the smell seem even less tolerable, and meals become harder to manage.

Later in pregnancy, the pattern may change. The meta-analysis found higher odor intensity ratings in the second and third trimesters, even though the strongest

self-reported abnormal smell and taste experiences were often early. This may reflect a shift from dramatic early sensitivity toward a more persistent but subtler change in how odors are judged. Some people also report a slight worsening in how pleasant odors seem during the second trimester.

After delivery, symptoms usually ease. In the longitudinal study, smell and taste abnormalities were much less common later in pregnancy and after birth. That said, the exact course varies. If symptoms persist well beyond the postpartum period, or if they appear suddenly in a way that does not fit your pregnancy experience, they deserve medical attention rather than simple reassurance.

How smell and taste changes affect eating

These sensory changes matter because they can alter the entire eating experience. A strong smell aversion can make a person avoid a kitchen, restaurant, or even a partner's lunch. Foods that once felt comforting can become unappealing. Some people move toward blander foods, colder foods, or items with less aroma because they are easier to tolerate.

Smell and taste changes can also reinforce food aversions and reduce appetite. If the smell of cooked protein, reheated leftovers, or coffee repeatedly triggers nausea, the body quickly learns to avoid those cues. This is not simply a matter of preference; it is a sensory and physiologic response. For some people, the result is smaller meals, skipped meals, or a narrower diet for a period of time.

From a nutritional standpoint, the key concern is not the sensory change itself but whether it leads to inadequate intake, dehydration, or excessive weight loss. If you can still eat a reasonably varied diet, many smell and taste changes are more frustrating than dangerous. If the changes are severe, ongoing, or tied to vomiting, it is worth bringing them up at prenatal visits so that your care team can assess hydration, weight trends, and overall nutritional status.

Practical ways to cope without forcing food

There is no single fix, and it is reasonable to approach this with flexibility

rather than self-blame. Many people do better by reducing exposure to strong food odors: opening windows, using a kitchen fan, asking someone else to cook the most aromatic meals, or choosing cold or room-temperature foods that release less smell. Smaller, more frequent meals may also be easier to tolerate because they reduce the sensory burden of a large plate of food.

Texture and temperature can make a noticeable difference. If hot foods smell overwhelming, try chilled options, simple starches, yogurt, fruit, smoothies, or lightly flavored foods. If a food tastes "too sweet" or "too bland," changing seasoning, acidity, or temperature can sometimes improve tolerability, though the goal is not to chase perfect flavor. The more realistic goal is to keep nourishment possible while the sensory system is in flux.

It can also help to accept temporary avoidance of certain foods. Pregnancy is not the time to prove toughness by forcing down every triggering smell. Instead, think in terms of nutritional flexibility and symptom management. If a smell or taste change is pushing you toward a very restricted diet, discuss it with a clinician or a prenatal dietitian rather than trying to solve it alone.

When smell or taste changes need medical review

Most pregnancy-related smell and taste changes are benign, but some situations call for evaluation. A sudden, severe distortion of smell or taste that is out of proportion to your usual pregnancy pattern, especially if it begins abruptly, should be discussed with a healthcare professional. So should symptoms that come with weight loss, dehydration, inability to keep food down, fever, sinus symptoms, neurologic symptoms, or a persistent metallic, bitter, or foul taste that does not ease.

New sensory changes can occasionally reflect issues unrelated to pregnancy, including upper respiratory infections, medication effects, vitamin deficiencies, oral or dental problems, reflux, or other medical conditions. Because pregnancy can make symptoms feel easy to attribute to hormones, it is worth checking for other explanations when the pattern is unusual. This is especially true if taste change is the dominant symptom rather than smell change, or if the symptom is intense enough to affect daily functioning.

If the changes are contributing to poor intake, severe nausea, or anxiety

around eating, the right response is not to wait until delivery. Prenatal care can include screening for hydration and nutrition problems, and your clinician may suggest targeted management based on the broader symptom picture. You deserve support, not dismissal.