The present manuscript, *A Global Distribution of Available Prevention and Management Interventions for Fetal Alcohol Spectrum Disorder (2007 to 2017): Implications for Collaborative Actions*, addresses an important topic in a timely review of prevention and management interventions for fetal alcohol spectrum disorders (FASD). As awareness of FASD increases and diagnosis becomes more accessible, the need for interventions intensifies. The goal of this manuscript was to identify, classify, and map by country, various existing interventions described in publications over a ten-year period. The authors utilize well-accepted criteria for evaluation and briefly report intervention descriptions and outcomes in a readable, organized fashion. Conclusions include calls for interventions in areas where they are lacking (e.g., management interventions for adults with FASD) and increased global cooperation to reach underserved populations and maximize benefits of accumulated knowledge.

Accept with minor revisions

**General comments:**

1. Because this review is limited to a specific and recent time period, consider discussing impactful intervention literature prior to the present sample (e.g., some of the seminal work by Phil May) in the introduction or discussion.

2. The inclusion/exclusion criteria could be tightened up to explain why some material is not included (e.g., do you choose among studies regarding the same intervention? Soh 2015 re Alert). No problem to limit scope but should be specified.

3. Inherent to reviews is the issue of how to report efficacy. The quality assessments in “Additional file 1” are an excellent approach but it is left to the reader to interpret their effect on findings reported in “Additional file 2”. Should we confidently report a significant drop in alcohol consumption when there is a >50% loss to follow-up? Should a pre-post study finding be reported in the same way as an RCT? All but two interventions are reported as effective (Montag 2015 and Nguyen 2016) and these are two of the strongest studies in terms of quality. Results for Montag 2015 could alternatively be described as alcohol consumption and risk for AEP decreased significantly from baseline in all groups and were maintained through the 6-month follow-up (as it would have been had it been a pre-post study). Even better would be to include Montag AJPH 2015;105(8):1572-6 where the intervention resulted in a significantly greater reduction in alcohol consumption compared to assessment alone among depressed women.

4. The places where tailoring to diverse communities and the importance of culture is mentioned are appreciated and could be expanded

**Specific comments:**

**Introduction**

1. Page 1, line 33—...individuals exposed to alcohol prenatally...
2. Page 2, line 42—This is a shifting landscape, perhaps say “…results in diagnosable FASD…” As our assessments become more sensitive, we may be able to identify a greater proportion
3. Page 2, line 65—sadly, not just “stigmatization of alcoholics” but stigmatization of birth mothers whether alcoholics or not (Corrigan 2018)
4. Page 2, line 70—“broad” diverse?
5. Page 2, line 76—“poor” inadequate?
6. Page 2, line 76—consider being broader in your definition of reviews here and including more reviews that your readers may appreciate (e.g., Petrenko and Alto 2016)
7. Page 3, line 83-84—unclear—more precisely targeted interventions can be effective—think you mean that a series of effective interventions geared to different stages may be optimal?
8. Page 3, line 85-86—please clarify this gap
Materials and methods

9. Page 4—expand inclusion/exclusion criteria
10. Page 6, lines 147–148—please clarify Juni comment and how this affects your manuscript

Results

11. Table 3 title—“study” studies
12. Page 10, line 214—only 2?
13. Page 12, line 245—be specific as “cognitive performance” is a broad term and other studies show benefit within this category
14. Page 12, line 257—“and it showed” resulted in

Discussion

15. Page 13, line 327-329 include in inclusion/exclusion criteria or results
16. Page 13, line 332—“plurality” paucity?
17. Page 13, line 333—secondary disabilities can more easily…
18. Page 14, line 338—include culturally-appropriate too
19. Page 14, lines 340–350—consider discussing the need for tailoring to maximize efficacy; interventions work best when motivations and methods reflect the communities’ world view and culture
20. Page 14, line 383—“rollout” modified for implementation?
21. Page 14, lines 384-386—good!
22. Page 15, line 404—across the lifespan… Also, not really true since you didn’t find interventions geared to more than certain ages. Consider encouraging publication of ongoing efforts. Quan 2018 provides guidance for developing community-based interventions for adults.